



***The smart choice  
for health cover***



**Australia's first certified Carbon Neutral health fund.**

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**Smart cover  
for the whole family**



## Why is private health insurance the smart option?

### Peace of Mind

HIF private health cover brings the peace of mind that your health and that of your family will be looked after to the highest standard, without the worry of hospital waiting lists.

### Choice

You can choose the hospital in which you would like to be treated, as well as the doctor or specialist you would like to have attend to you. You can also choose to have a private room if it's in your specified cover.

### Quality

With private health cover you are making a commitment to protect and preserve your precious health in the best possible way, so that you and your family can get on with life.

### Types of Private Cover

Private health insurance covers you outside the normal Medicare benefits.

Hospital Cover insures you for:

- Choice of doctor
- Choice of hospital
- Private room in a public hospital
- Private room in a private hospital (with relevant cover)

Ancillary Cover\* insures you for services that include:

- Acupuncture
- Chiropractic
- Dental
- Healthy Lifestyle
- Pharmacy
- Podiatry
- Ambulance
- Complementary Therapies
- Dietetics
- Optical
- Physiotherapy
- Remedial Massage

### Financial Benefits

There are distinct short and long-term financial benefits in having private health insurance.

### Private Health Insurance Rebate

The Federal Government contributes a proportion of your private health cover premium for permanent Australian residents. You can receive this rebate as a reduction in your premiums, a direct payment from Medicare or a tax rebate in your annual tax return.

### Lifetime Health Cover Loading

Taking up private health cover before you turn 31 years of age will save you in the long term. A Lifetime Health Cover Loading means your premiums will be higher (loaded) for every year over this age that you do not take up private hospital insurance, with some exceptions. Contact HIF on 1300 13 40 60 for full details.

### Tax Benefits

High income earners (as determined by the Australian Taxation Office) will avoid the Medicare Levy Surcharge of 1% if they have private hospital insurance. The surcharge is in addition to the normal Medicare Levy and may cost more than your private hospital cover costs. Contact the ATO on 13 28 61 to determine your eligibility.

\*Availability of services dependent on level of cover

## What's so smart about HIF?

Life has different demands at different times, so it makes sense to choose private health insurance cover that is designed for your specific needs.

### Innovation

HIF offers health cover with policies that have been specifically designed to give you quality cover that's tailored to your needs, lifestyle and budget.

### Variety

Members choose from a wide range of HIF Hospital and Ancillary covers. There are different levels of cover to suit everyone.

### Value

Because you're paying for the cover that gives you only what you need, HIF health insurance offers great value. Electing to pay a hospital excess will reduce your premiums even further.

### Experience

HIF has been committed to excellence in servicing the needs of members throughout Australia for over 55 years. HIF's wealth of knowledge benefits its valued members.

### Ownership

Because HIF is owned by its members, all contributions and surpluses are reinvested into the Fund to ensure greater rebates and services for members.

### Efficiency

Simple and efficient claims processing means excellent cover without the hassles. Claims may be made electronically at participating providers, as cash transactions through our Perth office, or regional cash claims agents.

### Cover

Dependants of members will be covered up until they turn 21 years of age.

### Rewards

HIF members enjoy a choice of great rewards when they refer new members who join HIF. See page 26 for details.

### Home, Car and Travel

HIF has negotiated highly competitive rates for Home, Car and Travel Insurance.

## Frequently Asked Questions

**Q.** If I have health insurance can I still be admitted to a public hospital as a public patient?

**A.** Yes. Every public hospital has to ask if you wish to be treated as a public or private patient. It's your choice when to use your insurance and when not to.

**Q.** Which bills do I claim from HIF and which ones do I claim from Medicare?

**A.** Medicare pays benefits for all medical accounts, for example doctors, specialists, eye examinations, X-rays and pathology. If you have HIF hospital insurance, we will process hospital accounts. We also pay up to one quarter of the Medicare schedule fee for any medical accounts resulting from your time as a private inpatient in a hospital. Bills for all the extra services you have taken out cover for are processed by us too. These can include dental, physiotherapy or optical treatments.

**Q.** General Information on the Medicare Levy Surcharge.

**A.** The Medicare Levy Surcharge applies to higher income earners who choose not to have private patient hospital insurance. At time of printing, single people earning \$77,000 and families with a combined taxable income greater

than \$154,000 pay an extra 1 per cent of their taxable income for the surcharge in addition to the normal 1.5 per cent Medicare Levy.

**Q.** What is Lifetime Health Cover?

**A.** Lifetime Health Cover is the new system of private health insurance designed to slow down the rate of premium increases and make private health insurance more affordable. Lifetime Health Cover recognises the length of time that a person has had private health insurance and rewards that loyalty by offering lower premiums. People who join early in life will be charged lower premiums throughout their life relative to people who join later. For example, someone joining at 30 years of age will pay lower premiums throughout their years of membership compared with someone who first joins at 50 years of age. Introducing Lifetime Health Cover has encouraged more people to join at a younger age and maintain their membership over their lifetime. In the medium to longer term, this will mean that the overall health profile of health insurance members will improve, which will contribute to making premiums more affordable for all members.

Note: Loading will be removed after ten continuous years of hospital cover.

## What does HIF Hospital Cover include?

## Choose the Hospital Cover that suits you



Hospital cover effectively means you are covered for treatment in a private or public hospital of your choice, and you are able to choose your own doctor or specialist.

### Hospital Cover at a glance:

- Your choice of doctor
- Your choice of a private or shared room (if you have shared room cover you can still choose a private room by making a co-payment)
- Accommodation and theatre room fees for all items specified as covered in your particular HIF policy
- Medical payments for in-patient services through the HIF AccessGap cover

### HIF HOSPITAL COVER OPTIONS

Choose the cover that suits your needs, lifestyle and budget:

#### GoldStar Hospital

Top cover with the benefit of a private room

#### Gold Hospital

Top cover with a shared room or private room with co-payment and private room for maternity for up to 5 days cover

#### GoldSaver Hospital

Intermediate cover with restrictions on some services

#### GoldStarter Hospital

Hospital cover with restrictions and exclusions on some services

For In-Hospital Procedures for covered services	✓ = Covered X = Not covered			
	GoldStar	Gold	GoldSaver	GoldStarter
Shared Room	✓	✓	✓	✓
Private Room	✓	X	X	X
Private Room Maternity	✓	✓	X	X
Choice of Excess	✓	✓	X	X
Intensive Care	✓	✓	✓	✓
Theatre Fees	✓	✓	✓	✓
Same-day Accommodation	✓	✓	✓	✓
Same-day Theatre	✓	✓	✓	✓
AccessGap	✓	✓	✓	✓

	Restricted	Excluded
GoldStar	None	Cosmetic services* Services not covered by Medicare
Gold	None	Cosmetic services* Services not covered by Medicare
GoldSaver	Psychiatric Cardio-thoracic surgery or monitoring** Eye Surgery Joint Replacement Assisted Reproductive Technology	Cosmetic services* Services not covered by Medicare
GoldStarter	Psychiatric Palliative Care Rehabilitation	Cosmetic services* Services not covered by Medicare Cardio-thoracic surgery or monitoring** Eye Surgery Joint Replacement Assisted Reproductive Technology Obstetrics (Maternity)

A restricted service means a basic public hospital rate will be paid for accommodation and all other charges raised during the stay and out-of-pocket expenses will be paid by the member. An excluded service means all charges raised during the stay will be paid by the member. \*Where a service is deemed by Medicare to be cosmetic and/or does not attract a Medicare rebate, all charges raised in association with the hospital stay will not be eligible for payment. \*\*Some examples of cardio-thoracic surgery or monitoring are: heart bypass, angiogram, coronary care, lung surgery. Contact HIF prior to admission to confirm benefits payable.

## Things you should know about HIF Hospital Cover

When selecting hospital cover, it is important to ensure that you fully understand how each level of cover will apply to you, as well as being aware of details such as limitations, restrictions or exclusions that might also apply to your chosen cover.

### AccessGap Cover

AccessGap Cover applies to medical accounts for members undergoing in-patient hospital procedures. It aims to reduce or eliminate out-of-pocket expenses for members by allowing doctors to use the scheme on a patient-by-patient basis. If the doctor uses the scheme, he/she agrees to charge you a set fee for each item and will then receive a payment from HIF and Medicare combined, which is more than the Medicare Schedule Fee.

To be eligible for AccessGap Cover the doctor/s must be willing to participate for your particular surgery and the account must be lodged directly with HIF (not Medicare).

