

HCF CORPORATE CARE GOLD HOSPITAL PRODUCT SUMMARY

Our top level of corporate hospital cover, including pregnancy and birth, and joint replacements, for complete peace of mind. This cover must be combined with your choice of Corporate Care extras cover.



FEATURES



NO EXCESS FOR SAME-DAY HOSPITAL ADMISSIONS

You, or anyone on your policy, won't pay a hospital excess for same-day hospital admissions after you've held this cover for at least 12 months.



NO EXCESS FOR KIDS AGED UNDER 25 OR FOR ACCIDENT-RELATED TREATMENT

You pay \$0 excess for kids aged under 25 no matter how many times they go to hospital, or for accident-related treatment.



INVOLUNTARY UNEMPLOYMENT ASSISTANCE

If you find yourself unexpectedly unemployed, we'll cover the cost of your health cover for up to 6 months^{*}.



THE HCF THANK YOU APP

Browse personalised offers and discounts, earn rewards and track your savings with the HCF Thank You app^{**}.

WHAT'S INCLUDED:

- ✓ \$750 excess
- ✓ Our highest level of hospital cover including joint replacements, insulin pumps, pregnancy and birth, and assisted reproductive services, including IVF
- ✓ Travel and accommodation benefits for your hospital stay^{^^}
- ✓ No gap to pay^{*} for hospital admission, surgeon and anaesthetist costs, and in-hospital diagnostic tests like blood tests and scans[#] for endoscopies and hernia surgeries through participating hospitals and surgeons
- ✓ Emergency ambulance cover^{**}

^{*} Must have held HCF hospital cover for at least 12 months. Other eligibility criteria apply. See hcf.com.au/unemployment-assistance

^{**} To be eligible, you must have an active HCF health, life or Overseas Visitors Health Insurance policy and your premiums must be up to date (excluding Ambulance Only Cover and RT Health Cover). Offers and partners are subject to change without advance notice. See the HCF Thank You app Terms and Conditions at hcf.com.au/thank-you-app

[†] To access the No-Gap Day Surgery program, you must have an active hospital policy with HCF (excluding Overseas Visitors Health Cover) that covers the relevant procedure and have held that cover with HCF for at least 12 months. You'll also need to have been accepted into that specific no-gap program by a participating hospital and surgeon. You may be required to pay a hospital excess, depending on your cover and if you're claiming for the first time in the calendar year. There may also be some small permitted gaps and additional costs for outpatient appointments, like a visit to your surgeon in their consulting rooms. For full program terms and conditions, see hcf.com.au/no-gap-day-surgery

[#] Diagnostic test, scans and blood tests must be carried out on the day of the procedure and undertaken as part of the procedure.

^{^^} When you travel at least 200km round trip. Other terms and conditions apply. Go to hcf.com.au/travel-accommodation to find out more.

^{**} Cover is limited to emergency transport to the nearest hospital by a State or Territory government ambulance provider (excludes transport from another hospital or medical facility). Benefits are not payable for ambulance services covered by a State or Territory government scheme.

HCF CORPORATE CARE GOLD HOSPITAL

KEY FEATURES	
Excess (per person per calendar year)	\$750
No excess for kids aged under 25	✓
No excess for accident-related treatment	✓
No excess for same-day admissions (after you've held this cover for at least 12 months)	✓
Travel and accommodation benefit	✓
Available without extras cover	No

