

Budget Hospital and General Extras Plus Product Summary

For the young and healthy not planning a family or for those not having more children. This product offers essential hospital cover and extras cover across a broad range of services. Note, the hospital cover has some exclusions so please make sure it is appropriate for your needs.

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.

Budget Hospital highlights

Examples of some common services covered in hospital	
Accident related services after joining. Examples: <ul style="list-style-type: none"> • Car accidents • Sporting injury • Surgery for broken bones • Spinal surgery due to accident 	✓
Removal of tonsils	✓
Removal of adenoids	✓
Removal of appendix	✓
Hernias	✓
Kidney stone and gall-stone removal	✓
Digestive disorder procedures. Examples: <ul style="list-style-type: none"> • Colonoscopy • Gastroscopy • Bowel surgery 	✓
Cancer related services (e.g. chemotherapy)	✓
Knee reconstructions	✓
Shoulder reconstructions	✓

Examples of some excluded services in hospital	
Heart surgery	✗
Pregnancy & birth related services	✗
Total & partial hip and knee joint replacement	✗
Dialysis for chronic renal failure	✗
Gastric banding and obesity surgery	✗
Spinal fusion, spinal scoliosis and disc replacement surgery	✗

General Extras Plus highlights

Benefits	Annual limits
Diagnostic and preventative dental e.g. scale, clean, plaque removal and fluoride treatment	Limits for service apply
Dental fillings e.g. metallic and adhesive fillings (direct) and in-direct restorations	\$400
Crowns and bridges	-
Oral Surgery and Endodontics	\$300
Orthodontics after 12 months	\$250 (lifetime limits apply)
Optical	\$180
Dietetics	-
Speech pathology	\$500 (Sublimits apply)
Occupational Therapy	
Physiotherapy	
Chiropractic and osteopathy	
Acupuncture and remedial massage	\$500
Pharmacy (HCF approved e.g. non-PBS)	
School accident cover	\$400

More information can be found on page 3.

This product has some other services as Exclusion and Minimal Benefits. Refer to page 2 for details.

Current as at 1 July 2013. Benefits shown are valid until 30 June 2014.

Budget Hospital

HCF participating private and public hospitals	
Accommodation, operating theatre, intensive care	✓
Accident related services after joining	✓
Heart surgery~	✗
Physiotherapy and Pharmaceuticals in hospital ^o	✓
Removal of tonsils	✓
Removal of adenoids	✓
Removal of appendix	✓
Hernias	✓
Kidney stone & gall stone removal	✓
Digestive disorder procedures (e.g. Colonoscopy, Gastrosocopy, Bowel surgery)	✓
Surgical removal of wisdom teeth in hospital	✓
Cancer related services (e.g. chemotherapy)	✓
Govt. approved prostheses for covered services	✓
Assisted Reproductive services (e.g. IVF, GIFT)	✗
Pregnancy & birth related services	✗
Total & partial hip and knee joint replacement	✗
Cataract and other lens related surgery	✗
Dialysis for chronic renal failure	✗
Gastric banding and obesity surgery	✗
Spinal fusion, spinal scoliosis and disc replacement surgery	✗
Cochlear implant surgery and bone anchored hearing devices [¥]	✗
Insulin pump treatments [#]	✗
Psychiatric services	Minimal Benefits
Rehabilitation services	Minimal Benefits
Palliative Care	Minimal Benefits
Elective cosmetic and podiatric surgery by an accredited podiatric surgeon	✗
Emergency Ambulance (State Government services only. QLD and TAS residents are covered under their state ambulance scheme).	✓

✗ Exclusion

~ Diagnostic and Therapeutic Cardiac procedures

^o Directly associated with the reason for admission.

Excluding experimental and high cost-non-PBS drugs

¥ Cochlear implant surgery, bone anchored hearing devices and associated speech and sound processors including upgrades

Certified type C procedures and certified overnight type C procedures for the treatment of diabetes.

