



Health Care Insurance

Say hi to HCl



your member guide

not for profit health cover



1 APRIL 2024

1800 804 950
enquiries@hcilt.com.au
www.hcilt.com.au 

With HCl, you'll have greater control and more choices in meeting your health insurance needs. We have a range of hospital and extras products designed to suit the level of cover you need, together with access to experienced staff to help you make the most of your cover.

LEARN ABOUT HEALTH INSURANCE

We invite you to read the fact sheets and news items on our website to stay informed. Let us know of any other topics you want to learn about.



This icon refers to additional information on our website to help you understand your HCl cover. A corresponding icon can be found next to the relevant material on our website. We suggest you regularly check our website for updated information.



Online Member Services

**Manage your HCl membership
in one place with the OMS
portal**

Disclaimer

This HCl Member Guide has been issued by Health Care Insurance (HCl) Ltd (ABN 43 009 579 088), a registered private health insurer.

Information in this Member Guide is correct as at 1 April 2024 and should be read together with the relevant product summary, the Fund's website, the HCl privacy policy and HCl's Fund Rules. Please ensure you keep a copy of this Member Guide for your records.

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**HCl is proud to have the
not-for-profit tick from
Members Health**

Welcome to HCl

HCl has been supporting the health of our local communities since 1938. As one of Australia's oldest health funds, we are proud to say we have been there for generations of families.

While a lot has changed in the last 85 years, what hasn't changed is our commitment to putting members first.

Let us work with you and guide you through the process of selecting the cover you need. We can help face to face, or via phone, HCl Chat and email.

Our aim is to make health insurance easy to understand while delivering comprehensive and affordable health cover.

Why HCl?

As a member owned, not-for-profit health insurer, we consider your needs first.

We are here not only in times of sickness and ill-health, but also when you manage your health. We pride ourselves on our coverage for health treatments including dental, optical, physio, chiro, and much more.

We make health insurance easy, affordable and relevant.



Private health cover

Australia has a great health care system with fantastic medical professionals to look after us. However, not everyone can get health care when they need it.

Here are some of the benefits of having private health insurance:



Control of which doctor you see and where



Reduced hospital treatment wait times



Claim back expenses on extras like glasses and other common therapies



Avoid paying the Lifetime Health Cover loading and Medicare Levy Surcharge

With HCi, eligible members can also access additional health programs – see our website for current programs.

For general information about private health insurance, see www.privatehealth.gov.au



Switching health cover

We make it **easy to switch** into HCi – it's health cover designed with **you in mind**

SWITCHING INTO HCi

When switching to similar HCi cover within 60 days of leaving another fund, you will generally get the equivalent cover with no new waiting periods*.

You will need to serve waiting periods for any services not covered by your previous policy.

Any service usage with your old health fund transfers to HCi, and may reduce your entitlements. HCi limits apply for a calendar year.

Once you make the decision to join HCi, we can take care of contacting your previous fund. We will request a Transfer Certificate (also called a Clearance Certificate) from them, which tells us all the information we need about your prior level of cover, waiting periods, and your claims history. Your Transfer Certificate is also used to determine what waiting periods we can (and cannot) waive on your membership.



You can read more about waiting periods on our website or call us for further information.

SWITCHING FROM YOUR PARENTS' HCi POLICY

So you are ready to start your own health cover but aren't sure what happens next.

It's pretty easy – simply get in touch with us and we'll set up your new account!

If you switch to your own cover within two months of leaving your parent's cover, you start without any waiting periods for equivalent cover*. That means you can claim immediately on anything you are covered for!

SWITCHING BETWEEN HCi PRODUCTS

Had a change in circumstances and want to change your HCi cover? Maybe the kids have left the nest so couples cover is now a better fit than family cover, or perhaps a baby is on the way!

Whatever the reason, if you want to change your HCi cover, it's easy!

Here's what you need to know



Switch by calling us or visiting our office



Waiting periods will carry across so you don't have to serve them again for equivalent cover*



Your member number stays the same

* Waiting periods are only waived for equivalent cover – any increased level of cover will require relevant waiting periods. See page 13 for more details about waiting periods and pre-existing conditions.

Medicare & government incentives

MEDICARE

In Australia, Medicare helps for services listed on the Medicare Benefits Schedule (MBS) and medications on the Pharmaceutical Benefits Scheme (PBS).

Unfortunately relying on Medicare has some drawbacks, such as waiting lists, less choice of health providers and not always being covered for the full treatment cost. Thus **private health insurance can be a useful add-on to Medicare.**

Medicare covers 75% of scheduled inpatient fees and things like GP visits, optometrist visits, tests and scans. It does not cover ambulance services, glasses, dentistry or home nursing. HCl covers the remaining 25% of scheduled fees for included items. You will need to pay anything above the scheduled fee and for excluded items.

