

Young Starter

Product Summary



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Key Features

Excess options (per person per calendar year)	\$250 or \$500
No excess for accident related treatment	✓
Available without extras cover	No

Examples of what's covered - Includes accommodation, operating theatre, intensive care, Australian Government approved prostheses, pharmaceuticals (excluding experimental and high cost non PBS drugs) and physiotherapy as part of your covered admission at a HCF participating private hospital.

Emergency ambulance	✓
Accident related treatment after joining	✓
Removal of tonsils, adenoids, appendix	✓
Surgical treatment of a hernia	✓
Removal of kidney stones and gall stones	✓
Digestive disorder procedures (e.g. bowel surgery)	✓
Cancer related services (e.g. chemotherapy)	✓
Heart surgery including diagnostic and therapeutic cardiac procedures	⚠
Spinal surgery (other than surgery related to spinal scoliosis)	✗
Surgery related to spinal scoliosis	✗
Cochlear implant surgery and bone anchored hearing devices [^]	✗
Insulin pump treatments [#]	✗
Care involving dialysis for chronic renal failure	✗
Rehabilitation	⚠
Psychiatric services	⚠
Gastric banding and obesity surgery	✗
Assisted reproductive services (e.g. IVF, GIFT)	✗
Pregnancy and birth related services	⚠
Joint investigations and reconstructions	✓
Joint replacements and revisions (e.g. hip replacements, knee replacements)	⚠
Cataract and other lens related surgery	✗
Sterilisation	✗
Elective cosmetic surgery	✗
Podiatric surgery by an accredited podiatrist	✗
All other in-hospital services where a Medicare benefit is payable	✓

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

[#] Certified Type C procedures and certified overnight Type C procedures for the treatment of diabetes.

Excess

An excess means a nominated amount you elect to pay per person, per calendar year when admitted to hospital. If hospitalised, the total excess option you select will apply only once per person in a calendar year.

Hospital benefits and 'the gap'

Hospital benefits are payable to 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, which may result in 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**.

⚠ Minimum Benefits

For procedures identified as Minimum Benefits, we will pay the rate set out by the Commonwealth as the minimum shared room benefit, and benefits for Government approved Prosthesis List items, if applicable.

In a private hospital: These benefits would not be adequate to cover all hospital costs and are likely to result in large out-of-pocket expenses.

In a public hospital: In the event these benefits are less than what your chosen public hospital charges, you may have out-of-pocket expenses to pay.

✗ Exclusions

If you need treatment for any procedures listed as an Exclusion in your hospital cover, you won't receive any benefits from us and you may have significant out-of-pocket expenses. Please ensure you have reviewed the exclusions on this product, and always check with us to see if you're covered before receiving treatment.

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	Service category	Description	Indicative benefit range from - to	Waiting period	Annual limit per person, per calendar year (unless otherwise specified)
General Dental	Diagnostic and preventative dental	Examinations – max. 2 services per year	\$29 – \$72	2 months	\$500
		Single film x-rays - initial/subsequent (on same day)	\$28 / \$23		
		Removal of plaque/calculus (max. 2 services per year)	\$34 – \$56		
		Application of fluoride (max. 1 service per year)	\$23		
	Simple fillings	1 – 2 surfaces	\$79 – \$500		
Major Dental	Oral surgery	Extractions	\$93 – \$141	12 months	x
		Surgical extractions	\$154 – \$236		
	Complex fillings	3 or more surfaces	\$113 – \$500		
	Periodontics	Treatment of tissue surrounding teeth	–		
	Endodontics	Treatment of root canals	–		
	Crowns and bridges	Preparation and placing of crowns and bridges	–		
	Dentures	Dentures and components (partial and complete)	–		
Optical	Glasses and contact lenses	Upper and lower braces to straighten teeth	–		
		Spectacle frames	\$110	2 months	\$150
		Spectacle lenses – pair	\$100		
Therapies	First/subsequent visits (unless otherwise specified)	Contact lenses – pair	\$100		
		Physiotherapy (initial/subsequent)	\$45 / \$40	2 months	\$200
		Exercise physiology	\$32		
		Occupational therapy	–		
		Psychology after Medicare entitlement is exhausted	–		x
		Chiropractic (initial/subsequent)	\$35 / \$30		\$150
		Osteopathy (initial/subsequent)	\$45 / \$35		
		Remedial massage	\$35 / \$30		
		Myotherapy	\$35 / \$30		
		Acupuncture, Chinese herbal medicine consultation	\$35 / \$30		
		Naturopathy/Nutrition consultation	\$35 / \$30		
		Alexander technique	\$35 / \$30		
		Podiatry (initial/subsequent)	–		x
		Dietetics	–		
		Audiology	–		
		Speech pathology	–		
Other	Travel and accommodation	Minimum 200km+ return trip for medical/hospital treatment when not available locally	–	2 months	x
	HCF approved pharmacy	After subtraction of the PBS equivalent co-pay	–		
	Vaccines and immunisations	HCF approved	\$50 per script		\$100
	Artificial aids	HCF approved – service limits apply for some appliances	–	12 months	x
	Hearing aids	Benefits accrue over time and renew every 5 years	–	24 months	
	Health Management Programs	HCF approved e.g. weight management, learn to swim, group physiotherapy, group exercise physiology	–	6 months	

Things you need to know

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

Hospital and Extras waiting periods	
1 day	Emergency ambulance (where not for pre-existing ailments).
2 months	Psychiatric, rehabilitation and palliative care.
6 months	HCF Health Management Programs and approved HCF Disease Management Programs.
12 months	Pregnancy and birth related services. Pre-existing ailments (excluding psychiatric, rehabilitation and palliative care). Crowns, bridges, dentures, endodontics, occlusal therapy, surgical extractions, oral surgery, complex fillings, periodontics, prosthodontics, dental bleaching, veneers, orthodontics, artificial aids and foot orthotics.
24 months	Hearing aids.
2 months	All other hospital and extras services.

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:

- If a service is listed as an exclusion.
- 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.
- Experimental treatment.
- Any service where the treatment does not meet the standards in the Private Health Insurance (Accreditation) Rules 2011 or as amended.
- Emergency room fees.
- 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 don't meet the requirements under the Private Health Insurance Act (2007).
- Claims that do not meet criteria.

In addition, HCF hospital cover does not include:

- Medical and associated hospital benefits for which there is no Commonwealth Medical Benefits Schedule item number or when the medical services are not approved for payment by Medicare.
- Private room accommodation for same day procedures.
- Experimental and high cost non-PBS drugs.
- Procedures normally performed in the doctor's surgery or as an outpatient.
- Respite care.
- Nursing home type patients are limited to benefits set by the Commonwealth Department of Health.
- 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, prostheses, pharmacy) are also excluded.
- The gap on Government approved prostheses items in non-participating private hospitals.
- The gap on Government approved gap-permitted prostheses items.

In addition, HCF extras cover does not include:

- Psychological and developmental assessments. Where psychology is included in your cover, psychology treatment is only payable when Medicare Australia entitlements are exhausted.
- Goods and services while a hospital patient except for eligible oral surgery.
- Pharmacy items that aren't on our approved pharmacy list e.g. items listed on the PBS, items prescribed without an illness, items that are available without a prescription, items for reproductive medicine, sexual performance, items for weight loss, 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 e.g. the co-payment for PBS items, or services where you receive a rebate from Medicare such as the Child Dental Benefit Schedule, or Chronic Disease Management - Individual Allied Health Services.
- 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).

Note:

This is not a comprehensive list of items covered under your hospital and extras cover. Please call **13 13 34** to check what you're covered for prior to going to hospital for treatment.