

This is the highest level of hospital insurance currently available and is designed for the person who would like to be fully covered for the cost of a private room, theatre and labour ward fees. Details for this cover were last updated 1st December 2012

For In-Hospital Procedures for covered services					☑ = Covered ☒ = Not covered
	<u>GoldStar</u>	Gold	GoldSaver	GoldStarter	
Shared room	☑	☑	☑	☑	
Private room	☑	☒	☒	☒	
Choice of Excess	☑	☑	☒	☒	
Intensive Care	☑	☑	☑	☑	
Theatre Fees	☑	☑	☑	☑	
Same-day Accommodation	☑	☑	☑	☑	
Same-day Theatre	☑	☑	☑	☑	
AccessGap (Medical Bill Payment Scheme)	☑	☑	☑	☑	

Your chosen level of hospital insurance will cover the following in a public hospital or contracted private hospital subject to any waiting periods or restrictions which may apply, and HIF's Pre-existing ailment rule. Rebates for non-contracted private hospitals are available from HIF. It is advisable to check with the Fund prior to admission to ensure that the hospital is an HIF contracted facility. The Fund has negotiated contractual arrangements with most hospitals and Day Hospital facilities throughout Australia. The mentioned benefits are offered to members who are admitted to those hospitals.

Accommodation charges including Day patient, Intensive Care and Neonatal Care	Public Hospital	Full cover in a shared or private room
	Private Hospital	Full cover in a shared or private room For maternity stays relating to the management of labour and delivery and where the hospital allows, your partner or nominated person can also board with you to provide personal support during this time.
Theatre fee and Labour Ward charges	Public Hospital	Charges are not raised for this service
	Private Hospital	Full cover for Theatre and Labour ward charges
Pharmaceutical Drugs (does not include discharge drugs)	Public Hospital	Charges are not raised for this service
	Private Hospital	Charges vary between hospitals depending on the contract, which is in place. Please check with the Hospital or Fund. Benefits may not apply to, or be restricted for non TGA approved, experimental or high cost drugs.
Artificial appliances and prostheses, non approved medical treatments and consumables e.g. joints, heart valves, trial and/or or non approved prostheses, treatments and consumables	Public Hospital	Benefits will be paid towards prostheses in accordance with the Commonwealth Prostheses List. Items listed (excluding Human Tissue) on the prostheses list may be subject to a patient moiety (gap)
	Private Hospital	Benefits will be paid towards prostheses in accordance with the Commonwealth Prostheses List. Items listed (excluding Human Tissue) on the prostheses list may be subject to a patient moiety (gap). Benefits may not apply or be restricted for non hospital contract medical treatments or consumables
Outpatient Theatre fees	Public Hospital	No charge raised
	Private Hospital	Full cover for outpatient theatre fees
Medical "Gap" For more details please refer to the 'AccessGap Cover' definition under the "Things you should know about HIF Hospital Cover" section contained in the HIF brochure	All Hospitals and Approved Day Care facilities	"Admitted" patients are entitled to the difference between the Medicare rebate and the Commonwealth Medical Benefits Schedule fee for all medical services performed whilst the patient is admitted as an inpatient is in hospital and may be entitled to a further refund of the AccessGap Cover amount. (See "AccessGap"). Funds are not permitted to pay Gap cover if the patient is treated as an "out-patient" or when the patient is not formally admitted to hospital.

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Excluded Services	Public Hospital	No benefits payable for any charges raised for these services
Ambulance (except for emergency services applicable under NSW & ACT legislation) Services deemed cosmetic by Medicare and services that do not attract a Medicare rebate	Private Hospital	No benefits payable for any charges raised for these services
Optional Excess An optional excess may be taken with this cover to reduce your premiums. The benefits payable are the same as for GoldStar Hospital except you agree to forego an excess at the level detailed below. The excess is deducted from the hospital benefits normally payable under your level of cover. Note: an excess will not apply to day surgery or in any circumstance for child dependants under the age of 18.	Public Hospital	<ul style="list-style-type: none"> \$200/400 - \$200 per person in a calendar year to a maximum of \$400 per policy \$400/800 - \$400 per person in a calendar year to a maximum of \$800 per policy \$1000/500 - \$500 per person in a calendar year to a maximum of \$1000 per policy
	Private Hospital	<ul style="list-style-type: none"> \$200/400 - \$200 per person in a calendar year to a maximum of \$400 per policy \$400/800 - \$400 per person in a calendar year to a maximum of \$800 per policy \$1000/500 - \$500 per person in a calendar year to a maximum of \$1000 per policy