THIS POLICY INCLUDES COVER FOR:	
Emergency ambulance*	
Non-emergency ambulance (up to \$5,000 per person, per year) ⁺	
Rehabilitation	
Hospital psychiatric services	
Palliative care	
Brain and nervous system e.g. stroke, brain or spinal cord tumours	
Eye (not cataracts) e.g. retinal detachment, tear duct conditions, eye infections and medically managed trauma to the eye	
Ear, nose and throat e.g. damaged ear drum, sinus surgery, removal of foreign bodies, stapedectomy and throat cancer	
Tonsils, adenoids and grommets e.g. hospital treatment of the tonsils, adenoids and insertion or removal of grommets	
Bone, joint and muscle e.g. carpal tunnel, fractures, hand surgery, joint fusion, bone spurs, osteomyelitis and surgery for bone cancer	
Joint reconstructions e.g. torn tendons, rotator cuff tears and damaged ligaments	
Kidney and bladder e.g. kidney stones, adrenal gland tumour and incontinence	
Male reproductive system e.g. male sterilisation, circumcision and prostate cancer	
Digestive system e.g. oesophageal cancer, irritable bowel syndrome, gall stones and haemorrhoids	
Hernia and appendix e.g. hernia operations and appendicitis	
Gastrointestinal endoscopy e.g. colonoscopy and gastroscopy	
Gynaecology e.g. endometriosis, polycystic ovaries, female sterilisation and cervical cancer	
Miscarriage and termination of pregnancy	
Chemotherapy, radiotherapy and immunotherapy for cancer	
Pain management e.g. treatment of nerve pain and chest pain due to cancer by injection of a nerve block	
Skin e.g. surgery to remove melanoma, minor wound repair and abscesses	
Breast surgery (medically necessary) e.g. breast lesions, breast tumours, asymmetry due to breast cancer surgery and gynaecomastia	
Diabetes management (excluding insulin pumps) e.g. stabilisation of hypo- or hyper-glycaemia, contour problems due to insulin injections	
Heart and vascular system e.g. heart failure and heart attack, monitoring of heart conditions, varicose veins and removal of plaque from arterial walls	
Lung and chest e.g. lung cancer, respiratory disorders such as asthma, pneumonia and treatment of trauma to the chest	
Blood e.g. blood clotting disorders and bone marrow transplants	
Back, neck and spine e.g. sciatica, prolapsed or herniated disc, and spine curvature disorders such as scoliosis	
Plastic and reconstructive surgery (medically necessary) e.g. burns requiring a graft, cleft palate, club foot and angioma	
Dental surgery[#] e.g. surgery to remove wisdom teeth and dental implant surgery	
Podiatric surgery (provided by a registered podiatric surgeon-limited benefits apply)[∞]	
Implantation of hearing devices[^]	
Cataracts	
Joint replacements	
Dialysis for chronic kidney failure	
Pregnancy and birth	
Assisted reproductive services	
Weight loss surgery	

THIS POLICY INCLUDES COVER FOR (CONT.):	
Insulin pumps [Ⓛ]	
Pain management with device e.g. treatment of nerve pain, back pain and pain caused by coronary heart disease with a device	
Sleep studies e.g. sleep apnoea and snoring	

THIS POLICY DOES NOT INCLUDE COVER FOR:	
Elective cosmetic surgery	

This product includes cover for accommodation, operating theatre, intensive care, government-approved prostheses, pharmaceuticals (excluding experimental and high cost non-PBS drugs) as part of your covered admission at an HCF-participating hospital.

DENTAL SURGERY

Unlike other services, in-patient dental surgery can be claimed under both your hospital cover (for things like accommodation and operating theatre fees) as well as under your extras cover (your dental surgeon's bill). You must hold eligible extras cover if you want to claim benefits for dentist or dental surgeon's fees for surgery performed in a hospital. Depending on your annual limit, you may still experience out-of-pocket costs, however these costs will be higher if you do not hold eligible extras cover.

EXCESS

An excess is a non-refundable amount of money you agree to pay towards the cost of your hospital treatment before we pay benefits to you.

When you take out hospital cover, you'll select an excess amount. Your choice of excess will affect the cost of your premiums. The higher your excess is, the lower your premiums will be. If you reduce the excess amount on your policy or you move to another policy where the excess amount is lower, you will have to pay the old excess during the waiting period for the treatment.

You only need to pay one excess per person per calendar year if you claim on your hospital cover. Subsequent hospital claims in the same calendar year won't incur another excess payment.

OUT-OF-POCKET COSTS AND HOSPITAL AGREEMENTS

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on privatehealth.gov.au for which hospitals have arrangements with your insurer.

PREGNANCY AND BIRTH

To be covered for pregnancy and birth in hospital, make sure your cover includes full benefits for these services. If not, you may wish to upgrade to a cover that includes pregnancy and birth 12 months before the date of birth of your child to minimise your out-of-pocket expenses. If you're expecting, make sure you transfer to a family membership within 2 months of the birth of your child to ensure your baby is covered.

SERVICES NOT INCLUDED

These services are not included in your cover. No benefits are payable for any treatment related to these services. Always check with us to see if you're covered before going to hospital.

