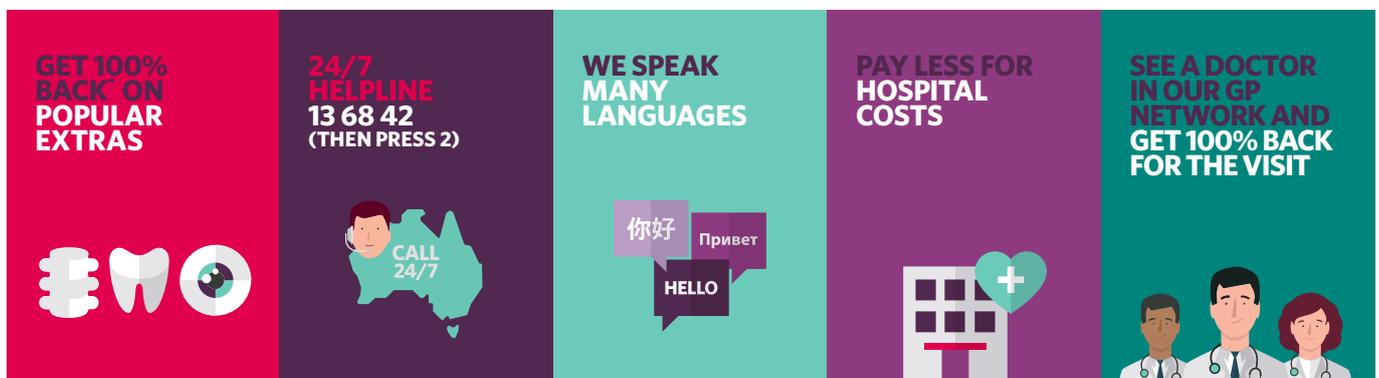


OVERSEAS VISITORS TOP PRODUCT SUMMARY

Top cover offers broad health cover for hospital and medical needs plus a range of extras like dental, optical, physiotherapy and acupuncture consults. You'll also be covered for emergency ambulance transport, plus blood tests, X-rays*, PBS medicines and more.

This product summary only applies to cover taken out after 21 July 2025.

FEATURES



TOP

- ✓ Meets visa requirement for adequate health insurance (condition 8501)
- ✓ Higher level of cover in our product range giving you more to spend on extras
- ✓ You can choose a \$0, \$500 or \$750 excess
- ✓ Hospital accommodation, operating theatre and prosthesis fees
- ✓ Doctors' fees in and out of hospital
- ✓ PBS medicines required while in or out of hospital or on discharge
- ✓ Ambulance cover in emergencies[#]
- ✓ Emergency department fees
- ✓ Diagnostic services (for example, blood tests, scans and X-rays[^])
- ✓ Cover for dental, optical and therapies like physiotherapy or consults for Chinese herbal medicine
- ✓ Additional services including repatriation and funeral cover

* This doesn't include costs for medical examinations, X-rays, vaccinations or any treatment required for obtaining a visa to enter Australia, change in visa or application for permanent residency or examination for pre-employment purposes.

[^] 100% back through our No-Gap network is available on selected covers. Waiting periods and annual limits apply. Our network of healthcare providers change often. Please check that your provider is part of our network before you book or attend an appointment. See hcf.com.au/100back

[#] Excludes emergency ambulance transport from a medical facility or a hospital except for emergency inter-hospital transfers where the original admitting hospital doesn't have the required clinical facilities.

KEY FEATURES	
Excess options (per person per calendar year)	\$0, \$500 or \$750
Meets visa requirement for adequate health insurance (condition 8501)	✓
Inpatient & outpatient medical services up to 100% of MBS fee	✓
Extras cover including dental, physiotherapy and chiropractic	✓