To find out more information on specific payment amounts for upcoming procedures or for your doctor to register for the scheme, please call HIF on 1300 13 40 60.

### Pre-existing Ailment Rule

This standard rule is applied across the health insurance industry. It is designed to ensure that long-term members are not financially disadvantaged by new members who join and claim benefits immediately for pre-existing conditions.

- A pre-existing ailment is defined as an ailment or condition for which the signs or symptoms were evident or known at any time during the 6 months prior to when the member joins HIF, or upgrades to a higher level of cover or the same cover with a reduced or nil excess.
- HIF is not required to pay benefits for a pre-existing ailment during the first 12 months of a new member's hospital cover.
- Where an existing member upgrades to a higher level of cover or the same cover with a reduced or nil excess, any services related to the pre-existing ailment will be paid out at the previous level of cover for the first 12 months.

### Benefit Limitations

Benefit limitations may apply to some types of treatment. Where a benefit limitation applies, the level of benefit payable will be equivalent to our Basic Hospital Cover. The level of cover is for the cost of a shared room in a public hospital and the cost of surgically implanted prostheses. All other charges are the responsibility of the patient.

### Restricted Services

Where services are noted as "Restricted" in your hospital cover, this means that should you receive them in a private hospital, you will only be covered at the basic public hospital benefit rate, which includes:

- The cost of a shared room in a public hospital
- A benefit towards the cost of surgically implanted prosthesis
- AccessGap for in-patient medical services

No other benefits are payable for restricted services.

### Excluded Services

Where services are noted as "Excluded" in your hospital cover, this means that you are not covered by a benefit and all costs must be paid by the member.

### Transferring and Upgrading your Cover

New members who transfer hospital cover from another fund to an equivalent level of HIF hospital cover will not have any waiting periods applied providing these were served with the previous fund.



- New members, who transfer hospital cover from another fund to a higher level of hospital cover or equivalent level of cover with a reduced or nil excess, will have qualifying periods applied for the higher level of cover and/or benefits. During these periods benefits will be payable at the equivalent level of cover to that of your previous fund.
- Current HIF members, who transfer hospital cover to a higher level of hospital cover or equivalent level of cover with a reduced or nil excess, will have qualifying periods applied for the higher level of cover and/or benefits. During these periods benefits will be payable at the lower level of cover held.

## GoldStar Hospital

Top cover with private room

If you're looking for the highest level of hospital cover and a private room is important to you, GoldStar is the smart choice.

### GoldStar Hospital Cover

- Top hospital cover
- Comprehensive cover for all Medicare approved items
- Includes Maternity
- Full cover for the cost of a private room, theatre fees and labour ward charges in an HIF contracted hospital anywhere in Australia
- Full AccessGap Cover for in-patient medical procedures
- Choice of excesses to reduce cost

### Hospital Waiting Periods

- General hospitalisation - 2 months
- All obstetric related services - 12 months
- All treatment related to a pre-existing ailment or condition, but not including pre-existing conditions for psychiatric care, rehabilitation or palliative care - 12 months.

### Benefit Limitations

- Psychiatric care and treatment, sterilisation and surgical removal of teeth - 12 months
- Joint replacement - 24 months
- Assisted Reproductive Technology programs - 36 months

### Restrictions

- Surgery by podiatrists - partly covered (see insurer for details)

### Exclusions

- Services deemed as cosmetic by Medicare and/or services that do not attract a Medicare benefit.

### Excesses

- The excess is not applied to same day surgery
- The excess is not applied to child dependents under the age of 18

Optional excesses to reduce premium costs:

- GoldStar Excess 200/400 - \$200 per person to a max of \$400\*
- GoldStar Excess 400/800 - \$400 per person to a max of \$800\*
- GoldStar Excess 500/1000 - \$500 per person to a max of \$1000\*

\*Excesses are paid once per person per admission covered under the policy in a calendar year up to the maximum. The excess is not applied to same-day surgery.

## Gold Hospital

Top cover with shared room

Gold Hospital is a smart alternative, for those who are seeking the highest level of hospital cover, but are happy to save with a shared room in a private hospital.

### Gold Hospital

- Top hospital cover
- Comprehensive cover for all Medicare approved items
- Includes Maternity
- Private room for up to 5 days for management of labour and delivery
- Full cover for cost of a shared room, theatre fees and labour ward charges in an HIF contracted hospital anywhere in Australia
- Full AccessGap Cover for in-patient medical procedures
- Choice of excesses to reduce cost

### Hospital Waiting Periods

- General hospitalisation - 2 months
- All obstetric related services - 12 months
- All treatment related to a pre-existing ailment or condition, but not including pre-existing conditions for psychiatric care, rehabilitation or palliative care - 12 months.

### Benefit Limitations

- Psychiatric care and treatment, sterilisation and surgical removal of teeth - 12 months
- Joint replacement - 24 months
- Assisted Reproductive Technology programs - 36 months

### Restrictions

- Surgery by podiatrists - partly covered (see insurer for details)

### Exclusions

- Service deemed cosmetic by Medicare and/or services that do not attract a Medicare benefit.

### Excesses

- The excess is not applied to same day surgery
- The excess is not applied to child dependents under the age of 18

Optional excesses to reduce premium costs:

- Gold Excess 100/200 - \$100 per person to a max of \$200\*
- Gold Excess 200/400 - \$200 per person to a max of \$400\*
- Gold Excess 400/800 - \$400 per person to a max of \$800\*

\*Excesses are paid once per person per admission covered under the policy in a calendar year up to the maximum. The excess is not applied to same-day surgery.



## GoldSaver Hospital

Intermediate cover with maternity services

For younger, healthier members it makes sense to only pay for the services you might need. For those who want intermediate hospital cover including maternity services, but not for treatment such as joint replacement or for cardio-thoracic treatment, GoldSaver is the smart choice.

### GoldSaver Hospital

- Intermediate hospital cover
- Some restricted services
- Includes Maternity
- Full cover for cost of a shared room, theatre fees and labour ward charges in an HIF contracted hospital anywhere in Australia for approved services
- Full AccessGap cover for in-patient medical procedures
- Includes an excess to reduce the premium

### Hospital Waiting Periods

- General hospitalisation - 2 months
- All obstetric related services - 12 months
- All treatment related to a pre-existing ailment or condition, but not including pre-existing conditions for psychiatric care, rehabilitation or palliative care - 12 months.

### Benefit Limitations

- Psychiatric care and treatment, sterilisation and surgical removal of teeth - 12 months
- Joint replacement - 24 months
- Assisted Reproductive Technology programs - 36 months

### Restricted Services

- Surgery by podiatrists - partly covered (see insurer for details)

The following services receive benefits paid at the basic public hospital rate:

- Joint replacement
- Eye surgery
- Psychiatric care and attention
- Assisted Reproductive Technologies
- Cardio-thoracic surgery and monitoring

### Exclusions

- Services deemed cosmetic by Medicare and/or services that do not attract a Medicare benefit.

### Excess

An excess is applied to reduce premium costs:

- GoldSaver - \$200 per person to a max of \$400\*

\*Excesses are paid once per person per admission covered under the policy in a calendar year up to the maximum. Excesses apply to all hospital treatments.



## GoldStarter Hospital

Hospital cover without maternity services

GoldStarter is the smart choice for younger members who want a hospital cover to suit their budget and do not need maternity or services such as joint replacement.

### GoldStarter Hospital

- Limited hospital cover
- Restricted and excluded services
- No Maternity cover
- Full cover for cost of a shared room, theatre fees and charges in an HIF contracted hospital anywhere in Australia for approved services
- Full AccessGap Cover for in-patient medical procedures for approved services
- Includes an excess to reduce the premium

### Hospital Waiting Periods

- General hospitalisation - 2 months
- All treatment related to a pre-existing ailment or condition, but not including pre-existing conditions for psychiatric care, rehabilitation or palliative care - 12 months.

### Benefit Limitations

- Psychiatric care and treatment, sterilisation and surgical removal of teeth - 12 months

### Restricted Services

- Surgery by podiatrists - partly covered (see insurer for details)

The following services receive benefits paid at the basic public hospital rate.

- Psychiatric care and attention
- Rehabilitation
- Palliative care

### Exclusions

- All obstetric related services
- Services deemed cosmetic by Medicare and/or services that do not attract a Medicare benefit
- Joint replacement
- Eye surgery
- Assisted Reproductive Technologies
- Cardio-thoracic surgery and monitoring

### Excess

An excess is applied to reduce premium costs:

- GoldStarter - \$200 per person to a max of \$400\*

\*Excesses are paid once per person per admission covered under the policy in a calendar year up to the maximum. Excesses apply to all hospital treatments.

