

This cover is designed for visitors to Australia who are not entitled to coverage under the Australian Medicare Scheme. The policy includes hospital charges and medical services both in and out of hospital. The details for this cover were last updated 1st April 2009.

Some procedures are excluded services and will not receive a benefit for any charges related to these services:

<b>En route to or from Australia</b>	<i>Excluded Services on this cover</i>	<b>No benefits payable for any charges raised for these services</b>
Provided outside of Australia		
Arranged prior to coming to Australia		
Conditions which were in evidence at any time in the 6-months prior to joining the Fund		
Covered by any form of compensation or damages or services payable from any other source		
For any type of psychiatric care or treatment		
Renal dialysis		
Services provided in a nursing home		
For rehabilitation		
For cosmetic reasons		
For artificial reproductive techniques, Investigation or treatment relating to infertility		
For sterilisation or reversal of sterilisation		
Relating to sleep disorders		
<b>For any service for which Australian residents would not be covered for under the national Medicare scheme, such as health screening, insurance or employment medical examinations and services not medically necessary</b>		

The Fund has negotiated contractual arrangements with most hospitals and Day Hospital facilities throughout Australia. The mentioned benefits are offered to members who are admitted to those hospitals.

<b>Accommodation charges including Day patient, Intensive Care and Neonatal Care</b>	<b>Public Hospital</b>	<b>Full cover in a shared or private room.</b>
	Private Hospital	Full cover in a shared or private room.
<b>Theatre fee and Labour Ward charges</b>	Public Hospital	Charges are not raised for this service.
	Private Hospital	Full cover for Theatre and Labour ward charges.
<b>Accommodation charges</b> including Day patient, Intensive Care and Neonatal Care	Public Hospital	Full cover in a shared or private room.
	Private Hospital	Full cover in a shared or private room.
<b>Theatre fee and Labour Ward charges</b>	Public Hospital	Charges are not raised for this service.
	Private Hospital	Full cover for Theatre and Labour ward charges.
<b>Pharmaceutical Drugs</b> (does not include discharge drugs)	Public Hospital	Charges are not raised for this service.
	Private Hospital	Charges vary between hospitals depending on the contract, which is in place. Please check with the Hospital or Fund. Benefits may not apply to, or be restricted for non approved, experimental or high cost drugs.

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<b>Artificial appliances and prostheses, non approved medical treatments and consumables</b> e.g. joints, heart valves, trial and/or or non approved prostheses, treatments and consumables	<b>Public Hospital</b>	<b>Benefits will be paid towards prostheses in accordance with the Commonwealth Prostheses List. Items listed (excluding Human Tissue) on the prostheses list may be subject to a patient moiety (gap).</b>  <b>Prostheses items used in relation to relevant exclusion services are not covered.</b>
	<b>Private Hospital</b>	Benefits will be paid towards prostheses in accordance with the Commonwealth Prostheses List. Items listed (excluding Human Tissue) on the prostheses list may be subject to a patient moiety (gap). Benefits may not apply or be restricted for <u>non hospital contract</u> medical treatments or consumables.  Prostheses items used in relation to relevant exclusion services are not covered.
<b>Outpatient Theatre fees</b>	<b>Public Hospital</b>	No charge raised.
	<b>Private Hospital</b>	Full cover for outpatient theatre fees.
<b>Medical Services</b> All services (as listed in the Medicare Benefit Schedule) by registered medical practitioners except for those services shown as a excluded service	<b>In hospital services</b>	Full cover of the charge up to the HIF Access Gap Cover amount.  The fee can be obtained from the Fund.
	<b>Out of hospital services</b>	Full cover of the charge up to Medicare Benefit Schedule fee.
<b>Excluded services</b>	<b>Public Hospital</b>	No benefits payable for any charges raised for these services.
En route to or from Australia		
Provided outside of Australia		
Arranged prior to coming to Australia		
Conditions which were in evidence at any time in the 6-months prior to joining the Fund		
Covered by any form of compensation or damages or services payable from any other source		
For any type of psychiatric care or treatment		
Renal dialysis		
Services provided in a nursing home		
For rehabilitation		
For cosmetic reasons		
For artificial reproductive techniques, investigation or treatment relating to infertility		
For sterilisation or reversal of sterilisation		
Relating to sleep disorders		
For any service for which Australian residents would not be covered for under the national Medicare scheme, such as health screening, insurance or employment medical examinations and services not medically necessary	<b>Private Hospital</b>	No benefits payable for any charges raised for these services.
<b>Optional Excess</b> An optional excess may be taken with this cover to reduce your premiums. The benefits payable are the same as for Overseas Visitors Hospital and Medical cover except; you agree to forego an excess at the level detailed below. The excess is deducted from the benefits normally payable under your level of cover:	<b>Public Hospital</b>	\$200 per person in a calendar year to a maximum \$400 per membership. Excesses apply to overnight admissions only.
	<b>Private Hospital</b>	\$200 per person in a calendar year to a maximum \$400 per membership. Excesses apply to overnight admissions only.

