

Private Health Information Statement - Combined policy

Bronze Plus Hospital \$750/\$1500 excess with Active Life Extras

HCI

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

Monthly Premium

\$334.41 #

(before any rebate, loading or discount)

Covers one adult & dependants, including persons with a disability* (2 or more people, only one of whom is an adult)

Available in Tasmania

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.

* Participants in the National Disability Insurance Scheme (NDIS) are considered persons with a disability. Insurers may have a broader definition of persons with a disability. Check with the insurer for details.

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides accident cover - check with your insurer for details.

This policy does not provide benefits for travel or accommodation (outside of hospital).

✓ 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

✓ Blood	✓ Ear, nose and throat	✓ Miscarriage and termination of pregnancy
✓ Bone, joint and muscle	✓ Eye (not cataracts)	✓ Pain management
✓ Brain and nervous system	✓ Gastrointestinal endoscopy	✓ Palliative care
✓ Breast surgery (medically necessary)	✓ Gynaecology	✓ Skin
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Hernia and appendix	✓ Sleep studies
✓ Dental surgery	✓ Joint reconstructions	✓ Tonsils, adenoids and grommets
✓ Diabetes management (excluding insulin pumps)	✓ Kidney and bladder	R Hospital psychiatric services
✓ Digestive system	✓ Male reproductive system	R Rehabilitation

This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Implantation of hearing devices	✗ Plastic and reconstructive surgery (medically necessary)
✗ Back, neck and spine	✗ Insulin pumps	✗ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits)
✗ Cataracts	✗ Joint replacements	✗ Pregnancy and birth
✗ Dialysis for chronic kidney failure	✗ Lung and chest	✗ Weight loss surgery
✗ Heart and vascular system	✗ Pain management with device	

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 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.

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
- 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

Plastic surgery which is medically necessary and related to the treatment of a skin-related condition is covered under the "Skin" clinical category. The excess does not apply to any dependants under the age of 18.

For further information about this policy see

<https://hcilt.com.au/packaged-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	\$500 per person	Periodic oral examination - \$33.00 Scale & clean - \$65.00 Fluoride treatment - \$22.00 Surgical tooth extraction - \$120.00
Major dental	12	\$500 per person (combined limit for major dental & endodontic - Sub-limits apply)	Full crown veneered - \$500.00
Endodontic	12		Filling of one root canal - \$125.00
Optical	6	\$220 per person	Single vision lenses & frames - \$220.00 Multi-focal lenses & frames - \$220.00
Physiotherapy	2	\$400 per person (combined limit for physiotherapy & exercise physiology)	Initial visit - \$45.00 Subsequent visit - \$45.00
Chiropractic	2	\$400 per person (combined limit for chiropractic, acupuncture, remedial massage, chinese medicine & osteopathy)	Initial visit - \$35.00 Subsequent visit - \$35.00
Acupuncture	2		Initial visit - \$35.00 Subsequent visit - \$35.00
Remedial massage	2		Initial visit - \$35.00 Subsequent visit - \$35.00
Chinese medicine	2		Initial visit - \$35.00 Subsequent visit - \$35.00

Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - \$45.00 Subsequent visit - \$45.00
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$35.00 Subsequent visit - \$35.00
Vaccinations	2	\$175 per person up to \$350 per policy	Per service - \$30.00
Group physio/hydrotherapy session \$20 per service. Flu vaccination 1 per calendar year \$30 per service. Other eligible vaccines \$40 per service.			

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

X Blood glucose monitors	X Orthodontic	X Other treatments - check with your insurer
X Hearing aids	X Podiatry	
X Non PBS pharmaceuticals	X Psychology	

For further information about this policy see

<https://hcilt.com.au/packaged-cover>

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.

For further information about this policy see

<https://hcilt.com.au/packaged-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.