## What does HIF Ancillary Cover include?

The wide range of everyday health needs that are not covered by Medicare can be covered by one of our smart ancillary options.

Some of the most commonly used health services covered include:

- Ambulance
- Chiropractic
- Complementary Therapies
- Dental
- Optical
- Pharmacy
- Physiotherapy

### A choice of Ancillary Cover from HIF

Depending on your health and lifestyle, you can select an HIF option that will provide cover for the services you are likely to need.

The four different HIF Ancillary Covers have been designed to give you a choice of cover to suit your needs, lifestyle and budget.



### Premium Options

#### Highest Ancillary Cover with extras

The widest and most comprehensive range of services covered, with higher rebates and annual limits applying to a number of services.

### Super Options

#### Top Ancillary Cover

A comprehensive range of services covered, with the exception of first aid courses.

### Special Options

#### Intermediate Ancillary Cover

An intermediate range of services covered including ambulance, major dental, optical, physiotherapy and many more.

### Saver Options

#### Basic Ancillary Cover

A limited range of everyday general services covered to suit the budget conscious.

### SmartTeeth Dental

All ancillary options covers include access to HIF's SmartTeeth dental rebates.

To learn about accessing up to 100% rebate of a dentist's fee, see page 25.

Combine HIF Hospital and Ancillary cover to give you and your family excellent health insurance and complete peace of mind.

## Choose the HIF Ancillary Cover that suits you

Type of Service	Premium Options	Super Options	Special Options	Saver Options	Waiting Period
Ambulance	✓	✓	✓	✓	2 Month Waiting Period
Auxiliary Home Nursing	✓	✓	X	X	
Asthmatic Spacers	✓	✓	X	X	
Chiropractic	✓	✓	✓	✓	
Complementary Therapies	✓	✓	✓	✓	
Dental - General Unlimited	✓	✓	✓	✓	
Diabetes Education	✓	✓	X	X	
Dietetics	✓	✓	✓	✓	
First Aid Courses	✓	X	X	X	
Healthy Lifestyle	✓	✓	✓	✓	
Occupational Therapy	✓	✓	X	X	
Optical	✓	✓	✓	✓	
Orthoptics (Eye Therapy)	✓	✓	X	X	
Osteopathy	✓	✓	✓	✓	
Peak-flow meter	✓	✓	X	X	
Pharmacy Drugs	✓	✓	✓	✓	
Physiotherapy	✓	✓	✓	✓	
Podiatry Visits	✓	✓	✓	✓	
Speech Therapy	✓	✓	X	X	
Dental - General Limited <sup>#</sup>	✓	✓	✓	✓	Up to 12 Month Waiting Period
Blood Glucose/Pressure Monitor	✓	✓	X	X	12 Month Waiting Period
Dental - Major	✓	✓	✓	X	
Nebuliser/Humidifier	✓	✓	X	X	
Orthotic Appliances	✓	✓	X	X	
Podiatry Surgery	✓	✓	X	X	
Psychological Consultations	✓	✓	X	X	36 Month Waiting Period
Assisted Reproduction Drugs	✓	✓	X	X	
Hearing Aids	✓	✓	X	X	

For items or services not listed in the above table, please contact HIF for details on coverage.

<sup>#</sup>Please contact HIF before commencing treatment with full details of the necessary dental service as provided by the dentist and we will provide you with an estimate of your refund.

# Ancillary Benefits

Type of Service	Additional Information	Premium Options			Super Options			Special Options			Saver Options		
		Benefit	Limit Person	Limit Membership	Benefit	Limit Person	Limit Membership	Benefit	Limit Person	Limit Membership	Benefit	Limit Person	Limit Membership
Ambulance	Benefit is paid on charges raised for approved ambulance services. HIF fully covers the cost of emergency ambulance transport for cases classified by St John Ambulance as requiring urgent attention and the patient is admitted to the emergency department of a hospital. A patient co-payment of \$50 per service applies to non-emergency call-outs and transportation. Benefits are not payable for transportation from a hospital to your home, nursing home or other hospital, or for transportation for ongoing medical treatment.	Emergency: 100% Non-Emergency Call outs and Transportation: 100% with a \$50 co-payment. Interhospital transfers: No benefit	No Limit		Emergency: 100% Non-Emergency Call outs and Transportation: 100% with a \$50 co-payment. Interhospital transfers: No benefit	No Limit		Emergency: 100% Non-Emergency Call outs and Transportation: 100% with a \$50 co-payment. Interhospital transfers: No benefit	No Limit		Emergency: 100% Non-Emergency Call outs and Transportation: 100% with a \$50 co-payment. Interhospital transfers: No benefit	No Limit	
Asthmatic Spacers		\$18	2 per person per year		\$18	2 per person per year							
Auxiliary Home Nursing	Member must also hold hospital cover with HIF. Contact Fund for conditions.	\$120	\$1,800 per year		\$75	\$1,800 per year							
Blood Glucose or Blood Pressure Monitor	A letter of recommendation from the patient's treating practitioner is required.	75% of cost	1 of either monitor every 3 years. Max: \$200		75% of cost	1 of either monitor every 3 years. Max: \$200							
Chiropractic	Benefits are paid for spinal manipulation or spinal adjustments. Carried out by a registered chiropractor approved by HIF.	Spinal Adjustment - Manipulation: First Visit \$30 2-10 \$29 10+ \$18 X-ray: \$110	Combined Annual Limit Chiropractic and Osteopathic Up to 3 years: \$650 Over 3 years: \$750 1 x-ray per year	Combined Annual Limit Chiropractic and Osteopathic Up to 3 years: \$1300 Over 3 years: \$1500	Spinal Adjustment - Manipulation: First Visit \$28 2-10 \$23 10+ \$14 X-ray: \$85	Combined Annual Limit Chiropractic and Osteopathic Up to 3 years: \$550 Over 3 years: \$650 1 x-ray per year	Combined Annual Limit Chiropractic and Osteopathic Up to 3 years: \$1100 Over 3 years: \$1300	Spinal Adjustment - Manipulation: First Visit 26 2-10 \$21 10+ \$10 X-ray: \$70	Combined Annual Limit Chiro, Osteo, Physio, Podiatry and Complementary Therapies \$450 1 x-ray per year	Combined Annual Limit Chiro, Osteo, Physio, Podiatry and Complementary Therapies \$900	Spinal Adjustment - Manipulation: First Visit \$26 2-10 \$21 10+ \$10 X-ray: \$65	Combined Annual Limit Chiro, Dietetics Healthy Lifestyle, Complementary Therapies, Pharmacy \$350 1 x-ray per year	Combined Annual Limit Chiro, Dietetics Healthy Lifestyle, Complementary Therapies, Pharmacy \$700
Complementary Therapies - Naturopathy - Homeopathy - Acupuncture - Traditional Chinese Medicine - Remedial Massage Therapy - Myotherapy	Benefits are not payable on medicines provided by the practitioner.  The treatment must be provided by a practitioner who is registered with the Fund in the specialty for which the charge is raised.	First Visit - 6 \$25 7+ Visits \$17	Up to 3 years: \$500 Over 3 years: \$600	No Limit	First Visit - 6 \$20 7+ Visits \$13	Up to 3 years: \$250 Over 3 years: \$350	\$700	First visit - 6 \$16 7+ visits - \$11	Up to 3 years: \$100* Over 3 years: \$200*	\$400*	First visit - 6 \$15 7+ visits - \$10	Up to 3 years: \$50* Over 3 years: \$100*	\$200*

\*Subject to combined overall person limit \$450 and membership limit \$900 for complementary therapies, chiro incl. 1 X-ray per year per person, osteo, physio, and podiatry.  
 \*Subject to combined overall person limit \$350 and membership limit \$700 for complementary therapies, chiro incl. 1 X-ray per year per person, dietetics, healthy lifestyle, pharmacy, osteo, physio, and podiatry.