You can learn more about Medicare at [Services Australia](#).

MEDICARE LEVY SURCHARGE (MLS)

To help fund Medicare, most taxpayers pay a Medicare Levy of 1.5% of their taxable income.

Individuals and families on incomes above Medicare Levy thresholds pay a surcharge (the MLS) for any period during the year they did not have an appropriate level of private hospital cover. If liable, your MLS rate will be 1%, 1.25% or 1.5%.

LIFETIME HEALTH COVER (LHC)

The Government applies a Lifetime Health Cover (LHC) loading on some people. You pay this in addition to the base rate premium for your private health insurance hospital cover.

If you don't take out private hospital cover by age 31, or suspend cover for over 1094 days, the loading will apply for ten years.

GOVERNMENT REBATE

The Federal Government Rebate on Private Health Insurance helps eligible Australians afford private cover.

The rebate depends on your age and income, and applies to all HCl products. It can be taken off your HCl premiums or claimed in your tax return. The rebate doesn't apply to any LHC loadings.

Maximise your HCl account

To help you get the most out of your HCl, here are some tips for maximising your membership:

Ask us about your entitlements before booking procedures



LOGIN TO OMS:

- check cover
- see claims



ACCESS HCl WEBSITE:

- read factsheets
- MLS & LHC details



CHECK WEBSITE FOR UPDATES:

- new program details
- industry news

ACCOUNT AUTHORITY

Want someone else to help monitor your account? You can give authority to anybody over 18 via our [Authorisation Form](#)

SUSPENSIONS

You may be able to suspend your cover without losing any 'days covered' or waiting period eligibility. Suspension is only available if you are leaving Australia for 1 to 24 months, or you are facing financial hardship (check the [suspension form](#) on our site as there are strict eligibility requirements).



For more details about Medicare and government incentives that may apply to your HCl cover, visit our website.

Types of cover

HCI is committed to providing cover for the health care services that best suit you and your family, it's that easy.

hospital cover

HCI hospital cover generally makes hospital treatments more affordable and reduces waiting times for the treatment you need.

And because everyone has different needs and a different budget, HCI offers different levels to give YOU choice and control.

extras* cover

You can supplement your hospital cover with **HCI extras cover** to help with many other medical and health costs throughout the year, from dental to physio, optical to diabetes needs. With several extras options to choose from, you can create a health cover package to suit your family and needs.



For details on the different levels of HCI cover and what they include, please refer to our **product summaries** in the resources section of our website.

COMBINE HOSPITAL WITH EXTRAS*

for the confidence you are suitably covered.

* HCI Extras is only available when packaged with HCI hospital cover.



Looking for a relevant doctor or want to check if your local hospital is registered with HCI?
Visit hcild.com.au/provider-search for options.




Hospital cover

HCI offers hospital cover for peace of mind, across different levels to suit different budgets and lifestyles

Hospital cover is only for treatments and services received whilst an inpatient at hospital.

More than 500 Australian hospitals are registered with HCI as approved providers. Check your local hospital on the [hospital search tool on our website](#).

HCI cover applies when you are in a private hospital or elect to be a private patient in a public hospital.



You can read more about being a private or public patient in the fact sheet on our website.

WHAT'S INCLUDED IN HCI COVER

HCI hospital cover is there to help members with hospital accommodation costs, theatre fees, surgeon fees, some prescriptions, and other medical services whilst an inpatient. Covered services and limits vary across our different levels of cover so you can choose what best suits your circumstances.



Cover specifics vary between levels of HCI cover so please refer to our product summaries for details.

**COMBINE WITH
YOUR CHOICE OF
EXTRAS COVER TO
SUIT YOUR NEEDS**



INPATIENT VS OUTPATIENT HOSPITAL CARE

In simple terms, you are an inpatient once you are admitted to hospital, whether through emergency or for a planned surgery or treatment. This usually means you will be given an ID bracelet and a bed, and will sign the National Claim Form. Staying overnight is not mandatory to count as an inpatient.

An outpatient on the other hand covers a broader range of patient-hospital interactions, but the common factor is not being formally admitted to hospital. So, outpatients generally include:

- Patients whilst in the emergency department, waiting or being treated,
- Inpatients once discharged,
- Patients visiting a doctor's or specialist's rooms within a hospital, and
- Appointment based hospital treatment patients such as x-rays, wound dressing, prenatal classes, and physiotherapy

Hospital cover helps when you are an inpatient, but generally excludes outpatient services.

