

Hospital Cover Silver Plus No Maternity Combo

Silver Plus No Maternity Combo is our value packed Hospital & Extras cover for singles and couples.

It includes a host of inpatient hospital and medical services like heart, lung and chest, joint replacements, cataract treatment and more. You'll also be covered for a range of popular Extras services like dental, optical, ambulance, chiro and physio.

What's included, not included or restricted?

Ambulance services [#]	✓
Rehabilitation	✓
Hospital psychiatric services	R
Palliative care	✓
Brain and nervous system	✓
Eye (not cataracts)	✓
Ear, nose and throat	✓
Tonsils, adenoids and grommets	✓
Bone, joint and muscle	✓
Joint reconstructions	✓
Kidney and bladder	✓
Male reproductive system	✓
Digestive system	✓
Hernia and appendix	✓
Gastrointestinal endoscopy	✓
Gynaecology	✓
Miscarriage and termination of pregnancy	✓
Chemotherapy, radiotherapy and immunotherapy for cancer	✓
Pain management	✓
Skin	✓
Breast surgery (medically necessary)	✓
Diabetes (excluding insulin pumps)	✓
Heart and vascular systems	✓
Lung and chest	✓
Blood	✓

Back, neck and spine	✓
Plastic and reconstructive surgery (medically necessary)	✓
Dental surgery*	✓
Podiatric surgery (provided by a registered podiatric surgeon)	✓
Implantation of hearing devices	✓
Cataracts	✓
Joint replacements	✓
Dialysis for chronic kidney failure	✓
Pregnancy and birth	✗
Assisted reproductive services	✗
Weight loss surgery	✗
Insulin pumps	✓
Pain management with device	✓
Sleep studies	✓

Key: ✓ = included R = restricted
✗ = not included

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

[#]Not covered for

- Transportation from a hospital to your home, nursing home or other hospital.
- Transportation for ongoing medical treatment.
- Off road or air ambulance (e.g. plane, helicopter or boat).



Make sure you read our Health Cover Guide

Our Health Cover Guide is your need-to-know resource for all things about health insurance.

The Health Cover Guide also outlines more information about your coverage as well as situations in which you might not be covered by HIF, so please read the guide carefully and retain a copy for your records.

Visit [hif.com.au/guide](https://www.hif.com.au/guide) to access a copy online.

Phone **1300 134 060** Visit **[hif.com.au/hospital](https://www.hif.com.au/hospital)**

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Information correct as at 1 April 2024.

Also included on this policy:

- Unlimited cover for both Emergency and Non-Emergency Ambulance (\$50 co-payment per trip)
- Your choice of treating doctor or specialist
- Private and shared room accommodation in an HIF-contracted private hospital (subject to availability of private room)
- Shared room accommodation in a public hospital
- AccessGap Cover for eligible inpatient medical services
- Benefits for surgically implanted prostheses and other items on the Federal Government's Prostheses List
- Inpatient pharmacy drugs - charges vary between hospitals depending on the contract that's in place. Please check with the hospital or HIF.

What does restricted mean?

The term 'restricted' means that you can claim benefits for accommodation at the basic public hospital rate only for the services listed as restricted. However, full AccessGap coverage applies for inpatient medical procedures, and benefits will be paid towards prostheses in accordance with the Federal Government's Prostheses List.

What about excluded benefits?

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

Other situations where you may not be covered by HIF include for cosmetic surgery, your membership is not financial or waiting periods not served.

For a comprehensive list, please read our Health Cover Guide. You can download a copy from hif.com.au/guide

Does a hospital excess apply?

For Silver Plus No Maternity Combo, a standard excess applies:

Single memberships:

- \$500 per calendar year.

Couple policies:

- \$500 per person up to a policy maximum of \$1000 per calendar year.

You'll only need to pay the excess per-person per calendar year if admitted to hospital for same-day or overnight stays.

Hospital waiting periods

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

For Silver Plus No Maternity Combo, the applicable waiting periods are:

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

***Please note:** In order to access higher benefits for specialist psychiatric care, members with at least two months tenure on a lower level of hospital cover are entitled to upgrade their cover without serving a two-month waiting period for psychiatric treatment. This waiting period upgrade is only available once in a lifetime (conditions apply, please contact us for more details).*

What's a pre-existing condition?

