What if... you wanted to know about

Packaged Cover

Silver Plus Family Mid

Designed for growing families, Hospital & Extras services, plus ambulance cover.

It includes a host of inpatient hospital and medical services like pregnancy and birth, ear, nose and throat, tonsils, adenoid and grommet procedures and more. You'll also be covered for 60% or more of the cost of popular Extras services like Dental, Optical, Physio, Chiro, Psychology and more.

This product fact sheet must be read with our Health Cover Guide.

What's included?

KEY ✓ = included R = restricted ✗ = not included

Ambulance services[1]	✓
Private room accommodation (HIF-contracted private hospital)	✓
HIF second opinion service	✓
Rehabilitation	✓
Hospital psychiatric services	R
Palliative care	✓
Brain and nervous system	✓
Eye (not cataracts)	✓
Ear, nose and throat	✓
Tonsils, adenoids and grommets	✓
Bone, joint and muscle	✓
Joint reconstructions	✓
Kidney and bladder	✓
Male reproductive system	✓
Digestive system	✓
Hernia and appendix	✓
Gastrointestinal endoscopy	✓
Gynaecology	✓
Miscarriage and termination of pregnancy	✓
Chemotherapy, radiotherapy and immunotherapy for cancer	✓
Pain management	✓

Skin	✓
Breast surgery (medically necessary)	✓
Diabetes (excluding insulin pumps)	✓
Heart and vascular systems	✓
Lung and chest	✓
Blood	✓
Back, neck and spine	✓
Plastic and reconstructive surgery (medically necessary)	✓
Dental surgery[2]	✓
Podiatric surgery[3] (provided by a registered surgical podiatrist)	✓
Implantation of hearing devices	✓
Cataracts	✗
Joint replacements	✗
Dialysis for chronic kidney failure	✗
Pregnancy and birth	✓
Assisted reproductive services	✓
Weight loss surgery	✗
Insulin pumps	✓
Pain management with device	✗
Sleep studies	✓

1 *Please note: Not covered for*
- *Transportation from a hospital to your home, nursing home or other hospital.*
- *Transportation for ongoing medical treatment.*
- *Off road or air ambulance (e.g. plane, helicopter or boat).*

2 *Please note: If you undergo surgery by a recognised dentist in a hospital, you may be able to claim benefits for theatre, accommodation and anaesthetist costs. Benefits towards your dentist's fees will only be paid if you also hold a suitable Extras product and have served all relevant waiting periods in addition to your Hospital cover.*

3 *Limited benefits apply to Podiatric Surgery, and you may incur significant out of pocket expenses. Please refer to the Health Cover Guide for more information.*

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Also included on this policy:

- Unlimited 100% cover for Emergency Ambulance. Unlimited cover for Non-Emergency Ambulance (with a $50 co-payment per trip).
- Emergency treatment in hospital resulting from an accidental injury
- Your choice of treating doctor or specialist
- Private and shared room accommodation in an HIF-contracted hospital (subject to availability of a private room)
- Shared room accommodation in a public hospital, with the exception of public hospitals in New South Wales (NSW) where private and shared room coverage is available (subject to availability of a private room)
- AccessGap Cover for eligible inpatient medical services
- Benefits for surgically implanted Medical Devices and Human Tissue Products and other items on the Federal Government's Prescribed List of Medical Devices and Human Tissue Products
- Inpatient pharmacy drugs – charges vary between hospitals depending on the contract that's in place. Please check with the hospital or HIF.

What does restricted mean?

The term 'restricted' means that you can claim benefits for accommodation at the basic hospital default rate only for the services listed as restricted. However, full AccessGap coverage applies for inpatient medical procedures, and benefits will be paid towards Medical Devices and Human Tissue Products in accordance with the Federal Government's Prescribed List of Medical Devices and Human Tissue Products.

What about excluded benefits?

No benefits will be payable for services that are not included on your cover.