DENTAL SURGERY

HCI hospital cover may help with hospital accommodation costs, but extras cover is needed for some dental services performed in hospital (eg removal of wisdom teeth). Contact us for advice if you're likely to need dental surgery so we can help you understand how HCI can help.

INFORMED FINANCIAL CONSENT

Before you receive hospital treatment, your doctor or specialist should give you information about what costs you can expect for your treatment, and identify any out-of-pocket costs.

You can learn about informed financial consent in [our fact sheet](#).

WHAT COSTS DO I HAVE TO PAY IN HOSPITAL?

Depending on your level of HCl cover, you may have to pay some or all of the cost for the following:

- Any doctor charges above the Medicare Scheduled Fee (MSF)
- Amounts above the limits of your specific policy
- Any procedures not covered by your HCl policy – this may include prosthesis, anaesthetics, pathology and medical imagery services
- Any excess required for your level of cover.

Costs may vary in a public hospital depending on whether you are admitted as a public or private patient.

You will need to pay for additional things you agree to, such as TV, daily newspaper, wi-fi and parking.

WHAT IS ACCESS GAP COVER?

HCl and Medicare will pay for the scheduled fee of an eligible procedure, but doctors can choose to charge a higher amount which may lead to out of pocket expenses for you.

HCl coordinates an Access Gap Cover Scheme where out of pocket expenses can often be reduced or eliminated. We encourage members to ask their doctor to participate in our Access Gap Cover Scheme to help reduce your out of pocket expenses. Participation in the Scheme is optional for doctors.



PLANNING FOR HOSPITAL?

Call us as soon as you know a hospital admission is on the cards.

We can talk you through your options (public, private, etc), your entitlements, and hopefully some ways to minimise your doctor fees and out of pocket costs.

You concentrate on your health, and know we're here to help.



Find out more about informed financial consent, potential costs and Access Gap Cover on our website.

Understanding hospital cover




At HCl, we try to make private health cover as easy to understand as possible. Following are some common concepts you may need to know.

We recommend you carefully read all documentation provided and retain it for reference. HCl will advise you of any detrimental changes as soon as possible.

EXCESS CHOICES

An excess is the maximum payable per person in any calendar year before a hospital admission, and allows us to process a hospital claim for your treatment. It is generally paid to the hospital when you are admitted.

You can generally choose an excess to suit your budget and needs. A higher hospital excess reduces your premium - the greater the excess, the lower the premium. No excess applies to dependent children under 18 years of age and the excess may be waived for day surgery treatments on some policies.

	PER ADULT EXCESS	HOSPITAL EXCESS IS PAYABLE
		The maximum annual excess per policy (for couples and family* policies) is double the per adult excess.
 Single	✓	When admitted to hospital.
 Couples	✓	For each person admitted to hospital.
 Family*	✓	For each of the first two people over age 18 admitted to hospital.

** Family policies include single parent families and those with eligible adult children (including eligible disabled children)*

RESTRICTIONS AND EXCLUSIONS

HCl covers many treatments, but it doesn't cover things that legislation doesn't allow us to cover. Please contact us if you need further help understanding the following terms.

Restricted cover

Certain services, such as rehabilitation and palliative care, have a minimum amount payable set by Government. HCl only pays the specified minimum amount towards hospital accommodation for restricted services so you may end up with out of pocket expenses.

Exclusions

Some services are not included in particular policies. These services are 'excluded' or 'not covered', and therefore we will not pay on claims for them.



Accidents and ambulances

HCI ACCIDENT COVER

Some HCI hospital policies include HCI Accident Cover. This can be helpful for non-emergency treatment following an accident.

Under HCI's Accident Cover, if you or a covered dependant are admitted into hospital (ie as an inpatient) because of an accident, then you may be covered for the related medical treatment – even if the treatment you need is not otherwise included in your policy.

Terms and conditions apply.



HCI defines an accident as:



An unplanned and unforeseen event, occurring by chance and caused by an external force or object, which results in an involuntary injury to the body requiring immediate or urgent medical treatment in hospital.



For details on HCI Accident cover, please refer to our website.

AMBULANCE COVER

In some Australian states, you can pay a subscription fee which covers all ambulance trips in Australia, or risk being charged high call out or per km fees for any trip.

In Tasmania and Queensland, ambulance trips for residents are covered by the state government.

HCI will reimburse eligible, extras members for any ambulance subscription premiums or emergency trips in certain circumstances.



For details on what HCI ambulance cover provides in your state, please refer to the resources section of our website.



Extras cover

Extras cover can help with certain medical expenses not covered by Medicare or hospital cover.

