



***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 HIF private health insurance the smart choice?

## 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 Health Cover

Private health insurance covers you outside the normal Medicare benefits.

Hospital cover insures you for:

- Your choice of doctor
- Your choice of hospital
- A private room in a public hospital
- A 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 eligible permanent Australian residents. You can receive the 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

HIF members choose from a wide range of 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 and regional cash claims agents, or sent to us via mail, email or fax.

## Cover

Dependants of members will be covered up until they turn 21 years of age, or 24 if they are in full-time study.

## Rewards

HIF members are rewarded each time they refer a new member to HIF. See page 26 for details.

## Home, Car and Travel

HIF has negotiated highly competitive rates for Home, Car and Travel Insurance. For more information, visit [hif.com.au](http://hif.com.au)

## 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. What is the Medicare Levy Surcharge?

A. The Medicare Levy Surcharge (MLS) applies to higher income earners who choose not to have private patient hospital insurance. At time of printing, single people earning \$80,000 and families with a combined taxable income greater than \$160,000 pay an extra 1% of their taxable income for the surcharge in addition to the normal 1.5% Medicare Levy.

Q. What is Lifetime Health Cover?

A. Lifetime Health Cover (LHC) is a Government initiative and 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?



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.

### ***Want to know more about what each HIF Ancillary cover includes?***

1. Go online to [hif.com.au](http://hif.com.au) then click **Health Insurance / Forms and Brochures / HIF Policy Documents**
2. Call us on **1300 13 40 60**

#### 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.

##### GoldSaver Hospital

Intermediate cover with restrictions on some services.

##### GoldStarter Hospital

Entry level hospital cover with restrictions and exclusions on some services.

## Choose the Hospital Cover that suits you

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

	Restricted	Excluded
GoldStar	Surgery by Podiatrists	Cosmetic services* Services not covered by Medicare
Gold	Surgery by Podiatrists	Cosmetic services* Services not covered by Medicare
GoldSaver	Psychiatric Cardio Thoracic (heart/chest) conditions, procedures or monitoring** Eye Surgery Joint Replacement Assisted Reproductive Technology Surgery by Podiatrists	Cosmetic services* Services not covered by Medicare Gastric banding and obesity surgery
GoldStarter	Psychiatric Palliative Care Rehabilitation Surgery by Podiatrists	Cosmetic services* Services not covered by Medicare Cardio Thoracic (heart/chest) conditions, procedures or monitoring** Gastric banding and obesity surgery Joint Replacement; Eye surgery 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, chest conditions such as pneumonia, asthma, emphysema. 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.

# Things you should know about HIF Hospital Cover

## 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.

### Restrictions

- Surgery by podiatrists - partly covered (call HIF 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 money with a shared room in a private hospital.

Gold Hospital lets you save money on the highest level hospital cover by sharing a room in a private hospital. However, for those times when you need it, you can upgrade to a single private room (if available).

### 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.

### Restrictions

- Surgery by podiatrists - partly covered (call HIF 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. It also gives you the option of upgrading to a private room, however you will have to pay the difference in cost.

### GoldSaver Hospital

- Intermediate hospital cover
- Some restricted services
- Includes maternity
- Private room for up to 3 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 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

### Restricted Services

- Surgery by podiatrists - partly covered (call HIF 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 (heart and/or chest) conditions, procedures and monitoring.

### Exclusions

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

### 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 don't need maternity or services such as joint replacement. It also gives you the option of upgrading to a private room, however you will have to pay the difference in cost.

### 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.

### 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.

### Restricted Services

- Surgery by podiatrists - partly covered (call HIF 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 (heart and/or chest) conditions, procedures and monitoring.
- Gastric banding and obesity surgery.