THIS POLICY INCLUDES COVER FOR:	
Ambulance cover in emergencies*	
Pregnancy and birth	
Insulin pumps*	
Rehabilitation	
Palliative care	
Brain and nervous system e.g. stroke, brain or spinal cord tumours, head injuries, epilepsy and Parkinson's disease	
Eye (not cataracts) e.g. retinal detachment, tear duct conditions, eye infections and medically managed trauma to the eye	
Ear, nose and throat e.g. damaged ear drum, sinus surgery, removal of foreign bodies, stapedectomy and throat cancer	
Tonsils, adenoids and grommets e.g. hospital treatment of the tonsils, adenoids and insertion or removal of grommets	
Bone, joint and muscle e.g. carpal tunnel, fractures, hand surgery, joint fusion, bone spurs, osteomyelitis and surgery for bone cancer	
Joint reconstructions e.g. torn tendons, rotator cuff tears and damaged ligaments	
Male reproductive system e.g. male sterilisation, circumcision and prostate cancer	
Digestive system e.g. oesophageal cancer, irritable bowel syndrome, gall stones and haemorrhoids	
Hernia and appendix e.g. hernia operations and appendicitis	
Gastrointestinal endoscopy e.g. colonoscopy, gastroscopy, endoscopic retrograde cholangiopancreatography (ERCP)	
Gynaecology e.g. endometriosis, polycystic ovaries, female sterilisation and cervical cancer	
Miscarriage and termination of pregnancy	
Chemotherapy, radiotherapy and immunotherapy for cancer	
Pain management e.g. treatment of nerve pain and chest pain due to cancer by injection of a nerve block	
Skin e.g. melanoma, minor wound repair and abscesses	
Breast surgery (medically necessary) e.g. breast lesions, breast tumours, asymmetry due to breast cancer surgery and gynecomastia	
Diabetes management (excluding insulin pumps) e.g. stabilisation of hypo- or hyper-glycaemia, contour problems due to insulin injections	
Kidney and bladder (excluding organ transplant) e.g. kidney stones, adrenal gland tumour and incontinence	
Heart and vascular system e.g. heart failure and heart attack, monitoring of heart conditions, varicose veins and removal of plaque from arterial walls	
Lung and chest e.g. lung cancer, respiratory disorders such as asthma, pneumonia and treatment of trauma to the chest	
Blood e.g. blood clotting disorders and bone marrow transplants	
Back, neck and spine e.g. sciatica, prolapsed or herniated disc, and spine curvature disorders such as scoliosis	
Plastic and reconstructive surgery (medically necessary) e.g. burns requiring a graft, cleft palate, club foot and angioma	
Dental surgery e.g. surgery to remove wisdom teeth and dental implant surgery	
Podiatric surgery (provided by a registered podiatric surgeon)*	
Implantation of hearing devices*	
Cataracts	
Joint replacements e.g. replacement of shoulder, wrist, finger, hip, knee, ankle and toe joints	
Dialysis for chronic kidney failure e.g. peritoneal dialysis and haemodialysis	
Pain management with device e.g. treatment of nerve pain, back pain and pain caused by coronary heart disease with a device	
Sleep studies e.g. sleep apnoea and snoring	

* Covered for certified Type C procedures and certified overnight Type C procedures for the treatment of diabetes.

^ Includes associated speech and sound processors including upgrades.

^ Excludes emergency ambulance transport from a medical facility or a hospital except for emergency inter-hospital transfers where the original admitting hospital doesn't have the required clinical facilities.

* Benefits are limited to accommodation and the cost of a prosthesis as listed in the Government approved prescribed list of medical devices and human tissue products.

THIS POLICY INCLUDES THE FOLLOWING MINIMUM BENEFIT SERVICES:	
Hospital psychiatric services	
Weight loss surgery	

THIS POLICY DOES NOT INCLUDE COVER FOR:	
Assisted reproductive services	
Elective cosmetic surgery	
Kidney and bladder - organ transplant	

HOSPITAL

HOSPITAL SERVICES

When you're admitted to hospital, the type of benefits we may pay includes:

- accommodation
- operating theatre
- intensive care
- doctor and specialist fees
- government-approved prostheses
- PBS medicines.

The level of benefits we pay will depend on whether you go to a hospital in the HCF private hospital network.

No matter which type of hospital you go to, you may need to pay medical out-of-pocket costs for doctors' fees, pathology and X-rays.

Call our 24/7 helpline on **13 68 42**, then press 2, so we can help guide you to a hospital and doctor in our network.