Alongside our hospital cover, **HCi extras cover is available at different levels** to allow for different needs and life stages. All HCi extras cover includes things like dental care, physiotherapy and optical treatments. Higher levels of HCi cover also include pharmacy, speech therapy, orthotics, laser eye surgery, and audiology testing.

LIMITS

For a particular service, you can claim up to a limit which is the maximum amount HCi will pay per person, per calendar year for that service. Limits may also apply per policy for some categories.

For some groups of services (eg general dental), there is a combined limit applied across a calendar year. Each limit may contain sub limits for specific services, and reasonability rules may also apply. Claims for amounts above the group limits or sub limits will not be paid. The tally starts again each 1 January.

You can see the limits for various services, or groups of services, in the relevant product summary or by [logging into OMS](#).

PAYING CLAIMS

When you make a valid claim, HCi will pay it as promptly as possible - and it's quicker if we already have your email address and bank account details.

But how much do we pay?

It is important to understand your level of cover. Different levels of HCi cover include different services and claim entitlements.

Many services are covered up to a specific dollar limit per consultation or session.

If unsure, you can call, email or chat online with our friendly team to find out what payment you are entitled to.

HEALTH PROVIDERS

HCi will only consider claims relating to health services from providers who are:

- registered and approved
- in Australia
- not related by blood or marriage to the member or patient
- not a business partner of the member or patient

Please contact us if you are not sure a particular provider will be approved by HCi.



Things to know

about extras cover and claims

The inclusion of specific services and their limits varies between policies, but it is still useful to know about some of the common extras services used by members.

OPTICAL

HCi optical cover does not differentiate between glasses, contact lenses and sunglasses. However, we only pay towards prescription eyewear.

MEDICAL AIDS

Various medical aids are covered under some HCi policies. In general, an aid is only covered when medically required and we receive a written recommendation from a doctor or registered health provider. So we may pay a claim for a blood pressure monitor after heart surgery but not just because you are monitoring results to train for a marathon.

Please contact us to discuss if a particular aid is covered in your circumstances.

PSYCHOLOGY

Any psychology services you receive under a Mental Health Care Plan are subsidised by the Government and are not eligible for HCi claims. Relevant policies only cover psychology services that are not covered by Medicare.

PHARMACEUTICALS

Government subsidised pharmaceuticals are listed on the Pharmaceutical Benefit Scheme (PBS) and are not eligible for HCi claims. Other approved pharmaceuticals may be claimed, depending on your level of cover.

Payments apply for costs over the [PBS co-payment](#) (see our site), up to your annual limit. Exclusions apply, such as over the counter medications. Sublimits (see page 10) and other rules may apply for certain prescription medications.

CLAIMING EXTRAS

Claims can be made using your membership card through eligible providers, the HCi Claiming App, a claims form or in our office.

We pay claims for covered services if

- your account is paid up to date and not under suspension
- any relevant waiting periods are complete
- the provider is HCi recognised and approved
- goods and services are supplied within Australia
- it is claimed within 2 years of the date of service
- a receipt and any required documentation is provided

Our cover doesn't include a few things, such as

- items for exercise, sport, recreation or entertainment
- repeat treatments or services on the same day
- claims above what you paid
- materials or supplies associated with Chinese medicine and health management programs

NATURAL THERAPIES:

Some HCi extras cover includes the following natural therapies:

- Acupuncture
- Remedial massage
- Chinese medicine consultations



This page is an overview of all products - the specific **product summaries** detail what is covered in a policy.

Who is covered?

HCi cover can be adjusted to suit your family, whether you are a family of one, two, three or more!

Single	Cover just for one person
Couple	Cover for two people living together as a married or de facto couple
Family	Cover for one or two adults and all their dependant children under 18, or over 18 under certain circumstances (see below for eligibility)

Some HCi hospital cover policies are only available to singles and couples.

DEPENDANTS

The additional people listed on your policy are known as dependants. Dependants can include your:

- partner (married, de facto or same sex) who is living with you
- children up to 23 if they are not married or living with a partner
- children aged 23 to 31 (inclusive) if they are full time students and not married/living with a partner

You can also include the following dependants on your policy (for a small additional premium):

- children aged 23 to 31 (inclusive) who are not students if they live with you and are not married/living with a partner
- children with a disability aged 23 or older if they have an active NDIS plan

