Packaged 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[1]	✓
Rehabilitation	✓
Hospital psychiatric services	R
Palliative care	✓
Brain and nervous system	✓
Eye (not cataracts)	✓
Ear, nose and throat	✓
Tonsils, adenoids and grommets	✓
Bone, joint and muscle	✓
Joint reconstructions	✓
Kidney and bladder	✓
Male reproductive system	✓
Digestive system	✓
Hernia and appendix	✓
Gastrointestinal endoscopy	✓
Gynaecology	✓
Miscarriage and termination of pregnancy	✓
Chemotherapy, radiotherapy and immunotherapy for cancer	✓
Pain management	✓
Skin	✓
Breast surgery (medically necessary)	✓

Diabetes (excluding insulin pumps)	✓
Heart and vascular systems	✓
Lung and chest	✓
Blood	✓
Back, neck and spine	✓
Plastic and reconstructive surgery (medically necessary)	✓
Dental surgery[2]	✓
Podiatric surgery[3] (provided by a registered 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

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

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

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

Health Insurance Fund of Australia Ltd (HIF) ACN 128 302 161.
Information correct as at 17 June 2026.

Also included on this policy:

- Unlimited 100% cover for Emergency Ambulance. Unlimited cover for Non-Emergency Ambulance (with a $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, with the exception of public hospitals in New South Wales (NSW) where private and shared room coverage is available (subject to availability of a private room)
- AccessGap Cover for eligible inpatient medical services
- Benefits for surgically implanted Medical Devices and Human Tissue Products and other items on the Federal Government's Prescribed List of Medical Devices and Human Tissue Products
- Inpatient pharmacy drugs – charges vary between hospitals depending on the contract that's in place. Please check with the hospital or HIF.

What does restricted mean?

The term 'restricted' means that you can claim benefits for accommodation at the basic 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 Medical Devices and Human Tissue Products in accordance with the Federal Government's Prescribed List of Medical Devices and Human Tissue Products.

What about excluded benefits?

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

Other situations where you may not be covered by HIF include for cosmetic surgery, 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 $1,000 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

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.

Information correct as at 17 June 2026.

$1,000 combined annual limit per person			
Healthy Lifestyle	**Chiro, Physio & Podiatry** (combined limit)	**Complementary Therapies**	**Dental^**
Services include health assessments (including gym memberships), exercise physiology, weight management programs, quit smoking plans and skin cancer screenings **Benefit:** 60% of the charge **Limit per person:** $150/year **Waiting period:** 2 months **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: • Dental • Chiro, physio & podiatry • Complementary therapies • Healthy Lifestyle services Benefits are payable for HIF approved programs delivered by registered providers only. Please contact us prior to commencing the program to check your eligibility.	**Benefit:** 60% of the charge **Limit per person:** $500/year **Waiting period:** 2 months **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: • Dental • Chiro, physio & podiatry • Complementary therapies • Healthy Lifestyle services If you would like a benefit estimate prior to having any treatment, please get in touch. **Please note:** Orthotics are not covered by this policy.	This policy includes acupuncture, myotherapies, remedial massage, and traditional Chinese medicine. **Benefit:** 60% of the charge **Limit per person:** $150/year **Waiting period:** 2 months **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: • Dental • Chiro, physio & podiatry • Complementary therapies • Healthy Lifestyle services 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.	This policy includes general dental, periodontic, endodontic, inlay/onlay, and dentures, crowns and bridges. **Benefit:** 60% of the charge **Limit per person:** $600/year **Waiting periods:** 2 months: Most general dental, periodontic & endodontic. 12 months: Inlay/onlay, dentures, crowns and bridges, and General Dental intem numbers 057, 322, 324, 331, 595, 596. If you would like a benefit estimate prior to having any treatment, please get in touch. **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: • Dental • Chiro, physio & podiatry • Complementary therapies • Healthy Lifestyle services

Optical	Pharmacy
Benefit: 100% up to annual limit **Limit per person:** $150/year **Waiting period:** 2 months 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. **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.	**PBS** = Pharmaceutical Benefits Scheme **Benefits:** Member pays PBS contribution. Benefit is 100% of the balance up to $60 per script item. **Limit per person:** $200/year **Waiting period:** 2 months Benefits are not payable on Pharmaceutical Benefit Scheme prescriptions or over the counter items purchased with or without a prescription. **Flu Vaccination** **Benefit:** $20 (1 per person, per calendar year). Benefits are only payable from a registered pharmacy. **Limit per person:** The limits detailed above are subject to a combined annual limit for pharmacy. **Waiting period:** 2 months

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

Information correct as at 17 June 2026.

HIF Choice Network

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

Dental

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

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

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

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

Optical

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

How to make an Extras claim

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

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 out more and download a claim form, visit **hif.com.au/claim**

Please note:

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

Understanding annual limits

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

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

What are waiting periods?

All health funds have to apply waiting periods. It's the only way we can protect our community of loyal Members from people who would otherwise join our fund to claim large amounts, then leave. That said, we try to keep waiting periods to a minimum. That's why, if you switch to us from another health fund, we'll honour any waiting periods already served with your previous insurer on an equivalent level of cover.

Got a question?

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

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

Information correct as at 17 June 2026.