## Ancillary Benefits

Type of Service	Additional Information	Premium Options			Su per Options			Special Options			Saver Options		
		Benefit	Limit Person	Limit Membership	Benefit	Limit Person	Limit Membership	Benefit	Limit Person	Limit Membership	Benefit	Limit Person	Limit Membership
Diabetics Education	For consultations or information sessions held by Diabetes Association in relation to diabetes	First Visit \$36 Subsequent \$18	6 Visits per year		First Visit \$36 Subsequent \$18	6 Visits per year							
Dietetics	Benefits are paid on consultations carried out by a registered dietician approved by HIF	First Visit \$40 Subsequent \$20 Group \$12	\$324 per year		First Visit \$36 Subsequent \$18 Group \$10	\$324 per year		First Visit \$36 Subsequent \$18 Group \$10	\$252 per year		First Visit \$36 Subsequent \$18 Group \$10	Combined Annual Limit Chiro, Dietetics Healthy Lifestyle, Complementary Therapies, Osteo, Pharmacy Physio and Podiatry \$350	Combined Annual Limit Chiro, Dietetics Healthy Lifestyle, Complementary Therapies, Osteo, Pharmacy Physio and Podiatry \$700
Dental		See page 24 & 25 for details.											
First Aid Courses	For First Aid Courses held by St John Ambulance or Royal Life Saving Association	\$70	1 every 3 years										
Healthy Lifestyle - Health Management program - Weight loss program - Quit Smoking plan - Health Assessments - Skin Cancer Screening	Benefits are payable for HIF approved programs delivered by registered providers only.  Please contact HIF prior to commencing the program or paying subscriptions to ascertain if the program is eligible for a rebate.	Single: \$50 Family: \$100	Single: \$50 Family: \$100	1 per year	Single: \$50 Family: \$100	Single: \$50 Family: \$100	1 per year	Single: \$50 Family: \$100	Single: \$50 Family: \$100	1 per year	Single: \$50 Family: \$100	Combined Annual Limit Chiro, Dietetics Healthy Lifestyle, Complementary Therapies, Osteo, Pharmacy Physio and Podiatry \$350	Combined Annual Limit Chiro, Dietetics Healthy Lifestyle*, Complementary Therapies, Osteo, Pharmacy Physio and Podiatry \$700
Hearing Aids	Benefits are paid on replacement hearing aids after 5 years from date of supply.	Up to 5 years: \$550 5 to 10 years: \$600 per ear 10+ years: \$700 per ear	Up to 5 years: 1 Over 5 years: 1 per ear		Up to 5 years: \$550 5+ years: \$550 per ear	Up to 5 years: 1 Over 5 years: 1 per ear							
Humidifier or Nebuliser	A letter of recommendation from the patient's treating practitioner is required.	75% of cost	1 of either monitor every 3 years. Maximum \$180		75% of cost	1 of either monitor every 3 years. Maximum \$140							

An annual limit year refers to calendar year being January to December

\*Healthy Lifestyle limit per membership 1 per year

# Ancillary Benefits

Type of Service	Additional Information	Premium Options			Su per Options			Special Options			Saver Options		
		Benefit	Limit Person	Limit Membership	Benefit	Limit Person	Limit Membership	Benefit	Limit Person	Limit Membership	Benefit	Limit Person	Limit Membership
Occupational Therapy	Benefits are paid on consultations carried out by a registered occupational therapist, approved by HIF.	First Visit \$60 Subsequent \$27 Group \$10	Combined Limit: Orthoptics, Physiotherapy & Speech therapy Up to 5 years: \$1200 Over 5 years: \$1500		First Visit \$45 Subsequent \$25 Group \$10	Combined Limit: Orthoptics, Physiotherapy & Speech therapy Up to 5 years: \$900 Over 5 years: \$1100							
Optical		See page 23 for details.											
Orthotics	Benefits are paid on items carried out by a registered podiatrist or orthotic supplier, approved by HIF#.	75% of cost	\$240 1 every 2 years From date of supply		75% of cost	\$200 1 every 2 years From date of supply							
Orthoptics (Eye Therapy)		Initial \$50 Subsequent \$25	Combined Limit with Occupational Physiotherapy & Speech Therapy Up to 5yrs: \$1200 Over 5yrs: \$1500		Initial \$50 Subsequent \$25	Combined Limit with Occupational Physiotherapy & Speech Therapy Up to 5yrs: \$900 Over 5yrs: \$1100							
Osteopathic	Benefits are paid on items carried out by a registered osteopath, approved by HIF.	First Visit \$30 2-10 \$29 10+ \$18	Combined Annual Limit: Chiropractic & Osteopathic Up to 3 years: \$650 Over 3 years: \$750	Combined Annual Limit: Chiropractic & Osteopathic Up to 3 years: \$1300 Over 3 years: \$1500	First Visit \$28 2-10 \$23 10+ \$17	Combined Annual Limit: Chiropractic & Osteopathic Up to 3 years: \$550 Over 3 years: \$650	Combined Annual Limit: Chiropractic & Osteopathic Up to 3 years: \$1100 Over 3 years: \$1300	First Visit \$26 2-10 \$21 10+ \$16	Combined Annual Limit: Chiro, Physio, Osteo, & Podiatry \$450	Combined Annual Limit: Chiro, Physio, Osteo, & Podiatry \$900	First Visit \$26 2-10 \$21 10+ \$16	Combined Annual Limit: Chiro, Dietetics, Healthy Lifestyle, Complementary Therapies, Osteo, Pharmacy, Physio & Podiatry \$350	Combined Annual Limit: Chiro, Dietetics, Healthy Lifestyle, Complementary Therapies, Osteo, Pharmacy, Physio & Podiatry \$700
Peak Flow Meter		\$30	1 per year		\$30	1 per year							
Pharmacy	Not payable on contraceptives or NHS (PBS) prescriptions or over the counter items purchased with or without a prescription.	Member pays PBS contribution 100% balance after the PBS fee. Up to \$80 per script item	Up to 3 years: \$200 Over 3 years: \$400		Member pays PBS contribution 100% balance after the PBS fee. Up to \$80 per script item	Up to 3 years: \$200 Over 3 years: \$400		Member pays PBS contribution 100% balance after the PBS fee. Up to \$80 per script item	\$200		Member pays PBS contribution 100% balance after the PBS fee. Up to \$80 per script item	Combined Annual Limit: Chiro, Dietetics, Healthy Lifestyle, Complementary Therapies, Osteo, Pharmacy, Physio & Podiatry \$350	Combined Annual Limit: Chiro, Dietetics, Healthy Lifestyle, Complementary Therapies, Osteo, Pharmacy, Physio & Podiatry \$700

# Note benefits are not available for orthotics which are not specifically modified and fitted for the individual member's condition.

An annual limit year refers to calendar year being January to December

## Ancillary Benefits

Type of Service	Additional Information	Premium Options			Super Options			Special Options			Saver Options		
		Benefit	Limit Person	Limit Membership	Benefit	Limit Person	Limit Membership	Benefit	Limit Person	Limit Membership	Benefit	Limit Person	Limit Membership
Physiotherapy	Benefits are paid on items carried out by a registered physiotherapist, approved by HIF.	First Visit \$45 2-10 \$40 10+ \$30 Hydrotherapy \$15 Antenatal \$15 Group \$15	Combined limit: Physio, Occupational, Orthoptics & Speech Therapy Up to 5yrs: \$1200 Over 5yrs: \$1500 \$600 sublimit for hydrotherapy, antenatal and group		First Visit \$35 2-10 \$29 10+ \$20 Hydrotherapy \$13 Antenatal \$13 Group \$13	Combined limit: Physio, Occupational, Orthoptics & Speech Therapy Up to 5yrs: \$900 Over 5yrs: \$1100 \$500 sublimit for hydrotherapy, antenatal and group		First Visit \$32 2-10 \$24 10+ \$19 Hydrotherapy \$13 Antenatal \$13 Group \$8	Combined Annual Limit Complementary Therapies Chiro, Physio Osteo, & Podiatry \$450 \$400 sublimit for hydrotherapy, antenatal and group	Combined Annual Limit Complementary Therapies Chiro, Physio Osteo, & Podiatry \$900	First Visit \$32 2-10 \$24 10+ \$19 Hydrotherapy \$13 Antenatal \$13 Group \$8	Combined Annual Limit Chiro, Dietetics, Healthy Lifestyle, Complementary Therapies, Osteo, Pharmacy, Physio & Podiatry \$350 \$300 sublimit for hydrotherapy, antenatal and group	Combined Annual Limit Chiro, Dietetics, Healthy Lifestyle, Complementary Therapies, Osteo, Pharmacy, Physio & Podiatry \$700
Podiatry	Contact fund for benefit details on podiatry surgery. Benefits are paid on consultations carried out by a registered podiatrist, approved by HIF.	First Visit \$32 Subsequent \$25 Non-surgery visit \$12	\$382 Includes podiatry surgery		First Visit \$32 Subsequent \$23 Non-surgery visit \$12	\$354 Includes podiatry surgery		First Visit \$32 Subsequent \$23 Non-surgery visit \$12 Nil benefit on Surgical Podiatry	Combined Annual Limit Chiro, Physio, Osteo, & Podiatry \$450	Combined Annual Limit Chiro, Physio, Osteo, & Podiatry \$900	First Visit \$32 Subsequent \$23 Non-surgery visit \$12 Nil benefit on Surgical Podiatry	Combined Annual Limit: Chiro, Dietetics, Healthy Lifestyle, Complementary Therapies, Osteo, Pharmacy, Physio & Podiatry \$350	Combined Annual Limit: Chiro, Dietetics, Healthy Lifestyle, Complementary Therapies, Osteo, Pharmacy, Physio & Podiatry \$700
Psychology	Maximum of 2 sessions will be paid on the same date if there is a minimum of 2 hours between sessions. Benefits are paid on consultations carried out by a registered psychologist, approved by HIF.	First Visit \$100 Subsequent \$55 Group \$30 per person to a max of \$75 per session	\$1,000 per year		First Visit \$75 Subsequent \$55 Group \$25 per person to a max of \$75 per session	\$740 per year							
Speech Therapy	Benefits are paid on items carried out by a registered speech therapist, approved by HIF.	First Visit \$75 Subsequent \$45	Combined Limit: Occupational, Orthoptics and Physiotherapy Up to 5 years: \$1200 Over 5 years: \$1500		First Visit \$75 Subsequent \$45	Combined Limit: Occupational, Orthoptics and Physiotherapy Up to 5 years: \$900 Over 5 years: \$1100							

