

## Private Health Information Statement - Combined policy

### Gold Hospital & Top Extras

#### HCI

<https://www.hcilt.com.au>  
enquiries@hcilt.com.au  
1800 804 950

#### Monthly Premium

**\$857.09<sup>#</sup>**

(before any rebate, loading or discount)

Covers two adults & dependants (3 or more people, only 2 of whom are adults)

Available in South Australia  
Closed to new members

<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.

This policy covers children and other dependants up to and including the age of 22, students up to and including the age of 31, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.

### Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

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

This policy does not provide accident cover.

#### ✓ 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**

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

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](https://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 on admission. This is limited to a maximum of \$750 per person and \$1500 per policy per year.

Excess payments do not apply to hospital admissions for day surgery.

**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

Comprehensive, top hospital cover for complete peace of mind. HCl will waive any applicable excess for same-day hospital treatments. We also waive any applicable excess on dependants under 18 years of age.

For further information about this policy see

<https://www.hcilt.com.au/hospital-cover/>

## 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                       | \$1,650 per person up to \$4,950 per policy                                                                                               | Periodic oral examination - \$45.00<br>Scale & clean - \$80.00<br>Fluoride treatment - \$30.00<br>Surgical tooth extraction - \$160.00 |
| Major dental            | 12                      | \$1,650 per person up to \$4,950 per policy (combined limit for major dental, endodontic & orthodontic - <b>Sub-limits apply</b> )        | Full crown veneered - \$800.00                                                                                                         |
| Endodontic              | 12                      |                                                                                                                                           | Filling of one root canal - \$180.00                                                                                                   |
| Orthodontic             | 12                      |                                                                                                                                           | Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge                                            |
| Optical                 | 6                       | \$300 per person up to \$900 per policy                                                                                                   | Single vision lenses & frames - \$300.00<br>Multi-focal lenses & frames - \$300.00                                                     |
| Non PBS pharmaceuticals | 2                       | \$1,000 per person up to \$3,000 per policy ( <b>Sub-limits apply</b> )                                                                   | Per eligible prescription - \$100.00                                                                                                   |
| Physiotherapy           | 2                       | \$750 per person up to \$2,250 per policy (combined limit for physiotherapy & exercise physiology)                                        | Initial visit - \$70.00<br>Subsequent visit - \$70.00                                                                                  |
| Chiropractic            | 2                       | \$500 per person up to \$1,500 per policy (combined limit for chiropractic, acupuncture, remedial massage, chinese medicine & osteopathy) | Initial visit - \$45.00<br>Subsequent visit - \$45.00                                                                                  |

|                                       |    |                                                                                                                                                                                                                                 |                                                       |
|---------------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Podiatry                              | 2  | \$1,000 per person up to \$3,000 per policy (combined limit for podiatry, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses) & speech therapy - <b>Sub-limits apply</b> ) | Initial visit - \$50.00<br>Subsequent visit - \$50.00 |
| Psychology                            | 2  | \$300 per person up to \$900 per policy                                                                                                                                                                                         | Initial visit - \$80.00<br>Subsequent visit - \$80.00 |
| Acupuncture                           | 2  | Combined limit - see Chiropractic                                                                                                                                                                                               | Initial visit - \$45.00<br>Subsequent visit - \$45.00 |
| Remedial massage                      | 2  | Combined limit - see Chiropractic                                                                                                                                                                                               | Initial visit - \$45.00<br>Subsequent visit - \$45.00 |
| Hearing aids                          | 36 | \$2,000 per person up to \$6,000 per policy<br>2 appliance(s) every 3 years<br>( <b>Sub-limits apply</b> )                                                                                                                      | Hearing aid - \$1,000.00                              |
| Blood glucose monitors                | 12 | \$500 per person<br>1 appliance(s) every 3 years                                                                                                                                                                                | Per monitor - \$500.00                                |
| Audiology                             | 2  | \$250 per person up to \$750 per policy                                                                                                                                                                                         | Initial visit - \$55.00<br>Subsequent visit - \$55.00 |
| Chinese medicine                      | 2  | Combined limit - see Chiropractic                                                                                                                                                                                               | Initial visit - \$45.00<br>Subsequent visit - \$45.00 |
| Dietetics/dietary advice              | 2  | Combined limit - see Podiatry                                                                                                                                                                                                   | Initial visit - \$50.00<br>Subsequent visit - \$50.00 |
| Exercise physiology                   | 2  | Combined limit - see Physiotherapy                                                                                                                                                                                              | Initial visit - \$70.00<br>Subsequent visit - \$70.00 |
| Eye therapy (orthoptics)              | 2  | Combined limit - see Podiatry                                                                                                                                                                                                   | Initial visit - \$50.00<br>Subsequent visit - \$50.00 |
| Health management / Healthy lifestyle | 2  | \$350 per person up to \$1,050 per policy<br>( <b>Sub-limits apply</b> )                                                                                                                                                        | Health management - \$200.00                          |
| Home nursing                          | 2  | \$500 per person up to \$1,500 per policy                                                                                                                                                                                       | Initial visit - \$55.00<br>Subsequent visit - \$55.00 |
| Occupational therapy                  | 2  | Combined limit - see Podiatry                                                                                                                                                                                                   | Initial visit - \$50.00<br>Subsequent visit - \$50.00 |
| Orthotics (podiatric orthoses)        | 2  | Combined limit - see Podiatry                                                                                                                                                                                                   | Orthotics supply & fit - \$250.00                     |
| Osteopathy                            | 2  | Combined limit - see Chiropractic                                                                                                                                                                                               | Initial visit - \$45.00<br>Subsequent visit - \$45.00 |
| Speech therapy                        | 2  | Combined limit - see Podiatry                                                                                                                                                                                                   | Initial visit - \$50.00<br>Subsequent visit - \$50.00 |
| Vaccinations                          | 2  | \$250 per person up to \$750 per policy<br>( <b>Sub-limits apply</b> )                                                                                                                                                          | Per service - \$30.00                                 |

Group physio/hydrotherapy session \$20 per service. Flu vaccination 1 per calendar year \$30 per service. Other eligible vaccines \$100 per service. For eligible medicinal cannabis prescriptions a 12 month waiting period applies.

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

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

Other features of this general treatment cover

Policy limits or caps may apply.

For further information about this policy see

<https://www.hcilt.com.au/hospital-cover/>

## Ambulance cover

In South Australia this policy provides:

**Emergency:** Unlimited with a waiting period of 2 months.

**Call-out fees:** will be paid for each attendance, including emergency treatment without transport to hospital.

For further information about this policy see

<https://www.hcilt.com.au/hospital-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.