

HOSPITAL WAITS

HCI will always inform you of any waiting periods that apply to your policy.

HCI does not apply [waiting periods](#) to [accidents](#). Psychiatric and rehabilitation services only require a two month waiting period.

As of April 1st 2018 [policy](#) holders may be able to upgrade from a policy that has restricted [benefits](#) on psychiatric hospital services to a policy with full cover for psychiatric hospital services.

This upgrade can be done without serving the standard two month wait. This upgrade can only be used once in a person's lifetime, regardless of whether [you](#) have transferred between insurers.

NO new wait times when you *switch* to HCI from another health fund*



* On an equal or lower level of cover



WHO HAS WAITING PERIODS?

New members: If [you](#) are taking out private health insurance for the first time you will be required to serve full [waiting periods](#) before services can be claimed. This includes people joining as [dependants](#) on an existing member's [policy](#) who have not been financial members of a health fund within the previous two months.

Existing members: If [you](#) are upgrading to a higher level of cover you will need to serve [waiting periods](#) on the higher level of [benefits](#).*

Transferring from another fund:

If [you](#) switch to HCI from another health fund and within 2 months of ceasing your membership with your previous fund, join a similar level of cover with HCI you will receive the same level of [benefits](#) and incur no new [waiting periods](#).

If [you](#) transfer to a level of HCI cover that provides [benefits](#) for services not previously covered by your previous health fund you will need to serve waiting periods for the additional services not previously covered or the higher level of [benefits](#).#

*Members who are serving waiting periods on higher levels of benefit will receive the same annual limits as their previous health fund until waits have been served. For example, if you received a \$500 annual limit on general dental with your previous fund and HCI offer an unlimited limit on general dental, HCI will still honour your previous fund's limit until you have served waits on the higher benefit.

#If you have used all of a benefit limit with your previous health fund that benefit usage will transfer over to HCI. Where the benefit limit has been used HCI benefits may be reduced. HCI benefits are on a calendar year cycle.

PRE-EXISTING CONDITION WAITING PERIODS

A pre-existing condition is any ailment, illness or condition [you](#) have had for the last six months. This can be either identified and diagnosed or unidentified and undiagnosed.

The pre-existing condition [waiting periods](#) apply to new members and existing [policy](#) holders upgrading their policy.

An independent medical practitioner appointed by HCI will form an opinion as to whether any signs or symptoms existed at any time during the six months prior to taking out hospital cover, or, upgrading to a higher level of cover.

If [you](#) are planning to go into hospital and have had less than twelve months hospital cover with HCI please contact us beforehand so we can determine whether the pre-existing [waiting period](#) applies.

If a condition is deemed pre-existing by an independent medical practitioner [benefits](#) are not payable in the first 12 months of a membership. This means that, in the opinion of an independent medical practitioner (not your doctor), any signs or symptoms of a condition did exist in the six months prior to taking out hospital cover or upgrading to a higher level of cover.

OBSTETRICS

A 12 month [waiting period](#) applies to all pregnancy and birth related services including IVF and assisted reproductive services.

Check with HCI before proceeding with IVF or similar treatments to confirm what services [you](#) will be required to pay for and that you have completed any required waiting periods. **Only an [admission](#) to hospital can be covered under private hospital insurance.**

Always check with the hospital, HCI and your doctor before proceeding with a hospital booking to ensure you will be covered and to discuss what costs you may incur.

MAKING YOUR POLICY BABY READY

If [you](#) already have a single parent or family [policy](#) there will be no waiting periods for the baby provided your policy [contributions](#) are up to date and the new child is added to your plan within 2 months of their birth.

If your [policy](#) covers just you or just you and a [partner](#), you will need to contact us to upgrade to a single parent or family policy from the birth date.

Waiting periods

SERVICES	WAITING PERIOD
<i>HOSPITAL TREATMENT OR HOSPITAL SUBSTITUTE</i>	
Pre-existing conditions	12 months
Obstetrics (pregnancy related services)	12 months
IVF and assisted reproduction technology	12 months
Sterilisation including reversal	12 months
Psychiatric care, rehabilitation or palliative care	2 months
All other hospital treatment services	2 months

Extras waiting periods

SERVICES	WAITING PERIOD
Acupuncture	2 months
Ambulance	2 months
Audiology (Hearing Tests)	2 months
Chiropractic	2 months
Dental – General	6 months
Dental – Major (excl. Orthodontics)	12 months
Dental – Orthodontics	12 months
Diabetes Education	2 months
Diabetes Australia Membership	2 months
Dietetics	2 months
Eye Therapy (Orthoptics)	2 months
Funeral* (eligible members only)	120 months
Health Screening Checks	2 months
Hearing Aids	24 months
Home Nursing	2 months
Hydrotherapy	2 months
Laser Eye Surgery	12 months
Medical Appliances	12 months
Natural Therapy	2 months
Non-surgical Prosthesis	12 months
Occupational Therapy	2 months
Optical	6 months
Orthotics	2 months
Osteopathy	2 months
Pharmacy	2 months
Physiotherapy	2 months
Podiatry / Chiropody	2 months
Psychology	2 months
Quit Smoking Programs	2 months
Speech Therapy	2 months
Surgical Footwear	2 months
Travel and Accommodation	6 months
Weight Loss Programs	2 months