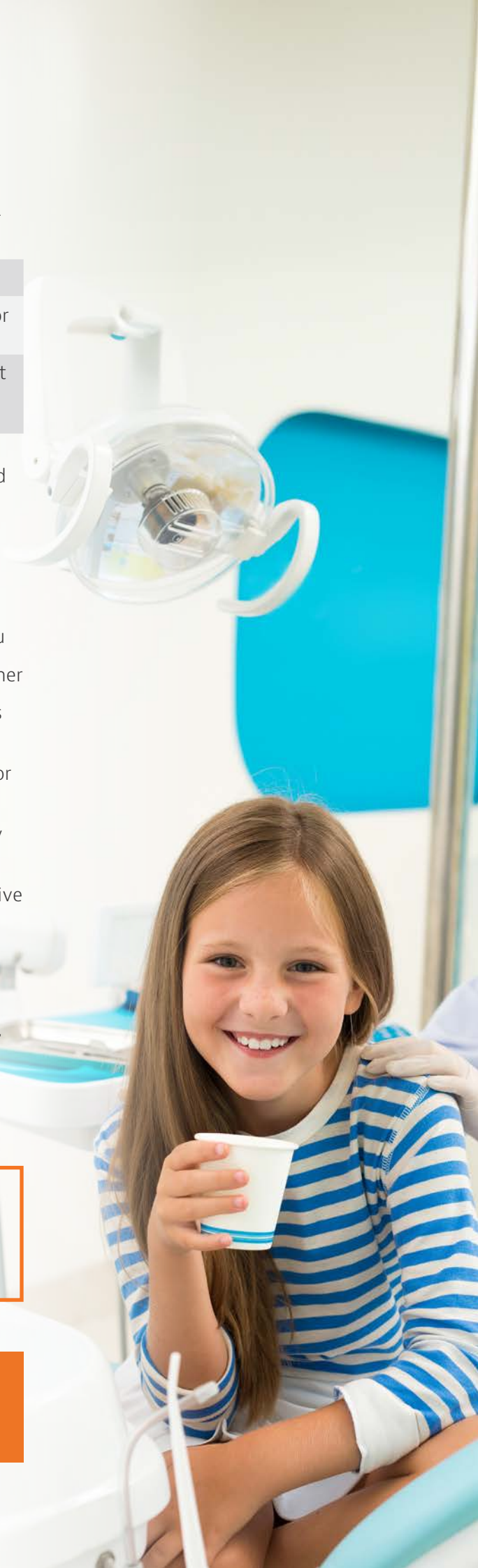
Note that 'children' includes biological, adopted, step and foster children.

You can add a dependant to your cover by [logging into OMS](#) or completing the [dependant registration form](#) on our website.



For details about dependant eligibility and your policy, refer to our website.

HCi allows eligible adult children to remain under family cover for longer.



Waiting periods

A waiting period is a set time before you can claim for a specific service or treatment.

NEW MEMBERS

Waiting periods generally apply when you first get health cover, return to health cover after being uninsured, join a policy as a dependant, or increase your cover level. Babies do not have any waiting periods if we receive proof of their birth before they are two months old.

EXISTING MEMBERS

When upgrading to a higher level of cover, waiting periods generally apply to the higher level of cover.*

SWITCHING MEMBERS

When switching to similar HCl cover within two months of leaving another fund, no new waiting periods apply to the equivalent cover.

Any services not covered by your previous policy will require waiting periods.

PRE-EXISTING CONDITION

A pre-existing condition is any ailment, illness or condition present at any time in the 6 months prior to starting cover. It may or may not have been identified and diagnosed.

Pre-existing condition waiting periods apply to new members, members upgrading their policy, and new dependants (except newborns).

An independent medical practitioner will assess whether any signs or symptoms existed during the six months prior to starting or upgrading your cover.

PSYCHIATRIC SERVICES

Psychiatric services have a two month waiting period. An upgrade from restricted psychiatric hospital cover to full psychiatric hospital cover may skip the two month wait. If applicable to your policy, this upgrade can only be used once in your lifetime, regardless of any fund switches.

** Previous annual limits continue until waits finish and higher levels of cover start. For example, if you had a \$500 annual limit on physiotherapy and your new HCl cover has a higher limit for physiotherapy, HCl will honour the \$500 limit during your waiting period.*



For more **information about waiting periods** and how they apply, please visit our website.

Claiming made easy!

CLAIMING FROM HCl

All HCl claims can be lodged by providing relevant receipts and any required medical letters.

We make claiming as easy as possible for you. And you can make it quicker, too:

- claim on the spot with your HCl card, if available
- submit manual claims as soon as possible after the appointment
- make sure we have your current bank details for fast payments
- give us your email for claim notifications and questions

HOSPITAL CLAIMS

Generally, when the hospital discharges you, they will send the invoice for your hospital treatment directly to HCl. Check this before leaving.

You will generally be asked by your hospital to pay any applicable excess for your policy on admission or discharge.

