

Private Health Information Statement - Combined policy

Mid Hospital \$500 (Basic Plus) & Comprehensive Extras

Peoplecare Health Insurance

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

[info@peoplecare.com.au](mailto:info@peoplecare.com.au)

1800 808 690

Monthly Premium

\$266.81 #

(before any rebate, loading or discount)

Covers only one person

Available in NSW & ACT

Closed to new members

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

This policy ✗ does not include cover for

|                        |  |                       |
|------------------------|--|-----------------------|
| ✗ Back, neck and spine | ✗ Plastic and reconstructive surgery (medically necessary) | ✗ Weight loss surgery |
|------------------------|--|-----------------------|

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 \$500 per person and \$500 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
- 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.

For further information about this policy see

<https://www.peoplecare.com.au/siteassets/documents/CD/oms/mid-hospital-basic-plus---500-excess--comprehensive-extras.pdf>

General Treatment Cover

Peoplecare provides the same benefits for all registered providers. You have the power to choose your trusted extras providers. See <https://peoplecare.com.au/Members/Providers/Other-health-providers>.

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                       | No annual limit<br>(Sub-limits apply)  | Periodic oral examination - \$31.00<br>Scale & clean - \$60.00<br>Fluoride treatment - \$26.00<br>Surgical tooth extraction - \$120.00 |
| Major dental            | 12                      | \$2,650 per policy<br>(Sub-limits apply)   | Full crown veneered - \$750.00   |
| Endodontic              | 2                       | No annual limit  | Filling of one root canal - \$110.00   |
| Orthodontic             | 12                      | \$2,100 per policy<br>\$2,100 lifetime limit   | Braces for upper & lower teeth, including removal plus fitting of retainer - \$2,100.00  |
| Optical                 | 6                       | \$300 per policy   | Single vision lenses & frames - \$300.00<br>Multi-focal lenses & frames - \$300.00   |
| Non PBS pharmaceuticals | 2                       | \$500 per policy<br>(combined limit for non pbs pharmaceuticals & vaccinations - Sub-limits apply)   | Per eligible prescription - \$65.00  |
| Physiotherapy           | 2                       | \$550 per policy<br>(combined limit for physiotherapy, exercise physiology, eye therapy (orthoptics), occupational therapy & other services) | Initial visit - \$50.00<br>Subsequent visit - \$30.00  |
| Chiropractic            | 2                       | \$550 per policy<br>(combined limit for chiropractic & osteopathy)   | Initial visit - \$45.00<br>Subsequent visit - \$25.00  |

|                                       |    |  |   |
|---------------------------------------|----|--|---|
| Podiatry                              | 2  | \$435 per policy<br>(combined limit for podiatry, acupuncture, remedial massage & dietetics/dietary advice)      | Initial visit - \$35.00<br>Subsequent visit - \$25.00             |
| Psychology                            | 2  | \$500 per policy   | Initial visit - \$120.00<br>Subsequent visit - \$60.00            |
| Acupuncture                           | 2  | Combined limit - see Podiatry  | Initial visit - \$35.00<br>Subsequent visit - \$25.00             |
| Remedial massage                      | 2  | Combined limit - see Podiatry  | Initial visit - \$35.00<br>Subsequent visit - \$25.00             |
| Hearing aids                          | 24 | \$1,500 per policy<br>1 appliance(s) every 5 years   | Hearing aid - 80% of charge                                       |
| Blood glucose monitors                | 2  | \$200 per policy<br>1 appliance(s) every 3 years<br>(combined limit for blood glucose monitors & other services) | Per monitor - \$200.00  |
| Ante-natal/Post-natal classes         | 2  | \$150 per policy   | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Dietetics/dietary advice              | 2  | Combined limit - see Podiatry  | Initial visit - \$35.00<br>Subsequent visit - \$25.00             |
| Exercise physiology                   | 2  | Combined limit - see Physiotherapy   | Initial visit - \$40.00<br>Subsequent visit - \$30.00             |
| Eye therapy (orthoptics)              | 2  | Combined limit - see Physiotherapy   | Initial visit - \$40.00<br>Subsequent visit - \$30.00             |
| Health management / Healthy lifestyle | 6  | \$150 per policy   | Health management - 100% of charge                                |
| Home nursing                          | 2  | \$1,000 per policy   | Initial visit - \$45.00<br>Subsequent visit - \$45.00             |
| Occupational therapy                  | 2  | Combined limit - see Physiotherapy   | Initial visit - \$60.00<br>Subsequent visit - \$35.00             |
| Orthotics (podiatric orthoses)        | 2  | \$250 per policy<br>1 appliance(s) every 2 years<br>(Sub-limits apply)   | Orthotics supply & fit - 80% of charge                            |
| Osteopathy                            | 2  | Combined limit - see Chiropractic  | Initial visit - \$45.00<br>Subsequent visit - \$25.00             |
| Speech therapy                        | 2  | \$800 per policy   | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Vaccinations                          | 2  | Combined limit - see Non PBS pharmaceuticals   | Per service - \$65.00   |

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

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

For further information about this policy see

<https://www.peoplecare.com.au/siteassets/documents/CD/oms/mid-hospital-basic-plus---500-excess--comprehensive-extras.pdf>

## Ambulance cover

In NSW & ACT this policy provides:

**Emergency:** Unlimited with a waiting period of 1 day.

**Non-emergency:** Unlimited transport with a waiting period of 1 day.

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

Other features of this ambulance cover

Unlimited Ambulance covers you Australia wide for land, sea and air transport.

For further information about this policy see

<https://www.peoplecare.com.au/health-insurance/hospital-cover/ambulance>

#### 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.