

Mid Plus Hospital

Product Summary



Mid Plus Hospital

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 Prostheses 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.

Things you need to know

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

Hospital waiting periods	
1 day	Emergency ambulance (where not for pre-existing ailments).
2 months	Psychiatric, rehabilitation and palliative care.
12 months	Pregnancy and birth related services. Pre-existing ailments (excluding psychiatric, rehabilitation and palliative care).
2 months	All other hospital 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 treatments.
- 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 our 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 (e.g. 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.

Note:

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