MEDICAL CLAIMS FOR IN-HOSPITAL TREATMENT

Lodge any hospital-based medical treatment invoices with Medicare before submitting to us. Visit Services Australia for more information.

You cannot claim out-of-pocket expenses and we do not pay for out-of-hospital medical treatment.

It's easy to claim!



ON THE SPOT:

Most health providers can use your membership card to claim on the spot. It's quick and easy. Each adult can have their own card, too.



HCl APP:

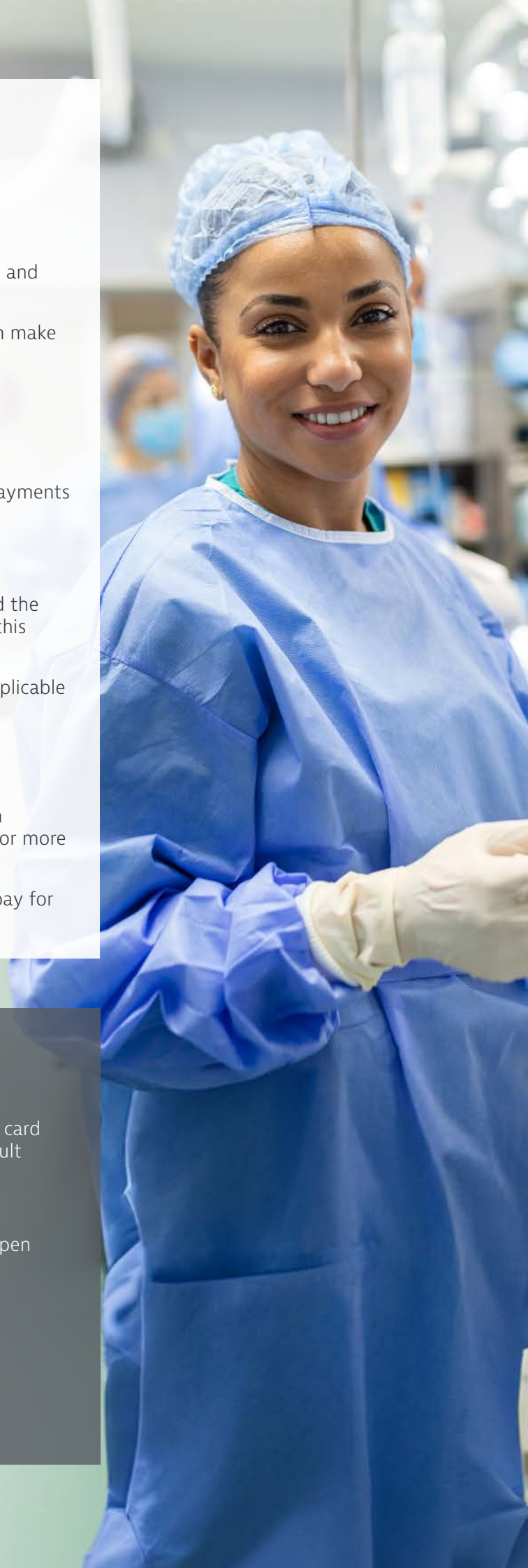
Download our app (free of charge!). It's easy – open the app, upload a photo or pdf, submit!



EMAIL:

Email your claim form* and receipt to enquiries@hcilt.com.au

*Download claim forms at: hcilt.com.au/forms



CLAIMING RULES:

- All bills and receipts must include the full name of the treated person, date, provider details, cost, a full description and item number of the services/products, and (for pharmaceuticals) the script number and prescribing doctor's information.
- All services/products must be provided by practitioners who are operating in private practice and recognised by HCi.
- To be eligible for HCi cover, any medical devices/appliances must be:
 - › purchased new (i.e. rental, hire and second hand appliances are not covered)
 - › associated with a specific health condition
 - › an HCi approved appliance
- Claims must be lodged within two years of service.
- HCi claims are calculated for the date services/products are provided.
- HCi only pays claims for eligible services, treatments and appliances by approved providers and/or suppliers registered within Australia.

Specific eligibility conditions apply to medical botox, medicinal cannabis or medical appliance claims. Members must supply a letter from their treating medical practitioner indicating the medical condition requiring treatment.

CONTACT US

Call, email or chat with us anytime you have questions.

Use our online chat tool for quick questions or when making a phone call isn't appropriate or possible. Our team – not a bot – will answer you and help with your health cover.

OMS

[Log in](#) to check payments and limits, update your details, or request a new membership card.



Changing your cover

It's YOUR cover, to help you manage YOUR health, so you can change your cover at any time.

You can adjust your cover by calling us - easy!

