

## Private Health Information Statement - Combined policy

### Silver+ Pregnancy Excess 1 \$250 Hospital & Hunter Extras (Couple)

#### Hunter Health Insurance

<http://www.hunterhi.com.au>

[enquiries@hunterhi.com.au](mailto:enquiries@hunterhi.com.au)

02 4990 1385

Underwritten by CDH Benefits Fund

#### Monthly Premium

**\$845.28<sup>#</sup>**

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)

Available in Tasmania

<sup>#</sup> You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading or an insurer discount. Check with your insurer for details.

### Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides accident cover and benefits for travel or accommodation (outside of hospital) - check with your insurer for details.

#### ✓ Covered

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>

#### R Restricted

Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

#### ✗ Not Covered

These categories are not covered by this policy.

This policy ✓ includes cover for

✓ Back, neck and spine	✓ Gastrointestinal endoscopy	✓ Pain management
✓ Blood	✓ Gynaecology	✓ Pain management with device
✓ Bone, joint and muscle	✓ Heart and vascular system	✓ Plastic and reconstructive surgery (medically necessary)
✓ Brain and nervous system	✓ Hernia and appendix	✓ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits)
✓ Breast surgery (medically necessary)	✓ Implantation of hearing devices	✓ Pregnancy and birth
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Insulin pumps	✓ Skin
✓ Dental surgery	✓ Joint reconstructions	✓ Sleep studies
✓ Diabetes management (excluding insulin pumps)	✓ Kidney and bladder	✓ Tonsils, adenoids and grommets
✓ Digestive system	✓ Lung and chest	R Hospital psychiatric services
✓ Ear, nose and throat	✓ Male reproductive system	R Palliative care
✓ Eye (not cataracts)	✓ Miscarriage and termination of pregnancy	R Rehabilitation

This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Dialysis for chronic kidney failure	✗ Weight loss surgery
✗ Cataracts	✗ Joint replacements	

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on [privatehealth.gov.au](http://privatehealth.gov.au) for

which hospitals have arrangements with your insurer – <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

The following payments may also apply for hospital admissions

**Excess:** You will have to pay an excess of \$250 per admission. This is limited to a maximum of \$500 per year.

**Co-payments:** No co-payments

The following waiting periods for hospital admissions apply to new or upgrading members

**Waiting periods:**

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 12 months for pregnancy and birth (obstetrics)
- 2 months for all other treatments

### Gap Cover

This provider offers '[known gap](#)' or '[no gap](#)' cover for medical bills for this product.

The [Medical Costs Finder](#) lets you find out more about the cost of specialist medical services.

### Other features of this hospital cover

NSW/ACT residents -Ambulance coverage is included Australia wide. Residents of all other States please contact the fund for details. NOTE: This Hospital cover provides cover for a Gap Cover Scheme minimising Out-of-Pocket expenses for Doctors services. \*\*\*Accident cover is allowed provided you are admitted to hospital (1 day waiting period).

## General Treatment Cover

This health insurer does not operate a preferred provider scheme.

This policy  includes General treatment (Extras) cover for

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	2	Gap Free Preventative Dental 100% Benefit Limit 2 Service Person Per Year Items Number 011-015 111-116	Periodic oral examination - 100% of charge Scale & clean - 100% of charge Fluoride treatment - \$25.00 Surgical tooth extraction - \$125.00
Major dental	12	\$850 per person	Full crown veneered - \$800.00
Endodontic	2	No annual limit	Filling of one root canal - \$125.00
Orthodontic	12	\$400 per person \$2,400 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - \$2,400.00
Optical	2	\$299 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals	2	\$700 per person (combined limit for non pbs pharmaceuticals & vaccinations - <b>Sub-limits apply</b> )	Per eligible prescription - \$70.00
Physiotherapy	2	\$700 per person (combined limit for physiotherapy, occupational therapy & speech therapy - <b>Sub-limits apply</b> )	Initial visit - \$40.00 Subsequent visit - \$36.00
Chiropractic	2	\$480 per person (combined limit for chiropractic, podiatry, psychology, acupuncture, remedial massage, dietetics/dietary advice, exercise physiology & osteopathy - <b>Sub-limits apply</b> )	Initial visit - \$26.00 Subsequent visit - \$22.00
Podiatry	2		Initial visit - \$26.00 Subsequent visit - \$22.00
Psychology	2		Initial visit - \$38.00 Subsequent visit - \$38.00

Acupuncture	2		Initial visit - \$35.00 Subsequent visit - \$35.00
Remedial massage	2		Initial visit - \$40.00 Subsequent visit - \$40.00
Hearing aids	12	\$750 per person	Hearing aid - 75% of charge
Blood glucose monitors	12	\$100 per person	Per monitor - 75% of charge
Ante-natal/Post-natal classes	2	\$150 per person	Initial visit - \$15.00 Subsequent visit - \$15.00
Dietetics/dietary advice	0	Combined limit - see Chiropractic	Initial visit - \$26.00
Exercise physiology	2	Combined limit - see Chiropractic	Initial visit - \$26.00 Subsequent visit - \$26.00
Health management / Healthy lifestyle	2	\$100 per person	Health management - \$50.00
Home nursing	2	\$750 per Calendar Year	Initial visit - \$16.00 Subsequent visit - \$16.00
Occupational therapy	2	Combined limit - see Physiotherapy	Initial visit - \$28.00 Subsequent visit - \$28.00
Orthotics (podiatric orthoses)	12	\$150 per person	Orthotics supply & fit - 75% of charge
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$26.00 Subsequent visit - \$22.00
Speech therapy	2	Combined limit - see Physiotherapy	Initial visit - \$28.00 Subsequent visit - \$32.00
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - \$70.00
CSIRO Total Wellbeing Diet \$299 1 Per Membership Per Year			

This policy **X** does not include General treatment (Extras) cover for

**X** Other treatments - check with your insurer

## Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - [https://www.health.tas.gov.au/ambulance/fees\\_and\\_accounts](https://www.health.tas.gov.au/ambulance/fees_and_accounts).

For further information about this policy see

<https://www.hunterhi.com.au/ambulance-cover/>

## Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.