

Top Plus and General Extras Plus

Product Summary



Top Plus

Key Features	
Excess (per person per calendar year)	Nil, \$150*, \$250** or \$450
No excess for accident related treatment	✓
No excess for kids	✓
No excess for same day treatment <i>12 month waiting period applies to pre-existing conditions 2 month waiting period applies to all other procedures</i>	✓
Available as hospital cover only (without extras)	Yes (Nil or \$450)

Example hospital procedures at HCF participating private and public hospitals - accommodation, operating theatre, intensive care	
Accident related treatment	✓
Physiotherapy & pharmaceuticals related to admission ^o	✓
Removal of tonsils	✓
Removal of adenoids	✓
Removal of appendix	✓
Hernia treatment	✓
Removal of kidney stones & gall stones	✓
Digestive disorder procedures (e.g. bowel surgery)	✓
Cancer related services (e.g. chemotherapy)	✓
Government approved prostheses for covered services	✓
Heart surgery including diagnostics & therapeutic cardiac procedures	✓
Spinal fusion, spinal scoliosis & disc replacement surgery	✓
Cochlear implant surgery & bone anchored hearing devices [^]	✓
Insulin pump treatments [#]	✓
Dialysis for chronic renal failure	✓
Rehabilitation services	✓
Psychiatric services	✓
Gastric banding and obesity surgery	✓
Assisted reproductive services (e.g. IVF, GIFT)	✓
Pregnancy and birth related services	✓
Hip & knee joint replacement surgery	✓
Cataract and other lens related surgery	✓
Elective cosmetic surgery	⚠
Podiatric surgery by an accredited podiatrist	⚠
Emergency ambulance	✓
Non-emergency ambulance (up to \$5,000)	✓

* \$150 Excess is not available for new or transferring members.

** \$250 Excess is only available with extras cover.

^o Directly associated with the reason for admission excluding experimental and high cost non-PBS drugs.

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

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

✓ Covered

⚠ Minimal Benefits

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.

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 the planned date of birth 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 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**.

Excess

An excess means a nominated amount you elect to pay 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.

General Extras Plus

	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	\$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	-	
Other services	Travel & Accommodation	Minimum 200km+ return trip for medical/hospital treatment when not available locally	-	-
	HCF approved Pharmacy	Per script, per equivalent PBS co-payment	Up to \$50	\$500
	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	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, orthodontics and foot orthotics.
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).

You get more with HCF

- We're not-for-profit, so our members get more
- *My Health Guardian* online program makes it easier for you to look after your health and well-being
- The best no-gap medical coverage of any health fund in every state