* Cover is limited to emergency transport to the nearest hospital by a State or Territory government ambulance provider (excludes transport from another hospital or medical facility). Benefits are not payable for ambulance services covered by a State or Territory government scheme.

⁺ Cover is limited to medically necessary non-emergency ambulance transport where your doctor requests ambulance transport because your condition requires monitoring and support in transit. Benefits are not payable for ambulance services covered by a State or Territory government scheme.

[#] Members must hold eligible extras cover to claim dentist or dental surgeon fees.

[∞] Limited benefits apply. Minimum Benefit level payable by HCF for Hospital Accommodation as determined under the Private Health Insurance Act and the cost of prosthesis (as listed on the Prescribed List of Medical Devices and Human Tissue Products). No benefit is payable for podiatric surgeon fees. Ensure you have Informed Financial Consent prior to your treatment, for any out-of-pocket expenses.

[^] Includes associated speech and sound processors including upgrades.

[Ⓛ] Cover for insulin pumps is subject to conditions set out in the Private Health Insurance Act.

THINGS YOU NEED TO KNOW

The following waiting periods apply:

HOSPITAL WAITING PERIODS	
1 DAY	Emergency ambulance.
2 MONTHS	Hospital psychiatric services, rehabilitation and palliative care. Members who have held a hospital cover for at least 2 months and upgrade to receive hospital psychiatric services as covered services may not be required to serve the waiting period for hospital psychiatric services. This exemption can only be accessed once in a member's lifetime.
12 MONTHS	Pregnancy and birth. Pre-Existing Conditions (excluding hospital psychiatric services, rehabilitation and palliative care). No excess for same-day admissions.
2 MONTHS	All other hospital services, including accident-related treatment (for services included in your cover). Non-emergency ambulance.

WHAT'S NOT COVERED?

There are a number of situations where our health insurance doesn't cover you, including for example:

- claims for services by providers not recognised by HCF, and that do not meet HCF's criteria as set out in the Fund Rules
- treatment for Pre-Existing Conditions (other than for hospital psychiatric services, rehabilitation or palliative care) within the 12-month waiting period
- experimental, high cost non-PBS drugs and TGA-approved drugs used for a purpose other than that for which they were approved.

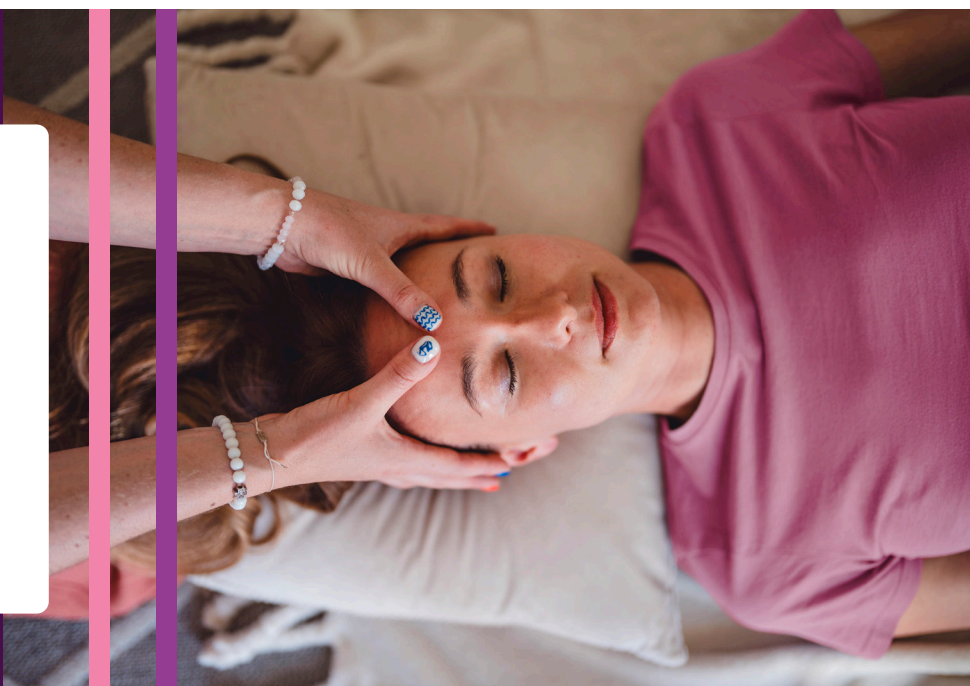
Please refer to the HCF Member Guide or Fund Rules for a comprehensive list of exclusions.