Exclusions

On this product there are certain services which are excluded. This means if you need treatment for any of those procedures, you will not receive any benefits from HCF towards your hospital and medical costs and you may have significant out-of pocket expense. Please ensure you have reviewed the exclusions before purchasing this product.

If a service is not covered by Medicare there will be no benefit payable on your hospital cover so you should always check with us to see if you're covered before receiving treatment.

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.

To be certain of what you're covered for, always check with HCF before attending any hospital.

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**.

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

Conditions applying to Budget Hospital

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

General Extras Plus

	Service category	Description	Benefits range from - to	Limits per person per calendar year
Dental	Diagnostic dental	Examinations – general dentist/specialist dentist	\$32 – \$55	2 services/1 service
		Single film x-rays – initial/subsequent	\$25/\$18	No limit
	Preventative dental	Removal of plaque/calculus	\$36 – \$57	2 services
		Application of fluoride	\$27	1 service
	Fillings	Metallic and tooth coloured (direct)	\$65 – \$115	\$400
	Orthodontics	Accrues at \$250 per year up to \$1,500 maximum lifetime limit for Orthodontist or \$1,000 for General Dentist treatment. Sub-limits apply.		
	Oral surgery	Surgical extractions	\$150 – \$215	\$300
		Extractions	\$80 – \$110	
		Occlusal therapy	-	
	Endodontic Services	Treatment of root canals	\$38 – \$130	
	Periodontic Services	Treatment of tissue surrounding the teeth	-	-
	Dentures	Dentures and components (partial and complete)	-	-
		Maintenance and repair	-	-
	Crowns and bridges	Preparation and placing of crowns and bridges	-	-
Optical	Glasses and contact lenses	Spectacle frames	\$75	\$180
		Spectacle lenses – pair	\$80 – \$140	
		Contact lenses – pair	\$140 – \$180	
Therapies	First/subsequent visits (unless otherwise specified)	Psychology (after Medicare entitlement is exhausted)	-	-
		Dietetics	-	-
		Podiatry consultation (cannot be used for in-patient services)	-	-
		Audiology	-	-
		Speech pathology	\$40/\$30	\$500 Sublimit of \$250 each for chiropractic, osteopathy and exercise physiology. \$200 combined for occupational therapy and speech pathology. \$100 combined remedial massage ,myotherapy, acupuncture and CHM
		Occupational Therapy	\$40/\$30	
		Chiropractic	\$28 visits 1 – 2/\$20 visits 3 – 11/\$10 visits 12+	
		Osteopathy	\$30 visits 1 – 2/\$20 visits 3 – 11/\$10 visits 12+	
		Exercise Physiology	\$25/\$20	
		Physiotherapy	\$33 visits 1 – 2/\$20 visits 3 – 11/\$10 visits 12+	
		Acupuncture/Chinese Herbal Medicine consultation (CHM)	\$22/\$10	
		Remedial Massage/Myotherapy	\$22/\$10	
		Naturopathy/Nutrition consultation	-	
		Alexander Technique	-	-
		Homoeopathy	-	-
	Travel & Accommodation	Minimum 200km+ return trip for medical/hospital treatment when not available locally	-	-
	HCF approved Pharmacy	Per script, after equivalent PBS co-payment subtracted	Up to \$50	\$500
	Artificial aids	HCF approved appliances	-	-
	Hearing aids	Benefits accrue over time and limits renew every five years	-	-
Other services	Health Management Programs	HCF approved – single/couples or family	-	-
	School Accident Cover	Approved ancillary services only	Up to \$400	\$400

Things you need to know

Hospital and Extras 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).
6 months	HCF Health Management programs and approved HCF Disease Management programs.
2-12 months	School Accident Cover (depending on service).
12 months	Pregnancy and 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:

- 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 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 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 and/or services received overseas or purchased from overseas including items sourced over the internet.
- Claims that do not meet criteria.

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.
- 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 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).