Other situations where you may not be covered by HIF include for cosmetic surgery, or when your membership isn't financial, or waiting periods are still being served.

For a comprehensive list, please read our **Health Cover Guide**.

Does a hospital excess apply?

For Silver Plus Family Mid, a standard excess applies:

Single memberships:

- $750 per calendar year.

Couple/family policies:

- $750 per person up to a policy maximum of $1,500 per calendar year.

You'll only need to pay the excess per-person per calendar year if admitted to hospital for same-day or overnight stays. No excess applies to dependants under the age of 18.

Hospital waiting periods

A waiting period refers to the period of time you have to wait (after purchasing or upgrading Hospital Cover) before you're entitled to receive benefits for services or items included on your chosen level of cover.

For Silver Plus Family Mid, the applicable waiting periods are:

- **Emergency Ambulance:** 1 day
- **Non-Emergency Ambulance:** 30 days
- **General hospitalisation:** 2 months
- **Psychiatric care, rehabilitation and palliative care:** 2 months
- **Pre-existing conditions:** 12 months
- **Pregnancy and birth:** 12 months

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What's a pre-existing condition?

The Pre-existing Condition Rule is a 12-month waiting period for hospital treatment relating to a pre-existing condition – it's a rule that applies whether the ailment, illness or condition was known to the member or not.

A pre-existing condition is defined as, *'Any ailment, illness, or condition where, in the opinion of a medical adviser appointed by the health insurer, the signs or symptoms of that illness, ailment or condition existed at any time in the period of six months ending on the day on which the person became insured under the policy.'*

The pre-existing condition waiting period applies to new members and existing members upgrading their cover. The test applied relies on the presence of signs or symptoms of the illness, ailment or condition, not on a diagnosis (i.e. it's not necessary for the member or their doctor to know what their condition is or for it to be diagnosed).

In forming an opinion about whether or not an illness is a pre-existing condition, an HIF-appointed medical practitioner will take into account information provided by the member's treating doctor/specialist.

Make sure you read our Health Cover Guide

Our Health Cover Guide is your need-to-know resource for all things about health insurance. The Health Cover Guide also outlines more information about your coverage as well as situations in which you might not be covered by HIF, so please read the guide carefully and retain a copy for your records.

Visit **hif.com.au/guide** to access a copy online.

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What's included?



HIF Choice Network[5]
Get 100% back on your first two check-ups when visiting an HIF Choice Network Dental provider.

60%

60% or more back
on selected services up to your annual limits.



Optical[7]
Annual limit of $200 per person and $400 per policy.

Service	Benefit	Annual limit	Waiting period
General Dental[4]			
Oral Examination (012)	60%	$600 per person $1,200 per policy	2 months
Dental x-ray (022)			
Scale and clean (114)			
Fluoride treatment (121)			
Surgical tooth extraction (322)			
Filling/tooth restoration (531)			
Major Dental			
Filling of one root canal (417)	60%	$600 per person $1,200 per policy	12 months
Full crown – non metallic (613)			
Full crown – veneered (615)			
Dentures – complete (719)[6]			
Optical			
Frames, prescription lenses and contact lenses[7]	100%	$200 per person $400 per policy	2 months

4 Limits apply to the number of times some items (such as bleaching) attract a benefit. You may also not be able to claim benefits for services performed with another item in the same course of treatment.

5 100% back for 2 check-ups and 1 mouthguard each year at HIF Choice Network Dental providers. Waiting periods and annual limits apply. For more information on other services covered under the HIF Choice Network, see the HIF Choice Network section or visit hif.com.au/choice-network