The following procedure is restricted on all HIF hospital covers and will only attract a benefit at the "Basic Hospital level":

Restricted Services	Restricted procedure on this cover	Benefits include basic public hospital rate or general surgery and band 1 theatre of a contracted private hospital for accommodation. Benefits will be paid towards prostheses in accordance with the Commonwealth Prostheses List. Items listed (excluding Human Tissue) on the prostheses list may be subject to a patient moiety (gap). Limited benefits will be paid toward the Podiatrist's fees however no benefits are payable for other charges related to these services.
Surgery by Podiatrists		

Waiting Periods and Pre-Existing Ailment Rule

The following Waiting Periods and the Pre-existing Ailment rule apply to all members who join the Fund, or upgrade their level of hospital cover. Members who transfer to HIF from another registered health fund will not be subject to these restrictions if they have already served the waiting periods on an equivalent level of cover.

Waiting Period	Condition
2 Months*	General hospitalisation (not associated with a pre-existing ailment)
12 Months*	All obstetric related services All treatment in relation to a pre-existing ailment or condition

Pre-Existing Ailment Rule

The Pre-Existing Ailment Rule is an industry standard rule designed to ensure that long-term members are not financially disadvantaged by new members who join a table and seek to claim for conditions of which signs or symptoms would have been in place at the time the cover was commenced.

The rule states; "The Fund may not be required to pay benefits for a period of 12-months if the pre-existing ailment rule is applicable. A pre-existing ailment is an ailment or condition of which the signs or symptoms were in evidence at any time during the six months prior to when the member joins the Fund or upgrades to a higher level of cover".

If the Fund considers that the pre-existing ailment rule may be applicable, benefits will not be paid until the fund has been satisfied, through the production of suitable medical evidence, that the condition or signs or symptoms relating to the condition were not in place at the time the cover was commenced. HIF will appoint a medical adviser to determine, from the information provided by the patient and the treating/referring practitioner, if the claim will be revoked.

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Ineligible Services and Providers

Benefits are not payable until the service has been completed. The benefit cannot exceed the cost of the service.

You are not entitled to claim a rebate if you can claim from another source including your employer, other insurance policy or workers compensation. Where benefits are available from another source, HIF may pay a Benefit such that the total rebate from all sources does not exceed the actual charge of the service claimed.

A Benefit is not payable where a person who is direct relative of the member provides the service.

To be eligible for a Benefit, the person providing the service MUST be registered with HIF to perform that service.

General Information

Contracted Private Hospitals

If you wish to find a Contracted Hospital with HIF you can do so in the following three ways:

- Refer to our website – www.hif.com.au
- Email HIF directly at info@hif.com.au
- Contact a HIF Customer Service Representative on 1300 13 40 60.

Medical Providers

Further information regarding medical coverage can be obtained from our AccessGap Cover leaflet which can be obtained in the following ways:

- Refer to our website – www.hif.com.au
- Email HIF directly at info@hif.com.au
- Contact a HIF Customer Service Representative on 1300 13 40 60.

Privacy Policy

HIF recognises the importance of keeping the personal information that you entrust to us private and confidential. HIF's 'Privacy Policy' has been compiled to outline how your personal information is handled and the steps taken by HIF to ensure your privacy. If you would like to find out more about HIF's 'Privacy Policy' you can:

- Refer to our website – www.hif.com.au
- Email HIF directly at info@hif.com.au
- Contact a HIF Customer Service Representative on 1300 13 40 60 to request a copy of our Privacy Policy brochure

Providing Feedback or Making a complaint

HIF is committed to providing our members with access to the highest possible level of service and we value the feedback that our members provide. As part of HIF's commitment to continuous improvement if you have a concern regarding your HIF membership, our products, benefits or our service we would be happy to hear from you.

If you have a complaint or concerns, you can:

- Discuss this with one of our Customer Service Representatives on **1300 13 40 60**. HIF's internal complaint handling process ensures where our people are unable to assist you with your concerns or complaint they will escalate your issue to a senior manager.
- Access the Internal Complaint Handling process by addressing your complaint in writing to:

Executive Manager - Operations
Health Insurance Fund of Australia Limited
GPO Box X2221
PERTH WA 6847

Or

Email your complaint to info@hif.com.au

If after discussing your concerns with us, and you believe the outcome or decision is not appropriate and you wish to take the matter further you can contact the Private Health Insurance Ombudsman:

- Via the website www.phio.org.au or
- By ringing toll free on 1800 640 695, or
- Or write to Suite 2 Level 22, 580 George Street, Sydney NSW 2000