PUBLIC HOSPITAL ADMISSIONS FOR INCLUDED SERVICES

If you receive treatment as a private patient in a public hospital for services included in your level of cover, the benefits payable are at the Gazetted Rate, which is determined by a state or territory health authority. **These benefits are higher than Minimum Benefits but if the hospital charges more than the Gazetted Rate, you'll have an out-of-pocket cost.**

PARTICIPATING PRIVATE HOSPITAL ADMISSIONS FOR INCLUDED SERVICES

If you receive treatment at a participating private hospital for services included in your level of cover, the benefits payable are specified in the hospital contract with that hospital. If you receive treatment for Minimum Benefit Services, the benefits payable are only Minimum Benefits. **Minimum Benefits are low level benefits. In some instances, the out-of-pocket costs could be significant, and depending on the treatment and length of stay, it could be up to tens or hundreds of thousands of dollars.**

NON-PARTICIPATING PRIVATE HOSPITAL ADMISSIONS FOR INCLUDED SERVICES

If you receive treatment at a non-participating private hospital for services included in your level of cover, the benefits payable are only Minimum Benefits. **Minimum Benefits are low level benefits. In some instances, the out-of-pocket costs could be significant, and depending on the treatment and length of stay, it could be up to tens or hundreds of thousands of dollars.**

MINIMUM BENEFIT SERVICES

For these services, benefits are only payable at the Minimum Benefit rate (an amount set by the Federal Government) for both HCF participating and non-participating private hospitals, and for surgically implanted prostheses on the Australian Government approved Prostheses List. **Minimum Benefits are low level benefits. In some instances, the out-of-pocket costs could be significant and depending on the treatment and length of stay, it could be up to tens or hundreds of thousands of dollars.** For public hospitals, the benefits payable are at the Gazetted Rate which is determined by a state or territory health authority. The out-of-pockets are unlikely to be significant, however, the Gazetted Rates may not cover all of your hospital costs.

SERVICES NOT INCLUDED

These services are not included in your cover. No benefits are payable for any treatment related to these services. Always check with us to see if you're covered before going to hospital.

IN-HOSPITAL MEDICAL SERVICES

Depending on how each of your doctors (including surgeons and anaesthetists) decide to bill you for their services when you're admitted to hospital, we'll cover you for up to 100% of the Medicare Benefits Schedule (MBS) fee. If your doctor participates in HCF's No Gap or Known Gap arrangement, you'll either have nothing to pay or a limited 'gap' to pay. For more info see the Frequently Asked Questions (FAQs) at hcf.com.au/health-insurance/overseas-visitors

MEDICINE

For PBS Medicines that are charged by the non-participating hospital or the public hospital to the member, the benefit payable will be 100% of the PBS listed price for that Medicine minus the current PBS general patient co-payment. The PBS patient co-payment fee is an out-of-pocket cost you are required to pay towards the cost of PBS medicine before we will calculate your benefit. The patient co-payment fee is determined by the Department of Health and Aged Care and is subject to change.

If you go to a participating private hospital, you won't have to pay the PBS patient co-payment fee.

OUT-OF-HOSPITAL MEDICAL SERVICES

EMERGENCY DEPARTMENT FEES

You'll be covered and pay \$0 for emergency department fees including administration fees if the visit leads to an admission (and a charge is raised by the hospital).

Note: In hospital outpatient clinics (not Emergency Departments) benefits are only payable for medical fees where the service would be eligible for an MBS benefit if provided to an Australian resident. No other fees or charges are payable for outpatient clinics.

If you're not admitted, we'll pay up to \$200 per visit.

DOCTORS AND SPECIALIST DOCTORS' SERVICES

You're covered for doctors' services for items listed on the Australian Government Medicare Benefits Schedule (MBS) and where the service would be eligible for an MBS benefit if provided to an Australian resident:

- For regular doctor visits, you'll get back 100% when you see a doctor through our GP Network.
- For specialist and non-network doctor consultations, we'll cover you for 100% of the MBS fee.
- For pathology and radiology, we'll cover you for 100% of the MBS fee for services such as blood tests, scans and X-rays.

If the provider charges above the MBS fee, you will need to pay an out-of-pocket cost.

MEDICINE

You're covered for medicines listed on the Australian Government approved pharmacy list (PBS):

- Medicines given to you when you leave hospital after being admitted and discharged are covered if part of your ongoing treatment. Your ongoing treatment includes medicines provided on a script given to you by a doctor from a medical practice that relate to your reason for admission to hospital or post discharge. We'll cover you for the PBS listed price after you pay an amount equivalent to the current PBS general patient co-payment per medicine.
- Medicines required on a script given to you by a doctor from a medical practice or an emergency department are covered up to \$100 per individual medicine, after you pay an amount equivalent to the current PBS general patient co-payment per medicine. There is a yearly limit of \$350 per person.

AMBULANCE

Emergency transportation to the nearest hospital able to provide the treatment required, from any location except a medical facility, including on-the-spot treatment and emergency transfers between hospitals but only when the original hospital does not have the required clinical facilities.