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## Waiting Periods, Pre-existing Ailment Rule and Excluded Services Rule

*The following Waiting Periods, Pre-existing Ailment Rule and Excluded Services Rule apply to all members who join the Fund, or upgrade their level of hospital cover.*

*Members who transfer to HIF from another Australian registered health fund will not be subject to these restrictions if they have already served the waiting periods on an equivalent level of cover.*

Waiting Period	Condition
<b>2 Months</b>	All services unless the service is restricted or subject to a longer waiting period (specified below). This waiting period is waived if you commence your cover within one month of arriving in Australia or relates to an accident
<b>12 Months</b>	All obstetric related services. All treatment in relation to a pre-existing ailment or condition (also benefit limitations)
<b>24 Months</b>	Orthopaedic Surgery involving joint replacement

### Pre-Existing Ailment Rule

The Pre-Existing Ailment Rule is an industry standard rule designed to ensure that long-term members are not financially disadvantaged by new members who join a table and seek to claim for conditions of which signs or symptoms would have been in place at the time the cover was commenced.

The rule states; "The Fund may not be required to pay benefits for a period of 12-months if the pre-existing ailment rule is applicable. A pre-existing ailment is an ailment or condition of which the signs or symptoms were in evidence at any time during the six months prior to when the member joins the Fund or upgrades to a higher level of cover".

If the Fund considers that the pre-existing ailment rule may be applicable, benefits will not be paid until the fund has been satisfied, through the production of suitable medical evidence, that the condition or signs or symptoms relating to the condition were not in place at the time the cover was commenced. HIF will appoint a medical adviser to determine, from the information provided by the patient and the treating/referring practitioner, if the claim will be revoked.

### Excluded Services

Where services are noted, as 'Excluded' in your hospital cover, are not covered by a benefit and all associated costs must be paid by the member.

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## General Information

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### Contracted Private Hospitals

If you wish to find a Contracted Hospital with HIF you can do so in the following three ways:

- Refer to our website – [www.hif.com.au](http://www.hif.com.au)
- Email HIF directly at [info@hif.com.au](mailto:info@hif.com.au)
- Contact a HIF Customer Service Representative on 1300 13 40 60.

### Medical Providers

Further information regarding medical coverage can be obtained from our AccessGap Cover leaflet which can be obtained in the following ways:

- Refer to our website – [www.hif.com.au](http://www.hif.com.au)
- Email HIF directly at [info@hif.com.au](mailto:info@hif.com.au)
- Contact a HIF Customer Service Representative on 1300 13 40 60.

### Privacy Policy

HIF recognises the importance of keeping the personal information that you entrust to us private and confidential. HIF's 'Privacy Policy' has been compiled to outline how your personal information is handled and the steps taken by HIF to ensure your privacy. If you would like to find out more about HIF's 'Privacy Policy' you can:

- Refer to our website – [www.hif.com.au](http://www.hif.com.au)
- Email HIF directly at [info@hif.com.au](mailto:info@hif.com.au)
- Contact a HIF Customer Service Representative on 1300 13 40 60 to request a copy of our Privacy Policy brochure

## Providing Feedback or Making a complaint

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HIF is committed to providing our members with access to the highest possible level of service and we value the feedback that our members provide. As part of HIF's commitment to continuous improvement if you have a concern regarding your HIF membership, our products, benefits or our service we would be happy to hear from you.

If you have a complaint or concerns, you can:

- Discuss this with one our Customer Service Representatives on **1300 13 40 60**. HIF's internal complaint handling process ensures where our people are unable to assist you with your concerns or complaint they will escalate your issue to a senior manager.
- Access the Internal Complaint Handling process by addressing your complaint in writing to:

**Operations Manager  
Health Insurance Fund of WA  
GPO Box X2221  
PERTH WA 6847**

Or

Email your complaint to [info@hif.com.au](mailto:info@hif.com.au)

If after discussing your concerns with us, and you believe the outcome or decision is not appropriate and you wish to take the matter further you can:

Contact the Private Health Ombudsman

- Via the website [www.phio.org.au](http://www.phio.org.au) or
- By ringing toll free on 1800 640 695, or
- Write to Level 7, 362 Kent Street, Sydney NSW 2000