



Hospital Advanced Savings Only Product Summary

For healthy singles, couples and families not planning any children. This level offers essential Hospital cover across a broad range of services.

This document is a summary only. To check if you are covered for a service before you claim or to understand the benefit available, call us on **13 13 34** with a description of the goods or services, or the specific medical or dental item number.

Hospital Advanced Savings Only highlights

| Benefits | |
|--------------------------------------------------|------------------|
| Removal of tonsils | ✓ |
| Removal of appendix | ✓ |
| Hernias | ✓ |
| Back surgery | ✓ |
| Kidney stone and gall-stone removal | ✓ |
| Digestive disorders (e.g. stomach ulcers) | ✓ |
| Assisted reproductive services (e.g IVF, GIFT) | Minimal benefits |
| Pregnancy and birth related services | Minimal benefits |
| Psychiatric services | Minimal benefits |
| Total and partial hip and knee joint replacement | Minimal benefits |
| Cataract and other lens related surgery | Minimal benefits |
| Dialysis for chronic renal failure | Minimal benefits |
| Gastric banding and obesity surgery | ✓ |
| Rehabilitation services | ✓ |
| Elective cosmetic surgery and podiatric surgery | Minimal benefits |

You get more with HCF.

- ✓ We're not-for-profit, so our members get more
- ✓ All our hospital products include cover for heart conditions
- ✓ Only one hospital excess amount applies per person per calendar year
- ✓ Zero excess for dependent children too

It's what makes us different from other funds.

More information can be found on page 2.



My Health guardian
is our unique online
program to help you take
charge of your health.

Take a virtual tour at
www.hcf.com.au/mhg

Current as at 1 July 2012. Benefits shown are valid until 30 June 2013.

Hospital Advanced Savings Only

| HCF participating private hospitals and public hospitals | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Accommodation, operating theatre and intensive care | ✓ |
| Heart surgery | ✓ |
| Government approved prosthesis | ✓ |
| Physiotherapy and Pharmaceuticals in hospital (Directly associated with the reason for admission. Excluding experimental and high cost – non-PBS drugs) | ✓ |
| Assisted reproductive services (e.g. IVF, GIFT etc) | Minimal benefits |
| Pregnancy & birth related services | Minimal benefits |
| Psychiatric services | Minimal benefits |
| Total & partial hip & knee joint replacement surgery | Minimal benefits |
| Cataract & other lens related surgery | Minimal benefits |
| Dialysis for chronic renal failure | Minimal benefits |
| Digestive disorders (e.g. stomach ulcers) | ✓ |
| Gastric banding and obesity surgery | ✓ |
| Rehabilitation services | ✓ |
| Elective cosmetic surgery and podiatric surgery by an accredited podiatric surgeon | Minimal benefits |
| Ambulance (State Government services only. QLD and TAS residents are covered under their state ambulance scheme). | ✓ |
| Extended family cover available. | ✓ |

For this product you have no excess for same day surgery, hospital admissions in the event of an accident or dependant children.

Conditions applying to Hospital Advanced Savings Only cover

Excess Options

Excess options means a nominated amount a member pays per calendar year when admitted to hospital. If hospitalised, the total excess option will apply once per person in a calendar year.

Excess Options available:

\$450

Minimal benefits

If you choose a product which has minimal benefits for some procedures, then you'll be covered in a public hospital shared room, but your private hospital costs won't be fully covered. This means you may face significant personal expenses if you have any of these procedures in a private hospital.

In addition, there are some services where doctor's charges are not payable. For these, HCF will only pay a very small amount towards the total cost of the procedure (and no doctor's charges). This only applies to services which do not attract a benefit from Medicare. To be certain of what you're covered for, always check with HCF before attending any hospital.

Pregnancy and birth related services

To be covered for pregnancy and birth related (obstetrics) services in hospital, make sure your cover includes full benefits for these services. If not, you may wish to upgrade to a more comprehensive cover 12 months before planning your pregnancy to minimise your out of pocket expenses. If you're expecting, make sure you transfer to a family membership at least two months prior to the birth of the child to ensure the baby is covered from birth.

Hospital benefits and 'the gap'

Hospital benefits are payable to persons who are formally admitted hospital patients at the time of the service. If you are a private patient in a non-participating private hospital, you may face a large gap, depending on the hospital charges. Prior to treatment, please check with your doctor to obtain Medicare item numbers and call HCF to clarify benefits payable.

Medical Gap: Medicare will cover 75% of the Medicare Benefits Schedule (MBS) fee for medical charges and HCF will cover the remaining 25%. Some doctors may choose to charge more than the MBS fee and this is when you may face additional expenses, known as the "Medical Gap".

HCF has no-gap arrangements to assist you in eliminating the gap. Always ask your doctor what your charge will be and if they'll participate in HCF's no-gap arrangement for your procedure. If you still have questions, call HCF on **13 13 34**.



Things you need to know

| Hospital waiting periods | |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 day | Emergency ambulance (where not for pre-existing ailments). |
| 2 months | Psychiatric, rehabilitation and palliative care. Non emergency ambulance (where not for pre-existing ailments). All other services (except where longer waiting periods apply). |
| 12 months | Pregnancy & birth related services. Pre-existing ailments (excluding psychiatric, rehabilitation and palliative care). |

Exclusions

There are a number of situations where a member is not covered by HCF and no Benefits will be payable.

HCF Health Insurance does not cover:

- Claims made two years or more after date of service.
- When you or your dependants have the right to recover the costs from a third party other than us, including an authority, another insurer (eg. motor vehicle or workers compensation), or under an employee benefit scheme.
- Treatment for pre-existing ailments or conditions (within the first 12 months).
- Goods and services received during any period where your payment is in arrears, your membership is suspended or you are within waiting periods.
- Treatment that we deem inappropriate or not reasonable, after receiving independent medical or clinical advice.
- Any service where the treatment does not meet the standards in the Private Health Insurance (Accreditation) Rules 2008 or as amended.
- Services that are not delivered face to face, such as online or telephone consultations, unless you are participating in one of our chronic disease management or health improvement programs such as My Health Guardian.
- Goods or services supplied by a provider not recognised by us.
- Goods or services provided outside Australia which do not meet the requirements under the Act.

In addition, HCF hospital cover does not include:

- Medical Gap and hospital benefits for excluded items or procedures and/or when the claim is not approved for payment by Medicare Australia.
- Private room accommodation for same-day procedures.
- Experimental treatments.
- Experimental and high cost non-PBS drugs.
- Procedures normally performed in the doctor's surgery or as an outpatient.
- Private hospital emergency room fees.
- Respite care.
- Nursing home-type patients are limited to benefits set by the Commonwealth Department of Health and Ageing.
- Special nursing i.e. your own private nurse.
- Luxury room surcharge.

- Donated blood and blood products and donated blood collection and storage.
- PBS pharmaceutical benefits in non-participating private hospitals
- Pharmaceuticals (including PBS pharmaceuticals benefits and other sundry supplies not directly associated with the reason for admission.
- Take home items e.g. crutches, toothbrushes and drugs.
- Personal convenience items e.g. phone calls newspapers, magazines and beauty salon services.
- Massage and aromatherapy services.
- Some services provided while in hospital by non-hospital providers.
- Where a service is excluded from the payment of benefits in a hospital, any associated items (eg. medical gap, prosthesis, pharmacy) are also excluded
- The gap on government approved prosthesis item items in non-participating private hospitals.
- The gap on government approved gap-permitted prostheses items.