An annual limit year refers to calendar year being January to December

## Ancillary Benefits - Optical

Type of Service	Additional Information	Premium Options		Super Options		Special Options		Saver Options	
		Memberships up to 5 years	Memberships over 5 years	Memberships up to 5 years	Memberships over 5 years	Memberships up to 5 years	Memberships over 5 years	Memberships up to 5 years	Memberships over 5 years
Optical	Most common services listed below. Contact fund for other services and benefits.								
Benefits are paid on items carried out by a registered optometrist or optical provider, approved by HIF. Benefits are not paid on non-prescription safety glasses, protective glasses, tinting, sunglasses, cosmetic glasses or cosmetic contact lenses, or frames not purchased via a registered Australian optical provider.	Frames (item no 110):	\$90	\$112.50	\$70	\$87.50	\$55	\$60.50	\$50	\$55
	Pair Single Vision Lenses (item no 212):	\$75	\$93.75	\$70	\$87.50	\$45	\$49.50	\$40	\$44
	Pair Bifocal Lenses (item no 312):	\$100	\$125	\$95	\$118.75	\$60	\$66	\$55	\$60.50
	Pair Trifocal Lenses (item no 412):	\$150	\$187.50	\$145	\$181.25	\$60	\$66	\$55	\$60.50
	Pair Progressive Lenses (item no 512):	\$150	\$187.50	\$145	\$181.25	\$60	\$66	\$55	\$60.50
	Pair Frequently Replaced Contact Lenses (item no 852):	\$170	\$212.50	\$150	\$187.50	\$110	\$121	\$100	\$110
	<b>Limit per Person</b>								
Annual limit all services (including frames and contacts)	\$280	\$350	\$260	\$325	\$140	\$155	\$110	\$121	
Frames sub-limit	\$110	\$140	\$85	\$110	\$65	\$71.50	\$55	\$60.50	
Pair frequently replaced contact lenses sub-limit	\$170	\$215	\$150	\$190	\$110	\$121	\$100	\$110	

An annual limit year refers to calendar year being January to December



## Optical Discounts for HIF Members

HIF members now have access to generous discounts on frames and lenses at retail stores owned by Luxottica. Luxottica trade through the OPSM, Laubman and Pank, Vision Plus and Budget Eyewear brands so there is a large range available. HIF members will now receive a huge 21% discount on frames and lenses and a 10% discount on contact lenses.

\*Please note, discounts on Chanel, Bvlgari, Tiffany & Co. and OPSM Direct (online) brands of frames are specifically excluded and there is no discount for non-prescription (i.e. off the shelf) sunglasses.

## Ancillary Benefits - Dental Annual Limits

## HIF's Top 20 SmartTeeth Dental Services



Premium Options	Item Number	Year 1	Year 2	Year 3	Year 4	Year 5	After 5 Years
General - Unlimited	022 311 - 314 511 - 535	No Limit	No Limit	No Limit	No Limit	No Limit	No Limit
General - Limited	011 - 017 025 - 171 322 - 399 572 - 597 911 - 949 961 - 986	\$1,500	\$1,800	\$2,100	\$2,400	\$2,700	\$3,000
Inlay/Onlay	541 - 555	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400	\$1,500
Denture, Crown, Bridge	611 - 691 711 - 779	\$1,200	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700
Periodontic & Endodontic	213 - 282 411 - 458	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200
Orthodontic	811 - 878	\$1,500	\$1,800	\$2,100	\$2,400	\$2,700	\$3,000
<b>Total annual limits per person</b>		<b>\$1,500</b>	<b>\$1,800</b>	<b>\$2,100</b>	<b>\$2,400</b>	<b>\$2,700</b>	<b>\$3,000</b>
Super Options	Item Number	Year 1	Year 2	Year 3	Year 4	Year 5	After 5 Years
General - Unlimited	022 311 - 314 511 - 535	No Limit	No Limit	No Limit	No Limit	No Limit	No Limit
General - Limited	011 - 017 025 - 171 322 - 399 572 - 597 911 - 949 961 - 986	\$1,150	\$1,350	\$1,550	\$1,750	\$2,050	\$2,350
Inlay/Onlay	541 - 555	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200
Denture, Crown, Bridge	611 - 691 711 - 779	\$900	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400
Periodontic & Endodontic	213 - 282 411 - 458	\$500	\$600	\$700	\$800	\$900	\$1,000
Orthodontic	811 - 878	\$1,300	\$1,500	\$1,700	\$1,900	\$2,200	\$2,500
<b>Total annual limits per person</b>		<b>\$1,300</b>	<b>\$1,500</b>	<b>\$1,700</b>	<b>\$1,900</b>	<b>\$2,200</b>	<b>\$2,500</b>
Special Options	Item Number	Year 1	Year 2	Year 3	Year 4	Year 5	After 5 Years
General - Unlimited	022 311 - 314 511 - 535	No Limit	No Limit	No Limit	No Limit	No Limit	No Limit
General - Limited	011 - 017 025 - 171 322 - 399 572 - 597 911 - 949 961 - 986	\$800	\$950	\$1,150	\$1,350	\$1,550	\$1,750
Inlay/Onlay	541 - 555	\$500	\$600	\$700	\$800	\$900	\$1,000
Denture, Crown, Bridge	611 - 691 711 - 779	\$600	\$700	\$800	\$900	\$1,000	\$1,100
Periodontic & Endodontic	213 - 282 411 - 458	\$300	\$400	\$500	\$600	\$700	\$800
Orthodontic	811 - 878	\$1,000	\$1,200	\$1,400	\$1,600	\$1,800	\$2,000
<b>Total annual limits per person</b>		<b>\$1,000</b>	<b>\$1,200</b>	<b>\$1,400</b>	<b>\$1,600</b>	<b>\$1,800</b>	<b>\$2,000</b>
Saver Options	Item Number	Year 1	Year 2	Year 3	Year 4	Year 5	After 5 Years
General - Unlimited	022 311 - 314 511 - 535	No Limit	No Limit	No Limit	No Limit	No Limit	No Limit
General - Limited	011 - 017 025 - 171 322 - 399 572 - 597 911 - 949 961 - 986	\$750	\$850	\$950	\$1,050	\$1,150	\$1,250
Inlay/Onlay	541 - 555	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Denture, Crown, Bridge	611 - 691 711 - 779	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Periodontic & Endodontic	213 - 282 411 - 458	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Orthodontic	811 - 878	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
<b>Total annual limits per person</b>		<b>\$750</b>	<b>\$850</b>	<b>\$950</b>	<b>\$1,050</b>	<b>\$1,150</b>	<b>\$1,250</b>

Item Number	Description	Percentage of Fee 1st Item <sup>^</sup>	Percentage of Fee Further Visit/Items <sup>^</sup>
011 or 012	SmartTeeth - Oral examination	100%*	80%
111 or 114 or 115	SmartTeeth - Removal of plaque, stain or calculus	100%*	80%
121	SmartTeeth - Topical application of remineralising agent	100%*	80%
151 or 153	SmartTeeth - Provision of a mouthguard	100%*	80%

<sup>^</sup> This level of benefit is payable on all HIF Options products

\*100% paid up to a set maximum benefit for the first item per calendar year, 80% paid up to a set maximum benefit for subsequent visits for same item or first and subsequent visits for other similar category items.

