

Young Singles and Couples Product Summary

Cover for the essentials without putting a strain on your budget. Perfect for healthy, young singles and couples not planning a family.

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.

Young Singles and Couples Hospital 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. IVE, 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	Minimal benefits
Rehabilitation services	Minimal benefits
Elective cosmetic surgery and podiatric surgery	Minimal benefits

Young Singles and Couples Extras highlights

Benefits	Annual limits
Diagnostic and preventative dental e.g. scale, clean, plaque removal and fluoride treatment	Limits for service apply
Restorative dental e.g. metallic and adhesive fillings (direct) and in-direct restorations	\$400
Crowns and bridges	-
Oral Surgery	\$300
Orthodontics after 12 months	-
Optical	\$180
Dietetics	-
Speech Therapy	-
Occupational Therapy	-
Physiotherapy	\$350 (Sublimits apply)
Chiropractic and osteopathy	
Acupuncture and remedial massage	
Pharmacy (HCF approved e.g. non-PBS)	\$200
Health Management Programs	-

More information can be found on page 2.

More information can be found on page 3.

You get more with HCF.

- ✓ We're not-for-profit, so you get more
- ✓ All our Hospital products cover heart conditions
- ✓ The best no-gap medical coverage of any health fund in every state



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

Young Singles and Couples Hospital cover

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)	Minimal benefits
Gastric banding and obesity surgery	Minimal benefits
Rehabilitation services	Minimal benefits
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).	✓

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

Only one hospital excess applies per person per calendar year.

Conditions applying to Young Singles & Couples hospital 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**.



Young Singles and Couples Extras

	Service category	Description	Benefits range from - to	Limits per person per calendar year
Dental	Diagnostic dental	Examinations – general dentist/specialist dentist	\$30 – \$55	2 services/1 service
		Single film x-rays – initial/subsequent	\$25/\$18	No limit
	Preventative dental	Removal of plaque/calculus	\$33 – \$57	2 services
		Application of fluoride	\$25	1 service
	Fillings	Metallic and tooth coloured	\$55 – \$115	\$400
	Orthodontics	Not covered		
	Oral surgery	Surgical extractions	\$100 – \$170	\$300
		Extractions	\$60 – \$80	
		Occlusal therapy	–	
	Endodontic Services	Treatment of root canals	–	–
	Periodontic Services	Treatment of tissue surrounding the teeth	–	–
	Dentures	Dentures and components (partial and complete)	–	–
		Maintenance and repair	–	–
Optical	Glasses and contact lenses	Preparation and placing of crowns and bridges	=	=
		Spectacle frames	\$75	\$180
		Spectacle lenses – pair	\$80 – \$140	
		Contact lenses – pair	\$140 – \$180	
Therapies	First/subsequent visits (unless otherwise specified)	Psychology (once Medicare entitlement is exhausted)	–	–
		Dietetics	–	–
		Podiatry services (cannot be used for in-patient services)	–	–
		Audiology	–	–
		Speech Therapy	–	–
		Occupational Therapy	–	–
		Chiropractic	\$30 visits 1/\$20 visits 2 – 6/\$10 visits 7+	\$350 (combined sublimit of \$150 for Accupuncture, Chinese Herbal Medicine, Myotherapy and Remedial Massage.
		Osteopathy	\$30 visits 1/\$20 visits 2 – 6/\$10 visits 7+	
		Exercise Physiology	\$25/\$20	
		Physiotherapy	\$30 visits 1/\$25 visits 2 – 6/\$10 visits 7+	
		Acupuncture/Chinese Herbal Medicine consultation (CHM)	\$25/\$20	
		Remedial Massage/Myotherapy	\$25/\$20	
		Naturopathy/Nutrition consultation	–	
		Alexander Technique	–	
		Homoeopathy	–	–
Other services	Travel & Accomodation	Minimum 200km+ return trip for medical/hospital treatment when not available locally	–	–
	HCF approved Pharmacy	Per script, after equivalent PBS co-payment subtracted	\$50	\$200
	Artificial aids	HCF approved appliances	–	–
	Hearing aids	Benefits accrue over time and limits renew every five years	–	–
	Health Management Programs	HCF approved – single/couples or family	–	–
	School Accident Cover	Approved ancillary services only	–	–

Things you need to know

Hospital and Extras waiting periods	
1 day	Emergency ambulance (where not for pre-existing ailments) and School Accident Cover.
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).
6 months	HCF Health Management programs and approved HCF Disease Management programs.
12 months	Pregnancy & birth related services. Pre-existing ailments (excluding psychiatric, rehabilitation and palliative care). Crowns, bridges, dentures, endodontics, occlusal therapy, surgical extractions, periodontics, prosthodontics, dental bleaching, veneers and orthodontics.
12-24 months	Artificial Appliances (depending on appliance and product). Hearing aids and repairs.

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 waiting period).
- 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 and/or services received overseas or purchased from overseas including items sourced over the internet.

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.

In addition, HCF extras cover does not include:

- On most covers that include Psychology benefits, HCF will only pay benefits for patients who have been referred by their general practitioner, onto a Mental Health Plan, through Medicare Australia and once the Medicare entitlements for the calendar year are exhausted. This benefit acts as a safety net after Medicare Australia and is not payable in any other circumstances.
- Goods and services while a hospital patient except for eligible oral surgery.
- Pharmacy items that are not on our Approved Pharmacy list eg. items listed on the PBS, items prescribed without an illness, items that are available without a prescription, or items that are not TGA approved.
- Goods or services that had not been provided at time of claim eg. pre-payment.
- Fees for completing claim forms and/or reports.
- Where no specific health condition is being treated or in the absence of symptoms, illness or injury.
- Routine health checks, screening and mass immunisations.
- More than one therapy service performed by the same provider in any one day.
- Co-payments and gaps for government funded health services eg the co-payment for PBS items
- Where a provider is not in an independent private practice.
- More than one of the following therapies received on the same day (physiotherapy, chiropractic and osteopathy).
- Claims that do not meet our criteria.