Hospital Cover

No Maternity Hospital + Mid Extras Combo



This popular combo cover is our value packed Hospital & Extras option for singles and couples.

It includes a host of inpatient hospital and medical services like heart, lung and chest, joint replacements, cancer treatment, 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?

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	X
Chemotherapy, radiotherapy and immunotherapy for cancer	1
Pain management	✓
Skin	✓
Breast surgery (medically necessary)	✓
Diabetes (excluding insulin pumps)	✓
Heart and vascular systems	✓
Lung and chest	✓
Blood	✓
Back, neck and spine	1
Plastic and reconstructive surgery (medically necessary)	/

Dental surgery	1
Podiatric surgery (provided by a registered podiatric surgeon)	1
Implantation of hearing devices	1
Cataracts	1
Joint replacements	1
Dialysis for chronic kidney failure	1
Pregnancy and birth	X
Assisted reproductive services	X
Weight loss surgery	X
Insulin pumps	1
Pain management with device	1
Sleep studies	1

Key

✓ = included

X = not included

R = restricted



Also included on this policy:

- Your choice of treating doctor or specialist
- Shared room accommodation in an HIFcontracted private hospital (if you'd like a private room though, you can simply pay the difference between the cost of a shared and private room)
- Private and 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 Schedule
- 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 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 Commonwealth Prostheses List. Items on the list (excluding human tissue) may be subject to a patient co-payment.

What about excluded benefits?

No benefits will be payable for services that are not included in 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 more comprehensive list please read our Health Cover Guide.

Does a hospital excess apply?

For No Maternity Hospital + Mid Extras Combo, a standard excess of \$500 applies to overnight admissions, but you only have to pay it once per calendar year (regardless of how many times you're admitted to hospital).

For couples, an excess of \$500 applies per person, up to a maximum annual limit of \$1,000.

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 received benefits for services or items included on your chosen level of cover.

For No Maternity Hospital + Mid Extras Combo, the applicable waiting periods are:

- 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 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 life time.

What's a pre-existing condition?

A pre-existing condition is defined as "Any ailment, illness, or condition where, in the opinion of a medical advisor appointed by the health insurer, the signs or symptoms of the 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."

A pre-existing condition can be identified by the presence of signs or symptoms of the illness, ailment or condition (i.e. it's not necessary for the Member of their doctor to know what their condition is, or for it to be diagnosed).

In assessing whether a condition is pre-existing or not, an HIF appointed medical practitioner will take into account information provided by the Member's treating doctor.

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 details other situations where you may not be covered by HIF (e.g. cosmetic surgery or respite care), so please read the guide carefully and retain a copy for your records.

Visit hif.com.au/guide to access a copy online.

Here's your at-a-glance guide to the Extras services included on this policy:

Ambulance	Chiro, Physio & Podiatry (combined limit)	Complementary Therapies	Dental
Emergency callouts: 100% covered Non-emergency callouts: A \$50 co-payment applies Limit per person: No limit Waiting period: 2 months Not covered: Inter-hospital transportation except for inter-hospital transfers relating to an emergency or new illness where approved on a case by case basis by HIF. Transportation from a hospital to your home, nursing home or other hospital Transportation for ongoing medical treatment Off road or air ambulance.	Combined limit) 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 on this policy.	This policy includes acupuncture, homeopathy, myotherapy, naturopathy, 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 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 Waiting periods: 2 months: Most general dental, Periodontic & Endodontic. 12 months - Inlay/onlay, dentures crowr and bridges, and General Dental item numbers 322-331 and 595-596. If you would like a benefit estimate prior to having any treatment, please

Did you know... each state and territory of Australia has different ambulance arrangements? That means the charges and the services covered may vary. It's important to understand that in the unfortunate event you require emergency ambulance transport, Medicare won't cover the cost. However, some state governments subsidise ambulance services, and some pensioners and low income earners may also be entitled to free ambulance assistance. Please see our full PDS for more info on these state schemes or contact us for further details.

Healthy Lifestyle	Optical	Pharmacy	How to make a claim
Healthy Lifestyle Services include health assessments (including gym memberships), exercise physiology, pilates, yoga, weight management programs, quit smoking plans and skin cancer screenings. 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	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. 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	Pharmacy PBS = Pharmaceutical Benefit Scheme Benefit: 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 contraceptives or NHS (PBS) prescriptions or over the counter items purchased with or without a prescription.	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.
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.	registered Australian optical provider.		To find out more and download a claim form, visit hif.com.au/claim