

Private Health Information Statement - Hospital policy

| HCF Reciprocal Health Cover Basic                                     |                                                                                                   |                                                                                                                           |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>HCF</b><br>http://www.hcf.com.au<br>service@hcf.com.au<br>13 13 34 | <b>Monthly Premium</b><br><b>\$221.80<sup>#</sup></b><br>(before any rebate, loading or discount) | <b>Covers one adult &amp; dependants (2 or more people, only one of whom is an adult)</b><br><b>Available in Tasmania</b> |

# You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading or an insurer discount. Check with your insurer for details.

This policy covers children and other dependants up to and including the age of 21, as well as persons with a disability who qualify as a child or other dependant in this age range.

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy does not provide accident cover or benefits for travel and accommodation (outside of hospital).

✓ **Covered**  
For information on what is covered under each category, see <https://privatehealth.gov.au/categories>

R **Restricted**  
Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

✗ **Not Covered**  
These categories are not covered by this policy.

This policy ✓ includes cover for

|                                 |                   |                  |
|---------------------------------|-------------------|------------------|
| R Hospital psychiatric services | R Palliative care | R Rehabilitation |
|---------------------------------|-------------------|------------------|

This policy ✗ does not include cover for

|                                                           |                                   |                                                                                     |
|-----------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------|
| ✗ Assisted reproductive services                          | ✗ Ear, nose and throat            | ✗ Male reproductive system                                                          |
| ✗ Back, neck and spine                                    | ✗ Eye (not cataracts)             | ✗ Miscarriage and termination of pregnancy                                          |
| ✗ Blood                                                   | ✗ Gastrointestinal endoscopy      | ✗ Pain management                                                                   |
| ✗ Bone, joint and muscle                                  | ✗ Gynaecology                     | ✗ Pain management with device                                                       |
| ✗ Brain and nervous system                                | ✗ Heart and vascular system       | ✗ Plastic and reconstructive surgery (medically necessary)                          |
| ✗ Breast surgery (medically necessary)                    | ✗ Hernia and appendix             | ✗ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits) |
| ✗ Cataracts                                               | ✗ Implantation of hearing devices | ✗ Pregnancy and birth                                                               |
| ✗ Chemotherapy, radiotherapy and immunotherapy for cancer | ✗ Insulin pumps                   | ✗ Skin                                                                              |
| ✗ Dental surgery                                          | ✗ Joint reconstructions           | ✗ Sleep studies                                                                     |
| ✗ Diabetes management (excluding insulin pumps)           | ✗ Joint replacements              | ✗ Tonsils, adenoids and grommets                                                    |
| ✗ Dialysis for chronic kidney failure                     | ✗ Kidney and bladder              | ✗ Weight loss surgery                                                               |
| ✗ Digestive system                                        | ✗ Lung and chest                  |                                                                                     |

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on [privatehealth.gov.au](https://privatehealth.gov.au) for which hospitals have arrangements with your insurer – <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

[The following payments may also apply for hospital admissions](#)

**Excess:** You will have to pay an excess of \$750 per admission. This is limited to a maximum of \$750 per person and \$1500 per policy per year.

**Co-payments:** No co-payments

[The following waiting periods for hospital admissions apply to new or upgrading members](#)

**Waiting periods:**

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 2 months for all other treatments

### [Gap Cover](#)

This provider offers '[known gap](#)' or '[no gap](#)' cover for medical bills for this product.

The [Medical Costs Finder](#) lets you find out more about the cost of specialist medical services.

### [Other features of this hospital cover](#)

This cover may assist in reducing or avoiding the payment of the Medicare Levy Surcharge.

## [Ambulance cover](#)

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - [https://www.health.tas.gov.au/ambulance/fees\\_and\\_accounts](https://www.health.tas.gov.au/ambulance/fees_and_accounts).

### [Other features of this ambulance cover](#)

Benefits are not payable when covered by another third party or other funding arrangement, such as a State government scheme. See fund rules for more information.

[For further information about this policy see](#)

<https://www.hcf.com.au/faqs/faqs-cover#what-is-ambulance-cover>

### [Disclaimer](#)

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.