# 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.

### Approved Providers

HIF has approved ancillary, medical and hospital providers throughout Australia. To confirm if a provider is approved just go to [www.hif.com.au](http://www.hif.com.au) or call us on 1300 13 40 60

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

## Want to know more about what each HIF Ancillary cover includes?

1. Go online to [hif.com.au](http://hif.com.au) then click **Health Insurance / Forms and Brochures / HIF Policy Documents**
2. Call us on **1300 13 40 60**

## 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	✓	✓	✓	✓	
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	
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			Su
		Benefit	Limit Person	Limit Membership	Benefit
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
Asthmatic Spacers		\$18	2 per person per year		\$18
Auxiliary Home Nursing	Member must also hold hospital cover with HIF. Contact Fund for conditions.	\$120	\$1,800 per year		\$75
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
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
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 speciality 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

\*Subject to combined overall person limit \$350 and membership

per Options		Special Options			Saver Options		
Limit Person	Limit Membership	Benefit	Limit Person	Limit Membership	Benefit	Limit Person	Limit Membership
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	
2 per person per year							
\$1,800 per year							
1 of either monitor every 3 years. Max: \$200							
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 Osteo, Physio and Podiatry \$350 1 x-ray per year	Combined Annual Limit Chiro, Dietetics Healthy Lifestyle, Complementary Therapies, Pharmacy Osteo, Physio and Podiatry \$700
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*

An annual limit year refers to calendar year being January to December.  
 person limit \$450 and membership limit \$900 for complementary therapies, chiro incl. 1 X-ray per year per person, osteo, physio, and podiatry.  
 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
		Benefit	Limit Person	Limit Membership	Benefit
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
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
Dental					
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
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
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

per Options		Special Options			Saver Options		
Limit Person	Limit Membership	Benefit	Limit Person	Limit Membership	Benefit	Limit Person	Limit Membership
6 Visits per year							
\$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
See page 24 & 25 for details.							
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
Up to 5 years: 1 Over 5 years: 1 per ear							
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
		Benefit	Limit Person	Limit Membership	Benefit
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
Optical					
Orthotics	Benefits are paid on items carried out by a registered podiatrist or orthotic supplier, approved by HIF <sup>#</sup> .	75% of cost	\$240 1 every 2 years From date of supply <sup>^</sup>		75% of cost
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
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
Peak Flow Meter		\$30	1 per year		\$30
Pharmacy	Not payable on contraceptives or NHS (PBS) prescriptions or over the counter items purchased with or without a prescription.	Member pays PBS contribution. Benefit is 100% of balance up to \$80 per script item.	Up to 3 years: \$200 Over 3 years: \$400		Member pays PBS contribution. Benefit is 100% of balance up to \$80 per script item.

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

<sup>^</sup> Orthotic limit includes associated services such as muscle testing, ROM testing, gait analysis.

per Options		Special Options			Saver Options		
Limit Person	Limit Membership	Benefit	Limit Person	Limit Membership	Benefit	Limit Person	Limit Membership
Combined Limit: Orthoptics, Physiotherapy & Speech therapy Up to 5 years: \$900 Over 5 years: \$1100							
See page 23 for details.							
\$200 1 every 2 years From date of supply^							
Combined Limit with Occupational Physiotherapy & Speech Therapy Up to 5yrs: \$900 Over 5yrs: \$1100							
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
1 per year							
Up to 3 years: \$200 Over 3 years: \$400		Member pays PBS contribution. Benefit is 100% of balance up to \$80 per script item.	\$200		Member pays PBS contribution. Benefit is 100% of balance 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

# Ancillary Benefits

Type of Service	Additional Information	Premium Options			Su
		Benefit	Limit Person	Limit Membership	Benefit
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
Podiatry*	Benefits are paid on consultations carried out by a registered podiatrist, approved by HIF.  No benefit is payable when surgery is performed by a podiatrist in a hospital facility.	First Visit \$32 Subsequent \$25 Non-podiatry practice visit \$12	\$382 Includes podiatry surgery		First Visit \$32 Subsequent \$23 Non-podiatry practice visit \$12
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
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

\* Benefits not payable when provided as part of treatment provided in, or arranged by a hospital (including surgery).

per Options		Special Options			Saver Options		
Limit Person	Limit Membership	Benefit	Limit Person	Limit Membership	Benefit	Limit Person	Limit Membership
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
\$354		First Visit \$32 Subsequent \$23 Non-podiatry practice visit \$12	Combined Annual Limit Chiro, Physio, Osteo, & Podiatry \$450	Combined Annual Limit Chiro, Physio, Osteo, & Podiatry \$900	First Visit \$32 Subsequent \$23 Non-podiatry practice visit \$12	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
\$740 per year							
Combined Limit: Occupational, Orthoptics and Physiotherapy Up to 5 years: \$900 Over 5 years: \$1100							