A change to your policy may attract new waiting periods (including for pre-existing conditions), excesses and different limits. For clarification on your new level of cover please read the relevant [product summary](#) (available on our site) or call us.

Note if you decrease cover then increase it back within 60 days, your waiting period status from the higher cover will be reinstated.

WHEN DOES COVER END?

Only the policy holder can cancel the membership, although other adults can remove themselves from the policy. You can choose an immediate cancellation or for a specific future date.

HCi will end your cover if your premiums are more than 60 days in arrears. Claims received while your membership is in arrears will not be paid until premiums are up to date.

It is important to note that any waiting periods will start again if you rejoin more than 60 days later.

Cover will also cease on the day after a member's death. The policy can be cancelled or changed into a dependant's name.



Managing your health

HCi is not just for when you're sick, or needing treatment.

HCi periodically offers programs and services to help eligible extras members reach their optimal health goals. We only support reputable and medically sound programs from trained health professionals.

HEALTH MANAGEMENT

HCi may assist you with doctor-recommended participation in approved programs designed to manage a specific health condition.

Programs run by recognised providers that we may cover include:

- Quit smoking courses
- Weight management programs
- Diabetes education classes and programs

Note that any consumables for these programs are not covered by HCi.

In addition, some health screening tests your doctor requires may be covered if they are not covered by Medicare.

HEALTHY LIFESTYLE

You may be eligible for a health program if

- Your health care professional recommends it
- You have a chronic health condition such as asthma, arthritis or being over weight
- You submit a health management treatment plan from your Doctor.

Give us a call or chat online with us to find out what your cover includes, which (if any) relevant programs are HCi approved, and what eligibility rules apply.



Other info to know

Premiums

HCi premiums are generally paid in advance, either monthly or annually. Members are required to be paid at least two weeks in advance at all times.

HCi makes paying your premiums easy – you can choose from a range of payment options to help you keep your health cover up to date:

- OMS (routine or ad hoc payments)
- direct debit
- BPAY
- over the phone
- payroll deduction (if your employer agrees).

As a profit-for-members fund, **HCi sets premiums as low as possible.**

Please talk to us if you are experiencing financial hardship and need to access different payment arrangements.

Recognised/approved providers

HCi only pays claims for HCi recognised and approved services and providers. HCi recognition of providers may change without notice.

If you are not sure about a provider's HCi approval status, call us before arranging treatment.

Compensation claims not covered

HCi does not pay for services or treatments if you may be entitled to compensation or damages from another source. Where an accident or illness is caused by the actions of another party, you should pursue compensation or damages from them.

Feedback

At HCi, we value your opinion. If a product or service does not meet your expectations, talk to us – our team is here to listen. We want your feedback and aim to solve any questions or concerns on the spot. You can call us on **1800 804 950** or email us at **enquiries@hcilt.com.au**.

In managing a complaint, HCi will seek to:

- resolve your matter straight away
- keep you informed of the process
- investigate your complaint and respond to you promptly
- provide a final response within 45 days.

If, despite our best efforts, we are unable to resolve your concerns, you may be able to refer the matter to the Private Health Insurance Ombudsman who handles complaints for consumers and can be contacted on **1300 362 072** or via **www.ombudsman.gov.au**

Privacy

HCi collects information necessary for us to meet your health insurance needs. HCi respects your privacy and is committed to keeping your personal information safe.

To learn about HCi's Privacy Policy, refer to our website at **hcilt.com.au**

If you believe your privacy was breached, you may write to:

HCi Privacy Officer
enquiries@hcilt.com.au

We will try to quickly resolve the matter for you. However, if you are unhappy with our response, you can complain to the Office of the Australian Information Commissioner (**www.oaic.gov.au**), who may investigate the complaint further.

How to join

Join HCl for:



peace of
mind



easy
claiming



personalised
service



additional
programs

We invite you to join HCl today!

Membership is open to all Australian residents, and those who have Medicare eligibility

At HCl, we are committed to providing the best health cover for you and your family, it's that easy. Our private health insurance is easy to understand, and delivers both comprehensive and affordable health care.

Joining HCl is easy!



Call us to join instantly



Complete our application form

Note you must provide an email address for correspondence as part of joining HCl.

Keep us updated



You can update your address via OMS, calling us, or using a policy update form.

COOLING OFF PERIOD



Our cooling off policy lets you cancel your membership within 30 calendar days with a full refund of any paid fees. Your cooling-off period starts as soon as you join. It ends on the 30th day or when you make a claim, whichever is first.

How you can *talk* to us

Our website and OMS (Online Member Services) put you in control of your membership with everything at your fingertips 24/7.