Item Number	Description	Premium Options	Super Options	Special Options	Saver Options
013	Emergency oral examination	80%	70%	65%	65%
014	Consultation	80%	70%	65%	65%
022	Intraoral periapical or bitewing radiograph	80%	70%	65%	65%
118	Bleaching, external - per tooth	80%	70%	65%	65%
161	Fissure sealing - per tooth	80%	70%	65%	65%
311	Removal of permanent tooth	80%	70%	65%	65%
512	Metallic restoration - two surfaces - direct	80%	70%	65%	65%
513	Metallic restoration - three surfaces - direct	80%	70%	65%	65%
521	Adhesive restoration - one surface - anterior	80%	70%	65%	65%
522	Adhesive restoration - two surfaces - anterior	80%	70%	65%	65%
523	Adhesive restoration - three surfaces - anterior	80%	70%	65%	65%
531	Adhesive restoration - one surface - posterior	80%	70%	65%	65%
532	Adhesive restoration - two surfaces - posterior	80%	70%	65%	65%
533	Adhesive restoration - three surfaces - posterior	80%	70%	65%	65%
575	Pin retention - per pin	80%	70%	65%	65%
577	Cusp capping - per cusp	80%	70%	65%	65%

How will my dental rebate be calculated?

HIF will pay a percentage (%) of the dentist's fee, up to a set maximum benefit for each item of service. For example, under Premium Options:

1. Top 20 general dental services - 80% to 100% of the fee, up to a set maximum benefit per item.
2. All other general dental services - 70% of the fee, up to a set maximum benefit per item\*.
3. All other (i.e. Major) dental services - 60% of the fee, up to a set maximum benefit per item\*.

\*Contact HIF on 1300 13 40 60 for details on these services.

SmartTeeth is an HIF initiative. SmartTeeth services attract the highest percentage rebate because HIF encourages its members to be proactive in the care and maintenance of their teeth.

Refunds are paid only on accounts rendered by a registered Dentist or Dental Prosthetist. The Dentist or Dental Prosthetist must be in private practice.

- Benefits for replacement dentures and partial dentures are not paid within three years of previous supply.
- There are some items within item code ranges for which the fund does not pay a benefit or if they are performed with another item in the same course of treatment. Limits apply to the number of times some items, such as bleaching attract a rebate.
- Dental Prosthetists are allowed to perform a limited range of services for benefit purposes.
- Please contact the Fund before commencing treatment with full details of the necessary dental items as provided by the dentist.
- The Orthodontic limit is a lifetime limit and forms part of the overall annual limit.

## What's so smart about HIF?

Life has different demands at different times, so it makes sense to choose private health insurance cover that is designed for your specific needs.

### Innovation

HIF offers health cover with policies that have been specifically designed to give you quality cover that's tailored to your needs, lifestyle and budget.

### Variety

Members choose from a wide range of HIF Hospital and Ancillary covers. There are different levels of cover to suit everyone.

### Value

Because you're paying for the cover that gives you only what you need, HIF health insurance offers great value. Electing to pay a hospital excess will reduce your premiums even further.

### Experience

HIF has been committed to excellence in servicing the needs of Western Australians for over 50 years. HIF's wealth of knowledge benefits its valued members.

### Ownership

Because HIF is owned by its members, all contributions and surpluses are reinvested into the Fund to ensure greater rebates and services for members.

### Efficiency

Simple and efficient claims processing means excellent cover without the hassles. Claims may be made electronically at participating providers, as cash transactions through our Perth office, or regional cash claims agents.

### Cover

Dependants of members will be covered up until they turn 21 years of age or up to 24 years of age if they are registered, full-time students at a recognised educational institution.

### Rewards

HIF members enjoy a choice of great rewards when they refer new members who join HIF. See page 26 for details.

### Home, Car and Travel

HIF has negotiated highly competitive rates for Home, Car and Travel Insurance.



## Application for Fund Membership

Health Insurance Fund of Australia Ltd (HIF) ARBN 128 302 161  
An Australian public company limited by guarantee. A registered private health insurer.

60-62 Stirling Street, PERTH WA 6000  
GPO Box X2221, Perth WA 6847  
Phone: 1300 13 40 60 Fax: (08) 9328 3345  
E-mail: info@hif.com.au Web: hif.com.au

Date cover is to commence  /  /

### A. PRIMARY MEMBER DETAILS

Please use **BLOCK** letters and write in **black pen**, complete all relevant sections

Title  Given Names  Surname

Address

Suburb  State  Postcode  Birth Date (dd/mm/yyyy)  /  /

Home (  ) Work (  ) Mobile

Email

### B. TO RECEIVE THE FEDERAL GOVERNMENT REBATE AS A REDUCED PREMIUM

Are all persons listed on the Application form permanent Australian residents and eligible for FULL Medicare benefits? Yes  No

If **No**, you cannot apply for the rebate until you are entitled to receive full Medicare Benefits. Contact HIF to discuss alternative cover

Medicare Card No:  Valid to: (mm/yyyy)

Name on Card:

### C. ALL OTHER PERSONS TO BE COVERED

2	First Name	Middle Name	Surname	Birth Date (dd/mm/yyyy)
	M/F	Relationship to Member		

  

3	First Name	Middle Name	Surname	Birth Date (dd/mm/yyyy)
	M/F	Relationship to Member		

If Student and 21+: Name of Tertiary Institution  This declaration applies for the year:

4	First Name	Middle Name	Surname	Birth Date (dd/mm/yyyy)
	M/F	Relationship to Member		

If Student and 21+: Name of Tertiary Institution  This declaration applies for the year:

5	First Name	Middle Name	Surname	Birth Date (dd/mm/yyyy)
	M/F	Relationship to Member		

If Student and 21+: Name of Tertiary Institution  This declaration applies for the year:

6	First Name	Middle Name	Surname	Birth Date (dd/mm/yyyy)
	M/F	Relationship to Member		

If Student and 21+: Name of Tertiary Institution  This declaration applies for the year:

### D. TYPE OF COVER

#### Choose your Hospital Cover

**Top with Private Room**

GoldStar (No Excess) H3

GoldStar Excess 200/400 R3

GoldStar Excess 400/600 R4

GoldStar Excess 500/1000 R5

**Top with Shared Room**

Gold Hospital (No Excess) H2

Gold Excess 100/200 R2

Gold Excess 200/400 R6

Gold Excess 400/600 R7

**Intermediate**

GoldSaver Hospital Excess 200/400 GS

**Basic**

GoldStarter Hospital Excess 200/400 GR

#### PROOF OF AGE

Under the provisions of the Government's "Lifetime Health Cover" legislation, all premiums for hospital insurance, for persons over 30 years, may be subject to an age loading. When completing your application to join HIF or add an adult dependant, proof of age is required. Please attach a copy of one of the following documents for all persons over the age of 21 on your policy.

- Passport
- Driver's Licence
- Birth Certificate

#### Choose your Ancillary Cover

**Top with Extras**

Premium Options A5

**Top**

Super Options A

**Intermediate**

Special Options A1

**Basic**

Saver Options A2

#### Overseas Visitors Hospital and Medical

Overseas Visitors Hospital and Medical (No Excess)

Overseas Visitors Hospital and Medical Excess 200/400

### E. PAYMENT - All payment methods require an activation payment to enable your membership.

#### ACTIVATION PAYMENT (Payment should be at least one month's contribution)

Cheque/Money Order enclosed.

Please deduct my first payment from my credit card:

Visa  Mastercard  Diner's Card  AMEX

Card Number  /  /  /  /  Expiry Date: (mm/yy)  /

Cardholder's Name:

Cardholder's signature:  Date: (dd/mm/yyyy)  /  /

### You can choose between manual payment (complete Section F) OR: Contributions can be automatically deducted from your account or credit card (complete Section G)

#### F. MANUAL PAYMENT (HIF WILL SEND YOU A PERIODIC INVOICE)

**Manual Invoice:** Frequency:  Monthly  Quarterly  Six Monthly  Annually

## Why is private health insurance the smart option?

### Peace of Mind

HIF private health cover brings the peace of mind that your health and that of your family will be looked after to the highest standard, without the worry of hospital waiting lists.