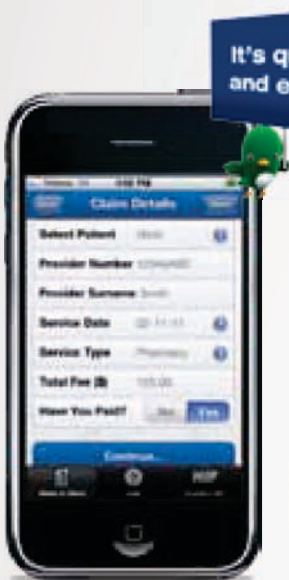
## Ancillary Benefits - Optical

Type of Service	Additional Information	Premium Options		Su	
Optical	Most common services listed below. Contact Fund for other services and benefits.	Memberships up to 5 years	Memberships over 5 years	Memberships 5 years	
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	
	Pair Single Vision Lenses (item no 212):	\$75	\$93.75	\$70	
	Pair Bifocal Lenses (item no 312):	\$100	\$125	\$95	
	Pair Trifocal Lenses (item no 412):	\$150	\$187.50	\$145	
	Pair Progressive Lenses (item no 512):	\$150	\$187.50	\$145	
	Pair Frequently Replaced Contact Lenses (item no 852):	\$170	\$212.50	\$150	
	<b>Limit per Person</b>				
	Annual limit all services (including frames and contacts)	\$280	\$350	\$260	
Frames sub-limit	\$110	\$140	\$85		
Pair frequently replaced contact lenses sub-limit	\$170	\$215	\$150		

**Speed up your claims with SmartClaim or Fast-Track.**

per Options		Special Options		Saver Options	
up to	Memberships over 5 years	Memberships up to 5 years	Memberships over 5 years	Memberships up to 5 years	Memberships over 5 years
	\$87.50	\$55	\$60.50	\$50	\$55
	\$87.50	\$45	\$49.50	\$40	\$44
	\$118.75	\$60	\$66	\$55	\$60.50
	\$181.25	\$60	\$66	\$55	\$60.50
	\$181.25	\$60	\$66	\$55	\$60.50
	\$187.50	\$110	\$121	\$100	\$110
	\$325	\$140	\$155	\$110	\$121
	\$110	\$65	\$71.50	\$55	\$60.50
	\$190	\$110	\$121	\$100	\$110

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



*You can now speed up your ancillary service claims with SmartClaim, our nifty new mobile phone app, or fax your claims with our Fast-Track claiming service.*

**[hif.com.au](http://hif.com.au)**  
**1300 13 40 60**  
*The smart choice for health cover.*



# Ancillary Benefits - Dental Annual Limits

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 (Lifetime Limit*)	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 (Lifetime Limit*)	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 (Lifetime Limit*)	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>

## Important information about your cover.

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 annual limit is also a lifetime limit. Please contact HIF prior to treatment to confirm benefits payable.

# HIF's Top 20 SmartTeeth Dental Services



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.



# How to join HIF

If you've decided on your cover or if you still have a few questions before joining HIF, you can contact us in several ways:

- In Person - Speak to an HIF sales consultant at our Perth Office:  
60-62 Stirling Street (8.30am - 4.30pm)
- By Telephone - Call HIF to speak to a consultant and join over the phone:  
1300 13 40 60
- Online - Visit our website to get a quote and join online at [hif.com.au](http://hif.com.au) or email [info@hif.com.au](mailto:info@hif.com.au)

## Joining HIF

Subject to the Constitution and Rules of HIF, your fund membership will commence on the date your completed application form is lodged with HIF, or a date after the date of lodgement that is nominated by the applicant.

The date of lodgement is the date the application is received by HIF.

## Transferring from another fund

If you are transferring from another fund, simply include all the details on your application and we will arrange the transfer on your behalf. As a minimum, HIF will honour your last 12 months equivalent cover with your previous fund to help you accrue long-term member status faster.

## Cooling Off Period

When you have applied for an HIF membership, you have 30 days to read your policy. If you decide during this time that you do not wish to take up the cover, you may cancel the policy and HIF will give you a full refund, provided you have not made a claim.

