

Guide to the Private Health Insurance Standard Information Statement – General 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 Restricted membership insurers are noted here	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 general policy.
AVAILABLE FOR:	This policy is suitable for people living in these states Organisation name (corporate policies only) Policies closed to new members are noted here	MEDICARE LEVY SURCHARGE:	Whether the policy exempts you from the surcharge.
		AVAILABLE FROM:	Date you can purchase policy (new policies only)

You may be entitled to an Australian Government rebate on this premium. Your premium may include an insurer discount. Check with your insurer for more details.

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

SERVICES	COVER	WAITING PERIOD (MONTHS)	BENEFIT LIMITS (PER 12 MONTHS)	EXAMPLES OF MAXIMUM BENEFITS				
DENTAL <ul style="list-style-type: none"> • General dental • Major dental • Endodontic services • Orthodontic 	<p>Services – The SIS shows a standard list of services, for comparison purposes only. Insurers may offer benefits for other services not listed, such as preventative dental, periodontics, oral surgery, osteopathy, speech therapy, speech pathology, eye therapy, audiology, dietetics, and other natural therapies. Some of these services may be listed in the Health Care Programs and other features box below - contact the insurer for full 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. The policy may pay benefits on many other items – check with the insurer for details. ★ 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 – The waiting period column lists how many months you will need to wait before you can claim any benefits back from the fund. The amount of months is listed next to each service that is covered by the policy. For ambulance cover, the waiting period may be shown in days or months.</p> <p>Benefit Limits – The maximum amount you can claim within a 12 month period under this policy. There may also be a lifetime limit or an annual limit. For a couple or family policy, this column will also indicate any per person limits, in addition to policy limits. If there is a combined limit across several services the services combined under this limit will be listed and will state if sub-limits apply or if other services are included in the limit that are not listed on the SIS. For some services you may be required to pay a co-payment before you can claim. Check with the insurer for details.</p> <p>Examples of Maximum Benefits – The maximum amount that can be paid for the listed treatment. These standard examples have been selected as some of the most commonly claimed items, to give a comparison across different policies. This is either the dollar benefit or the percentage of the charge paid by the insurer for that item.</p> <p>This is not a comprehensive list – contact your insurer for a full list of benefits.</p> <p>Treatment provided by an insurer's preferred provider may have lower or no out-of-pocket costs – check with your insurer for details.</p>							
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 this policy does not provide cover for ambulance because 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.

OTHER FEATURES: The insurer's own description of the other features of this policy (e.g. [loyalty incentive schemes](#) or health management programs). There may also be other features of this policy that are not listed on this SIS - it is important to contact the health insurer for full information about the policy.

Please visit the [SIS page](#) on the privatehealth.gov.au website for further information about Standard Information Statements (SIS)

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

www.PrivateHealth.gov.au