SOME THINGS YOU CAN DO IN OMS:



Make credit card payments



Check your remaining service limits



Order a new membership card



Print your tax statement

SOME INFORMATION ON OUR SITE:



Choose the best level of cover for you



How to claim



What you need to know about going to hospital



Find a healthcare provider (Hospital or Access Gap doctor)



All HCi's forms and brochures

SOCIAL MEDIA

If you like social media, why not follow or like us on Facebook?

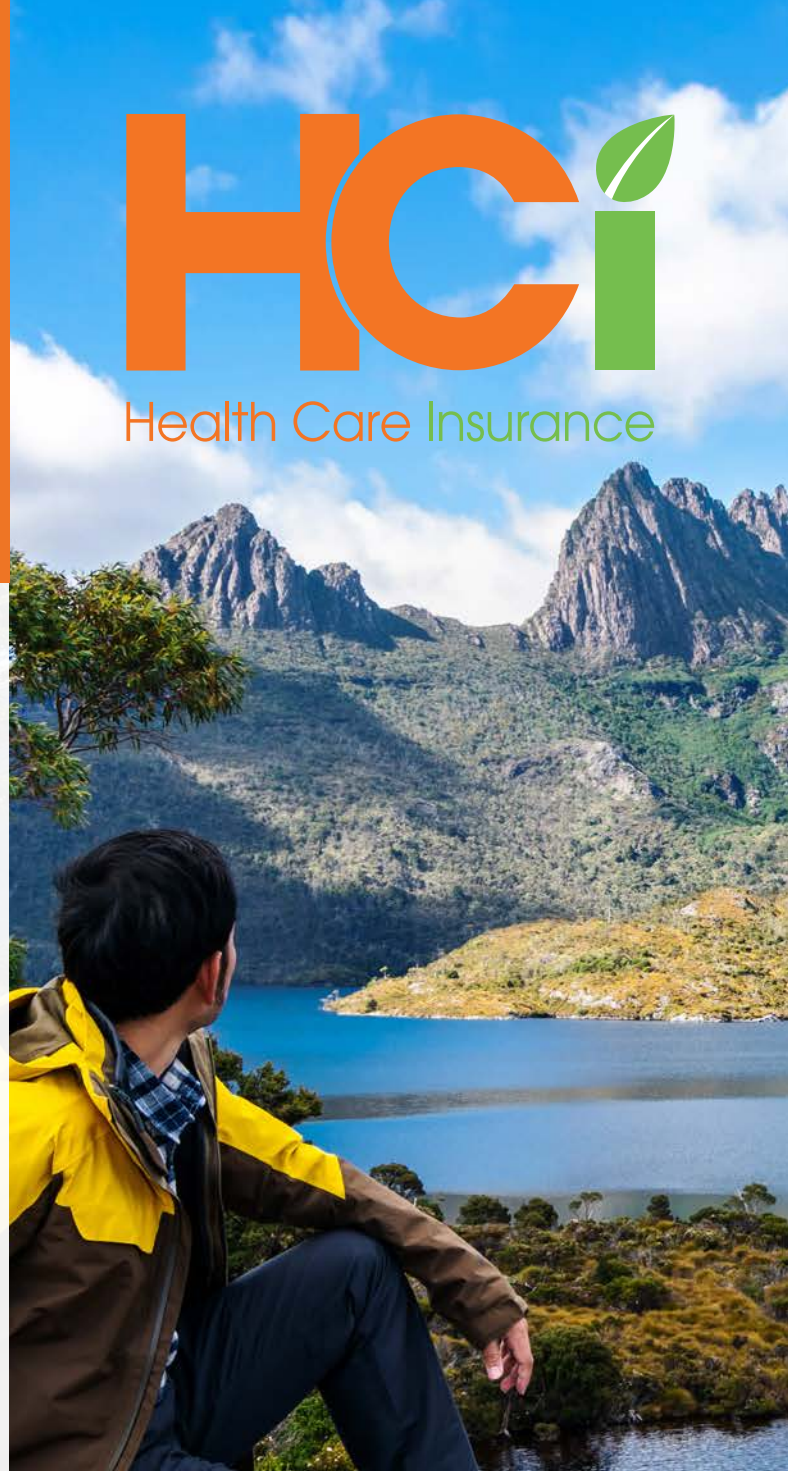


HCi CHAT

Our online chat tool is an additional way to contact us for quick queries or when it's hard to talk on the phone.



Health Care Insurance



Call: 1800 804 950

Email: enquiries@hciltld.com.au

Visit: hciltld.com.au

Come into our office:
25 Cattley Street, Burnie TAS 7320

A Registered Private Health Insurer
ABN 43 009 579 088

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