## Private Health Insurance Code of Conduct

The Private Health Insurance Code of Conduct is a self-regulatory code with the primary goal of enhancing regulatory compliance. HIF supports and applies these industry standards across four main areas.

1. HIF's employees are adequately trained in private health insurance
2. The information we provide you is communicated in a way that is clearly understood and allows you to make an informed decision
3. That you are aware of HIF's procedures for resolving any concerns you may have about your HIF health insurance
4. That the information you provide us is maintained in accordance with our privacy policy

## Member Rewards

Existing members who recommend new members to HIF will be rewarded. If a new member decides to join as the result of your recommendation, you'll receive a \$70 gift voucher. Contact HIF or go to our website for more details. Terms and conditions apply.

## Read and Retain

We encourage you to fully read and retain all HIF information relating to your HIF membership, benefits and conditions.

## How to pay

### Discounted Rates

Premiums are discounted for members who pay in advance via direct debit or manual invoice: 2% for half-yearly and 4% for yearly.

### Direct Debit

This is the most popular, flexible and convenient payment frequency. Your premiums are automatically deducted and paid from your nominated financial institution account or your credit card.

### Payroll Deduction

Please contact HIF to verify if your employer participates.

### Manual Invoice

We will send you an account when your premium is due. The minimum payment period is quarterly and payments can be made as follows:

**BY PHONE:** Call HIF on 1300 13 40 60 for over the phone credit card payments.

**BPAY:** Through your bank's telephone or internet banking system.

**BILLPAY:** Phone or access via the internet.

**IN PERSON:** At HIF or any Australia Post branch.

**BY MAIL:** Post your cheque or money order, including the lower half of your invoice to: HIF, GPO Box X2221, Perth WA 6847



# How to claim

## Electronic Claiming

Providers with electronic claiming technology (HICAPS or IBA) can settle the account with you on the spot by using your HIF membership card. All you need to do is pay the difference, if any.

## Fast-Track Claiming

For paid ancillary claims of \$700 or less, try our quick and easy Fast-Track option. Simply scan your completed HIF claim form and email it to [claims@hif.com.au](mailto:claims@hif.com.au) or fax a copy to (08) 9828 1685. To find out more, visit [hif.com.au](http://hif.com.au).

## SmartClaim for Mobile

Members who own an Apple or Android smart phone can now submit paid ancillary claims of \$700 or less via mobile by using the phone's in-built camera to photograph receipts and invoices. To find out more, visit [hif.com.au](http://hif.com.au) or download HIF SmartClaim now from the online app store relevant to you.

## Cash Claims

You can lodge your paid ancillary accounts at our head office in Perth or at any of our regional claim agents. Your benefits can either be paid in cash or deposited directly into your nominated bank account.

## Hospital and AccessGap Accounts

Your doctor may send the accounts to HIF direct. If not, you can send the unpaid account to us for processing the HIF and Medicare benefits payable. We will then send the payment direct to your doctor or hospital on your behalf. Please call HIF before you go into hospital so we can assist you with your claims.

## By Post

Complete a claim form and post it to HIF, GPO Box 2221, Perth WA 6847. Claim forms can be downloaded from [hif.com.au](http://hif.com.au) or mailed to you on request.

Please note:

All providers must be registered with HIF for claim benefits to be paid.

Benefits will not be paid for any hospital or ancillary costs incurred outside of Australia.

Conditions apply for SmartClaim and Fast-Track claims. Please visit [hif.com.au](http://hif.com.au) or call us on 1300 13 40 60 for more details.

# Glossary

## AccessGap 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 is 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 Service Provider

When a provider or service is approved by HIF. If unsure about status of a hospital, medical or ancillary provider, contact HIF on 1300 13 40 60.

## 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/ISOFT

Providers with HICAPS or ISOFT 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 to 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 benefit 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.

**Call HIF or visit [hif.com.au](http://hif.com.au)  
to hear the latest special  
offers available.**



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

[hif.com.au](http://hif.com.au)

Call 1300 13 40 60

[info@hif.com.au](mailto:info@hif.com.au)

60-62 Stirling Street, Perth



***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 or visit [hif.com.au](http://hif.com.au)

**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 Suite 2, Level 22, 580 George Street, Sydney.

The information in this brochure is correct as at the 1 April 2012. 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.