### Choice

You can choose the hospital in which you would like to be treated, as well as the doctor or specialist you would like to have attend to you. You can also choose to have a private room if it's in your specified cover.

### Quality

With private health cover you are making a commitment to protect and preserve your precious health in the best possible way, so that you and your family can get on with life.

### Types of Private Cover

Private health insurance covers you outside the normal Medicare benefits.

Hospital Cover insures you for:

- Choice of doctor
- Choice of hospital
- Private room in a public hospital
- Private room in a private hospital (with relevant cover)

Ancillary Cover\* insures you for services that include:

- Acupuncture
- Chiropractic
- Dietetics
- Optical
- Physiotherapy
- Complementary Therapies
- Ambulance
- Dental
- Healthy Lifestyle
- Pharmacy
- Podiatry

\*Availability of services dependent on level of cover

### Financial Benefits

There are distinct short and long-term financial benefits in having private health insurance.

### Private Health Insurance Rebate

The Federal Government contributes a proportion of your private health cover premium for permanent Australian residents. You can receive this rebate as a reduction in your premiums, a direct payment from Medicare or a tax rebate in your annual tax return.

### Lifetime Health Cover Loading

Taking up private health cover before you turn 31 years of age will save you in the long term. A Lifetime Health Cover Loading means your premiums will be higher (loaded) for every year over this age that you do not take up private hospital insurance, with some exceptions. Contact HIF on 1300 13 40 60 for full details.

### Tax Benefits

High income earners (as determined by the Australian Taxation Office) will avoid the Medicare Levy Surcharge of 1% if they have private hospital insurance. The surcharge is in addition to the normal Medicare Levy and may cost more than your private hospital cover costs. Contact the ATO on 13 28 61 to determine your eligibility.

## G. DIRECT DEBIT REQUEST

### Option A - Bank Account to be Debited

If unsure of any details, please contact your financial institution. Direct Debit is not available on the full range of accounts.

Bank/Society:  Branch:

BSB Number:  -  Account Number:

Account Name:

Would you like to have your claims benefits paid directly into this account?  Yes  No

OR:

### Option B - Credit Card to be Debited

For automatic payment by credit card, please advise Card Type:  Visa  Mastercard  Diner's Card  AMEX

Card Number:  /  /  /  /  Expiry Date: (mm/yy)  /

Cardholder's Name:

Cardholder's Signature:  Date: (dd/mm/yyyy)  /  /

### Payment Authority and Frequency Details

**This section must be completed and signed for all Direct Debits**

I request that my account be debited in accordance with the Direct Debit Service Agreement and this amount to be credited to my HIF membership.

Payments are to be deducted:  Fortnightly  Monthly  Quarterly  Six Monthly  Annually

Fortnightly	Monthly to Yearly
Fortnightly direct debits will start from the Tuesday following your selected date	Please choose one of the following dates for your Monthly, Quarterly, Six Monthly or Annual payment
Selected date: <input type="text"/>	3rd <input type="checkbox"/> 10th <input type="checkbox"/> 17th <input type="checkbox"/> 24th <input type="checkbox"/>

Title  First Name  Surname

I/we hereby authorise the Health Insurance Fund of Australia (user ID No 1342) until further notice in writing, to arrange for my/our account (as detailed in the schedule below) to be debited as specified below, provided that if no amount is specified, the account may be debited with any amounts which the Debit User may properly debit or charge me/us through the Direct Debit System.

I/we have read the Direct Debit Service Agreement and agree to its terms. This request is to remain in force until cancelled, deferred or otherwise altered in accordance with the terms of the Direct Debit Service Agreement.

HIF will advise you in writing at least 5 working days before your first Direct Debit of the date of your debit, and the exact amount.

## H. TRANSFERRING FROM ANOTHER FUND

\* If you are transferring from another health fund, HIF can arrange to cancel your existing membership on their behalf. Simply complete the section below and return to us. If you and your partner are transferring from separate health funds, you will each need to complete a transfer request.

Title  First Name  Surname

Current Health Fund  Member No.

Please be advised I wish to cancel my membership from (dd/mm/yyyy):  /  /

This will necessitate the cancellation of all payment arrangements pertaining to this cover. If applicable, any refund of contributions paid in advance of the cancellation date should be sent to the member name above. The Interfund Clearance Certificate should be forwarded to: HIF, GPO Box 2221, PERTH WA 6847.

Please provide information to HIF about:  Myself  My partner  My dependents

Signature of person requiring transfer:  Date: (dd/mm/yyyy)  /  /

## DECLARATION

### PRIVACY POLICY

I acknowledge that personal information provided herein will be used by HIF to deliver the products and services of my membership. All information will remain confidential. This information may be disclosed to third parties and authorised Government Agencies to deliver services associated with my health insurance. Failure to provide personal information may result in the failure to process or deliver the service requested. I confirm that the information supplied on this application form is provided with the consent of those individuals listed on this form and includes consent from those individuals to act on their behalf.

### GOVERNMENT REBATE

The information provided in this form will be used for the purpose of registering you for the Federal Government Rebate on Private Health Insurance. Its collection is authorised by law and information collected will be disclosed to the Department of Health and Ageing, Medicare Australia, and the Australian Taxation Office.

By completing section B, you acknowledge that you understand that there are penalties for giving false or misleading information, and that all persons listed on your policy must be eligible to receive full Medicare benefits for you to receive a rebate.

### APPLICATION

I declare that all details are true and correct and agree to be bound by the rules of HIF. I understand the Pre-Existing Ailment Rule, Waiting Periods and Benefit Limitations may be applied to my membership. I declare that child dependants aged 21 to 25 years on this membership are attending a full-time course.

I certify that any dates of birth shown on this form are correct. I understand if a date of birth has been stated incorrectly and this resulted in incorrect premiums being paid, HIF reserves the right to deduct the additional premium from the next claim benefit entitlement or to adjust my next payment amount.

Signature:  Date: (dd/mm/yyyy)  /  /

Referred by:  Member No.

### SPOUSAL AUTHORITY

YES

I hereby authorise the person identified as my Spouse or Partner on this application form to make any changes or alterations to my HIF Membership on my behalf and claim for benefits on my behalf. However, there is no provision for cancellation of this membership by the Spouse/Partner named. Leave yes box blank if you do not want to grant spousal authority.

This agreement relates to direct debits conducted by HIF for the purposes of contribution payment.