ADDITIONAL SERVICES

Up to \$100,000 for medical repatriation.

Repatriation covers the costs (air fares, on-board stretcher, accompanying aero-medical specialists and nursing staff) of returning you to your home country when it's deemed medically necessary by a medical practitioner appointed by HCF due to a medical condition covered under your policy.

Up to \$15,000 for return of mortal remains or funeral expenses.

In the unfortunate event of someone on your cover passing away, HCF will pay for the costs of returning their mortal remains or ashes to your home country or the funeral costs if they passed away due to a medical condition covered under the policy and the body is buried or cremated in Australia.

OTHER THINGS YOU SHOULD KNOW

EXCESS

You have a choice of a **\$0, \$500 or \$750** excess. An excess is a non-refundable amount of money you agree to pay towards the cost of your hospital treatment before we pay benefits to you.

When you take out hospital cover, you'll select an excess amount. Your choice of excess will affect the cost of your premiums.

The higher your excess is, the lower your premiums will be. If you reduce the excess amount on your policy or you move to another policy where the excess amount is lower, you will have to pay the old excess during the waiting period (where applicable) for the treatment.

You only need to pay one excess per person per calendar year if you claim on your hospital cover. Subsequent hospital claims in the same calendar year won't incur another excess payment.

The excess amount will only apply to a maximum of 2 people on family policies per calendar year.

WAITING PERIOD

A waiting period is the time you need to wait before a benefit becomes available to you. You'll be covered immediately for all in-hospital and out-of-hospital services included in your cover except for the following where you will need to wait:

- 2 months for hospital psychiatric related services, rehabilitation or palliative care.
- 12 months for pregnancy and birth.
- 12 months for all pre-existing medical conditions[#] (except for hospital psychiatric related services, rehabilitation or palliative care).
- for PBS medicines required on a script from a doctor at a medical practice or emergency department, a 2 month waiting period applies.
- for your extras services, different waiting periods apply. For major dental services, there is a 12 month waiting period. All other services included in your extras have a 2 month waiting period.

* This doesn't include cost for medical examinations, X-rays, vaccinations or any treatment required for obtaining a visa to enter Australia, change in visa or application for permanent residency or examination for pre-employment purposes.

[#] A pre-existing condition means an ailment, illness or condition, the signs or symptoms of which in the opinion of a Medical Practitioner appointed by HCF, existed in the period of 6 months ending on the day on which the policyholder is covered for hospital benefits or upgrades to a higher product or insured group. The test applied relies on the presence of signs or symptoms of the illness, ailment or condition; not on a diagnosis.

EXTRAS

Extras are services that you claim out of hospital such as dental, optical, acupuncture and physiotherapy.

GET 100% BACK ON POPULAR EXTRAS

You can get 100% back at extras providers in our network, up to your annual limits, including:

- ✓ 2 dental check-ups a year through our **provider network**
- ✓ a first visit* to a physiotherapist and chiropractor in our **provider network**.

Plus a range of other services. For other services, there are set benefits which vary according to your cover.

Providers not available in all areas. To find a provider close to you, visit hcf.com.au/health-insurance/overseas-visitors or call our 24/7 helpline on **13 68 42**, then press 2.

	SERVICE CATEGORY	DESCRIPTION	INDICATIVE BENEFIT AMOUNT	WAITING PERIOD	LIMITS PER PERSON PER CALENDAR YEAR
GENERAL DENTAL	Diagnostic and Preventative dental	Examinations (check-ups)	\$36 - \$100	2 months	2 services
		Single film x-rays	\$29		4 services per day and 20 services per calendar year
		Removal of plaque/calculus (scale and clean)	\$43 - \$84		2 services
		Application of fluoride	\$27		1 service
	Tooth extractions	Simple extractions	\$142 - \$173	2 months	\$600 combined limit, per person, per calendar year 1 service every 3 years from the date of previous service for dentures
Fillings - direct	Direct fillings (1-2 surfaces)	\$85 - \$138			
	Direct fillings (3 or more surfaces)	\$128 - \$194			
Fillings - indirect	Indirect fillings	\$298 - \$600	12 months		
Oral surgery	Surgical extractions	\$208 - \$331			
	Occlusal therapy	x			
Periodontics	Treatment of tissue surrounding teeth	\$29 - \$374			
Endodontics	Treatment of root canals	\$27 - \$248			
Crowns & bridges	Placing of crowns and bridges	\$133 - \$600			
	Dentures	Dentures and/or components (partial and complete)	\$25 - \$600		
		Maintenance & repairs	\$31 - \$254		
OPTICAL	Glasses and contact lenses	Spectacle frames	Total fee up to limit	2 months	\$150
		Spectacle lenses - pair [^]			
		Contact lenses - pair			
Eye Test	Eye Test (MBS Item)	\$67		1 eye test every 36 months	
THERAPIES	First/subsequent	Physiotherapy (excludes group and/or classes)	\$76/\$65	2 months	\$350 (combined limit with natural therapies)
		Exercise physiology (excludes group and/or classes)	\$80/\$59		
		Chiropractic	\$53/\$40		
		Osteopathy	\$79/\$59		
NATURAL THERAPIES	First/subsequent	Remedial massage	\$60/\$55	2 months	\$150 sub-limit per therapy (combined with therapies)
		Myotherapy	\$58/\$56		
		Acupuncture (herbs not covered)	\$60/\$55		
		Chinese herbal medicine consultation (herbs not covered)	\$36/\$31		

