

Guide to the Private Health Insurance Standard Information Statement – Hospital Policy

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

HEALTH INSURER:	Registered health insurer name <i>Restricted membership insurers are noted here</i>	WHO IS COVERED:	No. of adults/dependents covered. Check with insurer for requirements.
PRODUCT NAME:	Insurer's name for this policy	MONTHLY PREMIUM:	Indicative monthly fee for combined policy.
AVAILABLE FOR:	This policy is suitable for people living in these states <i>Organisation name (corporate policies only)</i> <i>Policies closed to new members are noted here</i>	AVAILABLE FROM:	Date you can purchase policy (new policies only)

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.

WHAT'S COVERED IF I HAVE TO GO TO HOSPITAL?	<i>A summary of what this policy will cover – the treatment, accommodation, medical services and ambulance 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. If you choose to be treated as a private patient for these services, Medicare will pay 75% of the Medicare Benefits Schedule (MBS) fee for the services provided in hospital by your doctor(s). You will need to pay the remaining 25%, plus all accommodation and other costs yourself. If this list includes "other services", contact the insurer for a full list of services that are not fully covered under this policy. "No exclusions" means no exclusions on MBS-payable items. Note that many insurers will not cover you for services where Medicare will not pay some of the costs, such as sterilisation reversal or elective cosmetic surgery but will cover you for medical cosmetic surgery, such as facial reconstruction after an accident. You may also not be covered for services which are compensated from another source (eg workers compensation, motor accident insurance) - contact your insurer for details.</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 permanent limits on the amount you can claim (restrictions) and/or temporary limits, where you can claim a limited amount for a period (benefit limitation periods), after which you can claim a higher benefit. If this list includes "other services", contact the insurer 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 have taken out a policy, you will need to wait the time shown before you can claim. If you change to this policy from another policy (even from another insurer) you don't have to re-serve waiting periods for services covered under your old policy. Check with your insurer for details.</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 – also called front-end deductible), or each day you are in hospital (co-payment – also called overnight excess, daily excess or patient moiety). The medical 'gap' is the amount you pay out of your own pocket for treatment in hospital, which is not covered by Medicare or your insurer. This section tells you whether this policy covers some or all of this 'gap' and informs you that you may still need to pay additional costs. "<X> out of 10 medical services..." means that, on average across all policies in this state, this proportion of medical services paid for by this insurer had no out-of-pocket expenses.</i>
WHAT OTHER FEATURES DOES THIS HOSPITAL POLICY HAVE?	<i>The insurer's own description of other policy features, which may include disease management programs and other programs that support healthy lifestyles, discounts, bonus schemes, waivers, reductions, or additional services offered. This policy may have other features that are not listed on this SIS – it is important to contact the health insurer for full information about the policy.</i>

Health insurers must **update** a SIS every time information on it changes. The date this SIS was last changed is shown in the bottom left corner. Be sure to check with the health insurer that the version you have is still correct before making a decision about this policy.

More information

For more information on this specific policy, contact your insurer for a complete product description.

For more information on how your health insurer compares to other insurers, see the [Private Health Insurance Ombudsman \(PHIO\) annual report cards](#), available on the www.PrivateHealth.gov.au website. The report cards compare insurers in areas such as customer satisfaction, gap cover schemes, average prices and benefits, complaints and finances.

Product code plus **Date this Statement was last updated.**

www.PrivateHealth.gov.au