**A.** All communication regarding direct debits will be addressed to the member irrespective of whom the direct debit account holder is. **B.** Direct debits will be deducted on the date specified ("Debit Date" or day specified in the case of fortnightly deductions, if not a normal business day, then the first working day thereafter provided that if an event occurs which prevents that direct debit deduction, the deduction shall occur at the next available opportunity having regard to the nature, extent and severity of the event. Contributions are payable in advance and accounts will not be issued. Please contact your financial institution if you wish to know when the debit will be processed to your account. **C.** Direct debits are not available on all types of accounts. Please check with your financial institution to ensure that your account is acceptable. If you are uncertain of your account details, please refer to a recent account statement. **D.** HIF memberships paid pursuant to this agreement shall be in advance up to the next debit date or day as the case may be. The member authorises HIF to increase the amount of any one or more direct debits until all contributions in arrears (if any) are paid. **E.** The member is responsible for ensuring sufficient funds are available in the account to be debited to meet each of the payment deductions when they fall due (i.e. at each debit date) including any contributions in arrears (refer: D above). Fees charged by financial institutions as a consequence of a direct debit rejection will be the responsibility of the member and will be charged by the financial institution to the member's account. HIF shall be entitled to recover any contributions in arrears in the manner specified in (refer: d above). **F.** In the event that two (2) consecutive direct debits are rejected, HIF may at its absolute discretion remove the member from the direct debit system, and in addition to any other course of action HIF might have in respect of the member's membership, HIF shall issue the member with a notice of rejection and a renewal notice. **G.** If a direct debit deduction payment is returned unpaid, HIF may charge the member an administration fee per rejection (not exceeding \$50 per rejection). **H.** Members will be advised at least 14 days prior to any increase in the direct debit amount where such an increase is due to a member's contribution rate increase. The member and all account holders hereby unconditionally authorise HIF to amend the periodic direct debit deduction amount to give effect to changes in the member's contributions as provided herein. **I.** ALL requests to cancel or stop individual direct debit deductions must be made addressed to HIF in writing by the member, and signed and dated by ALL account holders. The request MUST be received by HIF at least five (5) working days prior to the next debit date or day as the case may be. **J.** ALL requests to defer a direct debit deduction or to alter the direct debit details referred to in the Direct Debit Request however telephone requests will NOT be accepted. **K.** ALL requests to request a direct debit deduction or to alter the direct debit details referred to in the Direct Debit Request form must be made by the member to HIF in writing signed and dated by ALL account holders, and be received by HIF at least five (5) working days prior to the next debit date or day as the case may be. HIF is authorised by the member to deduct any additional amount as result of any variation (including but not limited to a change in cover, premiums or arrears payments) made to your membership at the next and any subsequent debit dates or days as the case may be until paid in full. **L.** Faxed requests from the member duly completed in accordance with this requirement, will be accepted, however telephone requests will NOT be accepted. **M.** Refunds of contributions will not be released back to the member within 14 working days from the debit date or day as the case may be. **N.** Any dispute between the member and HIF in relation to the amount or frequency of the direct debit deduction MUST be referred to HIF in writing signed by the member in the first instance, and upon such referral, HIF shall be granted a maximum of five (5) working days before the member shall be entitled to seek rectification / resolution by any other means. **O.** Except to the extent that disclosure is necessary in order to process direct debit deductions, investigate or resolve disputed transactions or is otherwise required by law, HIF will keep details of the member's account details and direct debit deductions confidential. The account holder(s) agree(s) that the member may be supplied with any relevant information in relation to their membership, and/or the direct debit system for the membership, which includes direct debits or direct credits for the membership. **P.** By signing the Direct Debit Request form, the member warrants that he/she/they is/are duly authorised to request direct debit deductions in respect of the account detailed in the Direct Debit Request form.

# Glossary

## Access Gap Cover

AccessGap Cover is HIF's medical gap cover arrangement, designed to minimise or eliminate out of pocket expenses for medical services whilst an inpatient in a registered overnight hospital or day facility.

## Admission

The period of time during which a person is admitted as an inpatient for a condition or illness into an approved hospital/day facility for the purpose of receiving hospital treatment until the time they are discharged from the hospital/day facility.

## Annual Limit

The maximum limit of benefits payable to a member in a calendar year, commencing January 1 and ending December 31.

## Approved

When a provider or service is recognised by HIF.

## Basic Benefit

When the benefit payable is equivalent to the benefits available if the service was provided in a shared room in a public hospital.

## Benefit

The payment due to the primary member for services received by an approved provider.

## Dependant

A person dependant upon the primary member, including:

- Domestic partner, own children, stepchildren, legally adopted children to whom the primary member is the legal guardian under the age of twenty one years, unmarried and not in a de facto relationship nor children of a dependant child.
- A Student Dependant includes children, stepchildren, legally adopted and children to whom the primary member is the legal guardian, and the dependant is under the age of 25 years, unmarried, not in a de facto relationship and enrolled in a fulltime course of study at a recognised educational institution.

## Excess

The amount selected on a hospital cover which the primary member agrees to pay before a benefit will be payable from HIF.

## Excluded Service

Services that are not covered by a benefit and all costs will be paid by you.

## Federal Government Rebate

The Government contributes a proportion of your private health cover premiums for permanent Australian residents.

## HICAPS/IBA

Providers with HICAPS or IBA technology can electronically claim your benefit directly from the Fund.

## Inpatient

A person who has been admitted into an approved hospital or day facility, allocated a bed and discharged following treatment.

## Lifetime Health Cover Age

The age that each member of a health fund is assigned when they first purchase hospital cover from a registered health fund. The certified age at entry is based on a person's actual age at the time of joining a hospital fund table.

## Medicare Benefit Schedule (Mbs)

The schedule of benefits produced by the Department of Health and Aged Care, listing eligible services, fees and benefits for Medical Services, including inpatient services. The MBS is used to calculate the 75% Medicare benefit payable in respect of inpatient services.

## Non-Contracted Hospital

A private hospital not contracted by the Australian Health Services Alliance or HIF, to provide services to HIF members. Out of pocket costs cannot be guaranteed in these hospitals (basic default benefit applies).

## Out of Pocket

The amount remaining to be paid by the member after the HIF and/or Medicare benefits have been paid.

## Outpatient

An outpatient is someone who has received medical treatment in a doctor's surgery or casualty department and has not been admitted into hospital. Benefits for outpatient services are only payable by Medicare Australia.

## Policy Holder

A holder of an insurance policy that is referable to HIF. A holder of an HIF Insurance policy is referred to as the Primary Member.

## Practitioners in Private Practice

A practitioner who does not:

- (a) Use any publicly funded hospital, clinic, health centre or other such facility, including a facility provided by a municipal authority for, or in connection with, the provision of an Ancillary Service for which a Benefit is claimed under the Ancillary Table; and
- (b) Receive publicly funded assistance or support, whether by way of remuneration, subsidy or otherwise, in connection with the provision of the Ancillary Service, except where the Ancillary Service is provided at the clinics of strategic alliance partners, joint ventures or HIF's clinics.

## Pre-Existing Ailment

In accordance with HIF's Fund Rules and The National Health Act, a pre-existing ailment is an ailment, illness or condition of which the signs or symptoms, in the opinion of a medical practitioner appointed by HIF, existed at any time during the 6 months preceding the day on which the member commenced cover with HIF for:

- (i) Benefits in accordance with the applicable benefits arrangement; or
- (ii) If applicable, benefits in accordance with a previous benefits arrangement.

In forming an opinion referred to above, the medical practitioner appointed by the organisation must have regard to any information relating to the ailment, illness or condition that was given to him or her by the medical practitioner who treated the ailment, illness or condition.

This rule applies whether the ailment, illness or condition was known to the member or not.

## Primary Member

The first named member, irrespective of who pays contributions to HIF for the provision of health cover. The primary member also holds the legal responsibility to ensure the membership is kept financial at all times, and holds the right to add or remove dependants from the membership. In the instance that the primary member wishes to provide authority for another person to act on their behalf, a spousal/agents authority is required.

## Qualifying Periods

Any period, occurring immediately after joining the Fund or joining a higher benefiting table, during which either some or all Fund benefit is not payable.

## Recognised Educational Institution

An Australian educational institution such as a school, college or university, recognised by the Commonwealth, State or Territory Governments.

## Restricted Service

Hospital services which are only covered for payments at the Basic benefit level.

## Transfer Certificate

The document transferred between registered health funds, detailing the member's fund history (including Certified Age at Entry), confirmation of financial status of member and claims history.

## Waiting Periods

The standard period which applies before a member becomes eligible for benefit.



Health Insurance Fund of Australia Ltd (HIF) ACN 128 302 161  
An Australian public company limited by guarantee.  
A registered private health insurer.

Call 1300 13 40 60

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***Australia's first certified Carbon Neutral health fund.***

**Privacy:** Personal information provided by you will be primarily used by HIF to deliver health insurance products and services as requested by you. The information supplied by you will remain confidential. This information may be disclosed to third parties and authorised Government agencies in order for the delivery of services associated with your health insurance. Failure to provide personal information may result in the failure to process or deliver the service requested. For a complete HIF Privacy Policy brochure, please contact HIF on 1300 13 40 60.

**Disputes:** HIF is committed to continual improvement and as such we take feedback from our members very seriously. If you have any matters to discuss in relation to your HIF membership please call us on 1300 13 40 60 or email on [info@hif.com.au](mailto:info@hif.com.au). Our customer service consultants will gladly discuss the matter with you or escalate to a senior manager if required. Should you be unhappy with the outcome, HIF has an internal dispute resolution process. To escalate your complaint to this level please put the issue in writing and send to:

Member Action Review Committee GPO Box X2221 PERTH WA 6847

If you are not satisfied with the outcome from HIF's internal dispute resolution process, you may wish to contact the Private Health Insurance Ombudsman. The Ombudsman is an independent body and services are provided free of charge. You can contact the Ombudsman on 1800 640 695 or write to Level 7, 362 Kent Street, Sydney NSW 2000.

The information in this brochure is correct as at the 31 October 2010. Minor changes may occur after that date. If major changes occur, a separate insertion will be included in the brochure or the brochure will be reprinted. Details of changes can be obtained from HIF.