* A first visit means an initial consultation for an eligible health condition that is new or flare up where no treatment has been provided in the last 3 months.

[^] Excludes additional charges for high index material, coatings and tinting

WHAT'S NOT COVERED

HOSPITAL	MEDICAL IN & OUT OF HOSPITAL	EXTRAS SERVICES
Out-of-pocket costs if you go to non-participating hospitals or if treated at a public hospital. This includes if the hospital decides to charge more than the Minimum Benefit or the Gazetted Rate	Out-of-pocket costs if you go to a non-network doctor or your specialist charges more than the MBS fee	There will be no benefit payable for: <ul style="list-style-type: none"> • outpatient psychology services • occupational therapy • audiology • speech pathology • Alexander technique • hearing aids, artificial aids • health management programs • School Accident Benefit • nutrition consultations • naturopathy.
Hospital costs unless you're admitted to hospital, except emergency department fees	Non-PBS medicines including high cost and experimental drugs	OTHER Treatment received outside Australia
Out-of-pocket costs if you become classified as a nursing home type patient	Co-payments on PBS medicines	
Personal convenience, luxury room and take home items	Out-of-pocket costs, when your doctor/s charge more than the MBS fee and when any charges are not covered by our No Gap arrangement	Any costs if compensation, damages or benefits are payable by a third party. For example, workers compensation or motor vehicle accident
The gap on government-approved prostheses	Non-emergency ambulance	Out-of-pocket costs for extras goods and services not included in our No Gap network or not covered on your policy
Any excess on your policy	Medical services that are part of any service that is excluded on your policy	For any service that has a waiting period until that time has been served
Any service that is excluded on your policy	Out-of-pocket costs for diagnostic services such as X-rays, scans and blood tests if the provider charges more than the MBS fee	Cost of repatriation that is not deemed as medically necessary and not due to a medical condition covered under your policy
Hospital treatment for which Medicare pays no benefit for Australian residents, for example, elective cosmetic surgery	Cost for medical examinations, X-rays, vaccinations or any treatment required for obtaining a visa to enter Australia, change in visa or application for permanent residency or examination for pre-employment purposes	Costs of returning mortal remains to home country, or funeral costs if a member's body is buried or cremated in Australia, if the member passed away due to a medical condition not covered under their policy
	Medical services for surgical procedures performed by a dentist, podiatrist, podiatric surgeon or any other practitioner or service for which Medicare pays no benefit	
	Outpatient medical services provided by an allied health provider (e.g. optometrist, physiotherapist, dentist and psychologist) unless covered under your extras	

CALL US 24/7 TO HELP YOU PAY LESS

We make it easy to find a hospital or doctor in our network so you pay less. Call our 24/7 helpline (press 2) and we'll connect you with the right healthcare service.

Our team of experts will connect you with a service in our network including:

- regular doctors (GPs)
- after hours GPs
- specialist doctors
- private hospitals
- emergency departments
- nurses who'll discuss your illness and suggest next steps*

*Healthcare support isn't intended for life threatening or medical emergency situations. It isn't a diagnostic service and doesn't replace a consultation with a health professional.



13 68 42

Call our 24/7 helpline then press 2



Easy ways to contact us



In Australia
13 68 42

Outside Australia
+61 2 7230 5100



ovhc_service@hcf.com.au



hcf.com.au/health-insurance/overseas-visitors