

Private Health Insurance SIS Explanatory Notes – Combined Policy

*This line provides a reminder that the SIS is a summary document only.
This line will include the fund's phone number and website link (if available).*

HEALTH FUND:	Registered Health Fund name <i>Restricted funds are noted here</i>	TYPE OF COVER:	Who is covered, eg couple
PRODUCT NAME:	Fund's name for this policy	MONTHLY PREMIUM:	Indicative monthly fee for both Hospital and General Health services
AVAILABLE FOR:	<i>Can be purchased by people living in these states Organisation name shown here for restricted fund or corporate policy Funds closed to new members are noted here</i>	AVAILABLE FROM:	<i>Date you can purchase policy (new policies only)</i>

The price shown is monthly premium with the 30% Rebate deducted. It does not include any Lifetime Health Cover loading or factor in any discounts that may be available or higher level of Rebate that may apply.

Hospital Policy

Lists the fund's name of the product and the registered fund name.

WHAT'S COVERED IF I HAVE TO GO TO HOSPITAL?	<i>A summary of what this policy will cover – the treatment, accommodation and medical services. You will be able to claim for these items.</i>
WHAT MEDICAL SERVICES ARE NOT COVERED AT ALL? (Exclusions)	<i>A summary of services excluded by this policy. You will not be able to claim anything for these items – Medicare will pay 75% of the MBS fee, and you must pay the remaining 25% plus any additional costs yourself. "Other services" may include things like treatment which is compensated from another source eg workers compensation, or motor accident insurance - contact the fund for details. "No exclusions" means no exclusions on MBS-payable items. Many funds will not cover you for services where Medicare will not pay some of the costs, such as elective cosmetic surgery, but will cover you for medical cosmetic surgery, such as facial reconstruction after an accident.</i>
WHAT MEDICAL SERVICES ARE ONLY COVERED TO A LIMITED EXTENT? (Restrictions, Benefit Limitation Periods)	<i>A summary of services that are partly covered. There may be limits on the amount you can claim (restrictions) and/or how long you can claim for (benefit limitation periods). If this list includes "other services", contact the fund for a full list of services that are not fully covered under this policy. "No restrictions" and "No benefit limitation periods" mean no restrictions and limitations on MBS-payable items.</i>
HOW LONG WILL I HAVE TO WAIT BEFORE I CAN CLAIM? (Waiting Periods)	<i>Once you join the fund, you will need to wait the time shown before you can claim against this policy for the listed services. Only those services covered by the policy will be shown here.</i>
WILL I HAVE TO PAY ANYTHING IF I GO TO HOSPITAL? (Excesses, Co-payments, Medical/Hospital gaps)	<i>This section lists any costs you will have to pay each time you go to hospital (excess), or each day you are in hospital (co-payments).</i>
	<i>This section tells you whether this policy has gap cover benefits and reminds you that you may still need to pay additional costs. "<X> out of 10 medical services paid for by this health fund in <State/Territory> have no out of pocket expenses" refers to the average gap cover benefits across all of this fund's policies, within this state.</i>
WHAT OTHER FEATURES DOES THIS HOSPITAL POLICY HAVE?	<i>The health fund's own description of their broader health cover programs, discounts, bonus schemes, waivers or reductions, additional services, or any other aspects of the policy not covered elsewhere in this SIS.</i>

General Health Policy

Lists the fund's name of the product and the registered fund name.

PREFERRED SERVICE PROVIDER ARRANGEMENTS: *Describes the fund's arrangements with specific hospitals, clinics or allied health service providers (eg physiotherapy, dental services) to provide services to members at a reduced rates.*

SERVICES	COVER	WAITING PERIOD (MAX MONTHS)	BENEFIT LIMITS (PER 12 MONTHS)	EXAMPLES OF MAXIMUM BENEFITS
DENTAL				<p>Services – The SIS shows a standard list of services, for comparison purposes only. Funds may offer benefits on other services not listed, such as preventative dental, periodontics, oral surgery, osteopathy, speech therapy, speech pathology, eye therapy, audiology, dietetics, and other natural therapies. If you are interested in these services, contact the fund for details.</p> <p>Cover – ✓ in the Cover column means the policy pays benefits for at least one of the examples listed in the Maximum Benefits column. ✗ means these specific examples are not covered. ★ means check the note below for these services. The policy may pay benefits on many other items – check with the fund for details.</p> <p>Waiting Period – How many months you will need to wait before you can claim against this type of service. For ambulance cover, the waiting period is shown in days.</p> <p>Benefit Limits – The maximum amount you can claim within a 12 month period under this policy. For a couple or family policy, this column will also show any per person limits, in addition to policy limits. If there is a combined limit across several services, all the related services are shown in full once. The other related services will refer back to these details.</p> <p>Examples of Maximum Benefits – The maximum amount you can claim for the listed service. These standard examples have been selected as the most commonly claimed items, to give a comparison across different policies. This is not a comprehensive list – contact the fund for a full list of benefits. In some cases, maximum benefits may only be paid to a 'recognised provider' – check with your fund for details.</p>
• General dental				
• Major dental				
• Endodontic services				
• Orthodontic				
OPTICAL (eg prescribed spectacles/ contact lenses)				
PHYSIOTHERAPY				
CHIROPRACTIC				
PODIATRY				
PSYCHOLOGY				
NON PBS PHARMACEUTICALS				
ACUPUNCTURE				
NATUROPATHY				
REMEDIAL MASSAGE				
HEARING AIDS				
BLOOD GLUCOSE MONITORS				
AMBULANCE				N/A means ambulance services are covered by this state government.

★ Fund's explanation of the special conditions that apply to the services in the table above that are marked with an asterisk.

HEALTH CARE PROGRAMS AND OTHER FEATURES: *Fund's own description of their programs and features, in addition to the other information provided on this SIS.*