Note:

This product summary is not a complete description of your cover. Please refer to the HCF Member Guide or Fund Rules available at [hcf.com.au](https://www.hcf.com.au) or call **13 13 34** to check what you're covered for before receiving treatment.

HCF CORPORATE FLEXI EXTRAS ADVANCED PRODUCT SUMMARY

Flexible corporate extras with a high single combined limit that gives you the flexibility to spend your limit your way on a wide range of services like major dental, physio, remedial massage and psychology. Plus, a separate optical limit.



FEATURES



FLEXIBLE \$850 SINGLE LIMIT PLUS A \$225 OPTICAL LIMIT

Spend on the services you'll actually use with a flexible \$850 single limit plus \$225 optical limit per person, per calendar year.



ACCIDENT BENEFIT

If you've had an accident and your annual limit is used up, you'll get additional limits for covered services[^].



GET 100% BACK ON POPULAR EXTRAS

Get 2 dental check-ups a year with 100% back* at *More for Teeth* dentists in our No-Gap network that don't count towards your annual limits (excludes fluoride treatment on second check-up). Plus get 100% back* on a range of prescription glasses[^] through our No-Gap network.



THE HCF THANK YOU APP

Browse personalised offers and discounts, earn rewards and track your savings with the HCF Thank You app[#].

WHAT'S INCLUDED:

- ✔ Cover for a wide range of services like general and major dental, optical and physio
- ✔ Get 60% back on most services and claim 100% of fee on optical, up to your annual limits
- ✔ Mental health support including psychology
- ✔ HCF-approved Health Management Programs like perimenopause/menopause health checks, weight management programs and gym membership fees for specific health conditions
- ✔ HCF-approved pregnancy services such as childbirth education classes, breastfeeding consultations and pregnancy compression garments
- ✔ Additional support through a range of health programs like mental health, weight management and sleep^{##}

* 100% back at *More for You* program providers in our No-Gap network is available on selected covers. Waiting periods and annual limits apply. Our network of healthcare providers change often. Please check that your provider is part of our network before you book or attend an appointment. See hcf.com.au/100back

[^] Excludes add-ons such as high index material, coatings and tinting.

[#] To be eligible, you must have an active HCF health, life or Overseas Visitors Health Insurance policy and your premiums must be up to date (excluding Ambulance Only Cover and RT Health Cover). Offers and partners are subject to change without advance notice. See the HCF Thank You app Terms and Conditions at hcf.com.au/thank-you-app

^{^^} \$400 per person per calendar year to top up your annual limit for accident-related services. Can be used for 2 years after the accident, provided you make the first extras claim within 6 months of the accident.

^{##} Eligibility criteria apply. For more information see hcf.com.au/health-insurance/health-programs

