

WAITING PERIODS

Before you are eligible for certain member privileges there are waiting periods. These help keep member premiums down and maintain services at a sustainable level.

We will always inform you of any waiting periods applied to your policy when you join HCI.

With HCI, there are no waiting periods for accidents. Psychiatric services and rehabilitation only requires a two month waiting period even with pre-existing conditions.

Since 1 April 2018, policy holders may be able to upgrade from a policy that offers restricted benefits for hospital psychiatric services to a policy with full cover for psychiatric services, without having to serve the normal two month wait. This exemption can only be used once in a person's lifetime, regardless of whether you have transferred between insurers.

Most insurance providers apply the same waiting periods though there are some variations between general treatment (extras).

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



WHO HAS WAITING PERIODS?

New members if you are taking out private health insurance for the first time you will need to serve full waiting periods before you can start claiming benefits (including people joining as dependants on an existing member's insurance) who have not been financial members of a health fund within the previous 2 months).

Existing members when 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 (within 2 months of ceasing with the other fund) you may join a similar level of cover with HCI and receive the same level of benefits with no new waiting periods.

If you transfer to a level of HCI cover that provides benefits not previously covered by the other health fund, you will need to serve the relevant waiting periods for the additional or higher level of cover. Where limits apply the benefit entitlement transferred to HCI may be reduced by the benefits received by the previous fund.

PRE-EXISTING CONDITION WAITING PERIODS

A pre-existing condition is any illness, ailment or condition you have had for the last 6 months which may or may not have been identified and diagnosed.

An independent medical practitioner appointed by HCI will form a medical opinion as to whether 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.

The pre-existing condition waiting period applies to new members and existing policy upgrades.

If you have less than 12 months of cover with HCI please contact us before you plan a hospital visit so we can determine if a pre-existing condition waiting period applies.

Benefits are not payable during the first 12 months of membership of a table for treatment relating to an ailment, illness or condition, the signs or symptoms of which, in the opinion of a medical practitioner appointed by the fund (not your own doctor), would have existed at any time during the 6 months prior to taking out hospital insurance or upgrading to a higher level of cover.

* On an equal or lower 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 parent or family policy there will be no waiting periods 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 parent or family policy from the birth date.

If possible it's best to get in touch before becoming pregnant so we can be there to help you best plan the next year for you and your baby.

Existing HCI policy holders enjoy

NO
waiting
periods* 

on new additions to the family



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
<i>EXTRAS COVER</i>	
Acupuncture	2 months
Ambulance	2 months
Audiology (Hearing tests)	2 months
Chiropractic	2 months
Dental – General	6 months
Dental – Major (incl. Orthodontics)	12 months
Diabetes Education	2 months
Diabetes Australia Membership	2 months
Dietetics	2 months
Eye Therapy (Orthoptics)	2 months
First Aid Training	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 Protheses	12 months
Occupational Therapy	2 months
Optical	6 months
Orthodontics	12 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 & Accommodation	6 months
Weight Loss Programs	2 months