6 Benefits for replacement dentures and partial dentures are not paid within three years of previous supply.

7 Benefits are payable on prescription optical items.

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Service	Benefit	Annual limit	Waiting period
Physiotherapy Individual consultation Group, hydrotherapy, antenatal	60%	Combined limit: $350 per person $700 per policy The annual combined limits includes the following sub-limits: **Complementary Therapies sub-limit:** $150 per person $300 per policy **Healthy Lifestyle sub-limit:** $150 per person $300 per policy **Psychology sub-limit:** $150 per person $300 per policy	2 months
Exercise Physiology Consultations			
Chiropractic Consultations X-ray			
Osteopathy Consultations			
Podiatry[8] Consultations			
Pharmacy[9] Non-PBS pharmaceuticals Flu vaccination *(Benefits payable from a registered pharmacy only)*	60% (up to annual limit) of the balance after the PBS fee is deduct $20 (1 per person, per calendar year)		
Complementary Therapies[10] Services include acupuncture, myotherapy, remedial massage and traditional Chinese medicine	60%		
Healthy Lifestyle[11] Services include gym memberships, health assessments, weight management programs, quit smoking plans and skin cancer screenings			
Psychology Consultations			

8 Benefits are not payable on podiatry surgery or orthotics.

9 Benefits are not payable on PBS (Pharmaceutical Benefit Scheme) prescriptions or over the counter items purchased with or without a prescription.

10 Benefits are not payable on medicines.

11 Benefits are payable for HIF approved programs delivered by registered providers only. Please contact us prior to commencing program to check eligibility.

HIF Choice Network

HIF has partnered with a network of providers to make a selected range of services more affordable. By choosing an HIF Choice Network provider you'll receive low or no out-of-pocket costs.

Dental

When visiting a HIF Choice Network Dental provider, you can get more value with:

- 100% back for 2 check-ups and 1 mouthguard each year+

Find your nearest HIF Choice Network provider at **hif.com.au/choice-network**

+ Members can claim 100% back on 2 oral examinations, 2 scale and cleans, 2 fluoride treatments, 2 x-rays and 1 mouthguard each year at HIF Choice Network Dental providers (subject to specific item codes). Waiting periods and annual limits apply. Additional service limits may apply. Other eligible dental item numbers may also be included. Once the HIF Choice Network 100% back service limit has been reached within the same calendar year, benefits will be paid at the same rate as Non-HIF Choice Network providers.

Optical

To see all member discounts available at HIF Choice Network Optical providers, visit **hif.com.au/optical**.

Understanding annual limits

Like most Extras health covers, there are annual limits (a limit on how much we will pay towards your claims) for most services. These annual limits reset to the full amount on January 1 each year.

Please note: *Benefits are payable up to your annual limit. Annual limits are per person per calendar year unless otherwise stated.*

How to make an Extras claim

With HIF, making an Extras claim is easy! In fact, the toughest bit is choosing from our host of convenient ways to make your claim:

1. Claim on the spot with most providers simply by swiping your HIF Member card through their HICAPS eClaiming terminal
2. Claim online through our 24/7 Member Centre
3. Claim on your mobile with our HIF App, available for Apple and Android devices
4. Claim by email – simply send copies of your signed claim form and receipts to **claims@hif.com.au**
5. Claim by posting your documents to: HIF, Whadjuk Country, GPO Box X2221, Perth WA 6847.

In any case, it's quick and easy and you'll have your benefit paid in no time. To find out more and download a claim form, visit **hif.com.au/claim**

Please note:

* *Benefits are payable by HIF only for services and programs delivered by registered providers that are approved by HIF.*
* *Benefits are paid by item number limits up to sub-limits/calendar limits. Call us on 1300 134 060 prior to treatment to confirm your benefits payable.*

What are waiting periods?

All health funds have to apply waiting periods. It's the only way we can protect our community of loyal Members from people who would otherwise join our fund to claim large amounts, then leave.

That said, we try to keep waiting periods to a minimum. That's why, if you switch to us from another health fund, we'll honour any waiting periods already served with your previous insurer on an equivalent level of cover.

Got a question?

Visit our handy online knowledge base for 24/7 access to a wealth of information Visit **hif.com.au/help** to get started or call us on **1300 134 060**.

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