HCF CORPORATE FLEXI EXTRAS ADVANCED

TREATMENTS COVERED BY THIS POLICY

	SERVICE CATEGORY	DESCRIPTION	INDICATIVE BENEFIT AMOUNT	WAITING PERIOD	ANNUAL LIMIT PER PERSON, PER CALENDAR YEAR (UNLESS OTHERWISE SPECIFIED)	
OPTICAL	Glasses and contact lenses	Spectacle frames	100% of fee up to annual limit	2 months	\$225	
		Spectacle lenses – pair				
		Contact lenses – pair				
GENERAL DENTAL	Diagnostic and preventative	Examinations (max 2 services per year)	60%	2 months	\$850 combined limit Check-ups with <i>More For Teeth</i> dentists don't count towards annual limits. (Teeth whitening has a service limit of an in-chair treatment of max 8 teeth/session or one take-home kit. Applies every 36 months.)	
		Removal of plaque/calculus (max 2 services per year)				
		Application of fluoride (max 1 service per year)				
		Single film X-rays (service limits apply)				
	Simple fillings	Direct fillings		12 months		
	Tooth extractions	Simple extractions				
Teeth whitening (provided by a dentist)	In-chair treatment (service limits apply) Home application - per arch (service limits apply)					
MAJOR DENTAL	Oral surgery	Surgical extractions	60%	12 months	With combined \$850 limit	
	Complex fillings	Indirect fillings				
	Periodontics	Treatment of tissue surrounding teeth				
	Endodontics	Treatment of root canals				
	Occlusal therapy	Treatment to improve bite				
	Crowns and bridges	Placing of crowns and bridges				
	Dentures	Dentures and components (partial and complete)				
Orthodontics	Correction of teeth and jaws by an orthodontist or other dentist	100%		With combined \$850 limit Lifetime limit \$1,800		
THERAPIES	Allied health First visit/subsequent	Physiotherapy (includes group and/or classes)	60%	2 months	With combined \$850 limit	
		Exercise physiology (includes group and/or classes)				
		Chiropractic				
		Osteopathy				
		Podiatry (including 1 pair of foot orthotics per person per year)				
		Orthotist/prosthetist and pedorthist consultation				
		Speech pathology				
		Dietitian				
		Orthoptic (eye) therapy				
	Occupational therapy					
	Mental health services Group/individual	Psychology (includes group consultation)	60%			
		HCF-approved counselling and accredited mental health social worker (includes group consultation)	100% of course fee (course fees range from \$35 to \$59)			
	Natural therapies	Remedial massage and myotherapy	60%			
Acupuncture and Chinese herbal medicine consultation						
OTHER	HCF-approved pharmacy	After PBS equivalent co-payment subtracted	60%	2 months	With combined \$850 limit	
	Vaccines	HCF-approved e.g. Boostrix, Shingrix, Vivaxim and more				
	Health Management Programs	HCF-approved e.g. exercise classes (including Pilates, yoga and tai chi)*, weight management, learn to swim* and perimenopause/ menopause health checks			2 months	
	HCF-approved pregnancy services	Prenatal/antenatal services – pregnancy compression garments, childbirth education, lactation consultations, breastfeeding support services provided by the Australian Breastfeeding Association			2-12 months (depending on the extras service)	\$400 when claiming as a result of an accident
	Accident Benefit	Tops up your annual limit if exhausted as a result of an accident^^			1 day	No annual limit
	Emergency ambulance** (State govt. services)	NSW, ACT, Vic, WA, NT and SA	100%			

TREATMENTS NOT COVERED BY THIS POLICY

	SERVICE CATEGORY	DESCRIPTION
THERAPIES	Allied health First visit/subsequent	Audiology
	Travel and accommodation	200km round trip for a consulting medical specialist and/or hospital admission
OTHER	Artificial aids	HCF-approved e.g. low vision aids, blood glucose monitors and orthoses
	Hearing aids	Benefits renew every 3 years

* Must be approved by a health professional to improve a health condition or prevent a chronic disease.

** \$400 per person per calendar year to top up your annual limit for accident-related services. Can be used for 2 years after the accident provided you make the first extras claim within 6 months of the accident.

^^ Cover is limited to emergency transport to the nearest hospital by a State or Territory government ambulance provider (excludes transport from another hospital or medical facility). Benefits are not payable for ambulance services covered by a State or Territory government scheme.

THINGS YOU NEED TO KNOW

The following waiting periods apply where these services are covered under your policy:

EXTRAS WAITING PERIODS	
1 DAY	Emergency ambulance**
12 MONTHS	Crowns, bridges, dentures, endodontics, occlusal therapy, surgical extractions, oral surgery, complex fillings, periodontics, prosthodontics, teeth whitening, veneers, orthodontics, artificial appliances, foot orthotics, minor podiatric procedures and hearing aids
2 MONTHS	All other extras services

WHAT'S NOT COVERED?

There are a number of situations where our health insurance doesn't cover you, including for example:

- claims for services by providers not recognised by HCF and that do not meet HCF's criteria as set out in the Fund Rules
- claims made 2 years or more after the date of service
- more than 1 therapy service performed by the same provider in any 1 day.

Note:

This product summary is not a complete description of your cover. Please refer to the HCF Member Guide or Fund Rules available at [hcf.com.au](https://www.hcf.com.au) or call **13 13 34** to check what you're covered for before receiving treatment.

** Cover is limited to emergency transport to the nearest hospital by a State or Territory government ambulance provider (excludes transport from another hospital or medical facility). Benefits are not payable for ambulance services covered by a State or Territory government scheme.