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

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

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

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

Silver Plus No Maternity Combo

\$1,000 combined annual limit per person			
Healthy Lifestyle	Chiro, Physio & Podiatry (combined limit)	Complementary Therapies	Dental
<p>Services include health assessments (including gym memberships), exercise physiology, weight management programs, quit smoking plans and skin cancer screenings</p> <p>Benefit: 60% of the charge</p> <p>Limit per person: \$150/year</p> <p>Waiting period: 2 months</p> <p>Please note: The following services have combined annual limit of \$1,000 per person, and you can claim 60% back until your annual limit has been reached:</p> <ul style="list-style-type: none"> Dental Chiro, physio & podiatry Complementary therapies Healthy Lifestyle services <p>Benefits are payable for HIF approved programs delivered by registered providers only. Please contact us prior to commencing the program to check your eligibility.</p>	<p>Benefit: 60% of the charge</p> <p>Limit per person: \$500/year</p> <p>Waiting period: 2 months</p> <p>Please note: The following services have a combined annual limit of \$1,000 per person, and you can claim 60% back until your annual limit has been reached:</p> <ul style="list-style-type: none"> Dental Chiro, physio & podiatry Complementary therapies Healthy Lifestyle services <p>If you would like a benefit estimate prior to having any treatment, please get in touch.</p> <p>Please note: Orthotics are not covered by this policy.</p>	<p>This policy includes acupuncture, myotherapies, remedial massage, and traditional Chinese medicine.</p> <p>Benefit: 60% of the charge</p> <p>Limit per person: \$150/year</p> <p>Waiting period: 2 months</p> <p>Please note: The following services have a combined annual limit of \$1,000 per person, and you can claim 60% back until your annual limit has been reached:</p> <ul style="list-style-type: none"> Dental Chiro, physio & podiatry Complementary therapies Healthy Lifestyle services <p>Treatment must be provided by a practitioner who is registered with HIF in the speciality for which the charge is raised. Benefits are not payable on medicines.</p>	<p>This policy includes general dental, periodontic, endodontic, inlay/onlay, and dentures, crowns and bridges.</p> <p>Benefit: 60% of the charge</p> <p>Limit per person: \$600/year</p> <p>Waiting periods:</p> <p>2 months: Most general dental, periodontic & endodontic.</p> <p>12 months: Inlay/onlay, dentures, crowns and bridges, and General Dental item numbers 057, 322, 324, 331, 595, 596.</p> <p>If you would like a benefit estimate prior to having any treatment, please get in touch.</p> <p>Please note: The following services have a combined annual limit of \$1,000 per person, and you can claim 60% back until your annual limit has been reached:</p> <ul style="list-style-type: none"> Dental Chiro, physio & podiatry Complementary therapies Healthy Lifestyle services

Optical	Pharmacy
<p>Benefit: 100% up to annual limit</p> <p>Limit per person: \$150/year</p> <p>Waiting period: 2 months</p> <p>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, tinting, sunglasses, cosmetic glasses or cosmetic contact lenses, or frames not purchased via a registered Australian optical provider.</p> <p>Did you know... HIF members get bonus discounts of up to 25% from a range of optical stores. Visit hif.com.au/optical for full details.</p>	<p>PBS = Pharmaceutical Benefits Scheme</p> <p>Benefits: Member pays PBS contribution. Benefit is 100% of the balance up to \$60 per script item.</p> <p>Limit per person: \$200/year</p> <p>Waiting period: 2 months</p> <p>Benefits are not payable on Pharmaceutical Benefit Scheme prescriptions or over the counter items purchased with or without a prescription.</p> <p>Flu Vaccination</p> <p>Benefit: \$20 (1 per person, per calendar year). Benefits are only payable from a registered pharmacy.</p> <p>Limit per person: The limits detailed above are subject to a combined annual limit for pharmacy.</p> <p>Waiting period: 2 months</p>



Got a question?

Visit our handy online knowledge base for 24/7 access to a wealth of information.

Visit hif.com.au/help to get started or call us on **1300 134 060**

How to make a claim

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

You can claim online, through our mobile app, by email, fax or post.

In any case, it's quick and easy. You'll have your rebate in no time, and we offer some of the most competitive benefits in Australia.

To find our more and download a claim form, visit hif.com.au/claim

Please note:

* Benefits are payable by HIF only for services and programs delivered by registered providers that are approved by HIF.

* Benefits are paid by item number limits up to sub-limits/calendar limits. Call us on 1300 134 060 prior to treatment to confirm your benefits payable.

Phone **1300 134 060** Visit hif.com.au/hospital

Information correct as at 1 April 2024.