

Private Health Information Statement - Hospital policy

Classic Hospital Gold 500

Health Partners

<http://www.healthpartners.com.au>
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1300 113 113

Monthly Premium

\$478.92[#]
(before any rebate, loading or discount)

Covers 2 adults (and no-one else)
Available in South Australia
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, an age-based discount or an insurer discount. Check with your insurer for details.

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy does not provide accident cover or benefits for travel and 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

✓ 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 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 \$500 per admission. This is limited to a maximum of \$500 per person and \$1000 per policy per year.

Co-payments: Every time you go to hospital you will have to pay:

- \$50 per day for a shared room for overnight admissions - up to \$250 per hospital stay
- \$50 per day for a private room for overnight admissions - up to \$250 per hospital stay
- \$50 for day surgery (no overnight stay)
- The maximum co-payment is \$500 per year

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

Health Partners Support Programs: Hospital, Chemo and Rehab in the Home. Health Coaching support for self-management of chronic disease and complex health issues. Benefits directly related to a hospital admission and when medically necessary include PBS approved prescriptions - 100% benefit & unlimited, non-PBS prescriptions benefit 100% with \$1,500 limit, Aids for recovery benefit 75% with \$250 limit, non-surgically implanted medical devices and human tissue products benefit 75% with \$500 limit. T&Cs apply. Maximum co-payment is \$250 per person per year, waived for dependants. Plus access to a range of Member Discounts, visit healthpartners.com.au for more information.

For further information about this policy see

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

Ambulance cover

In South Australia this policy provides:

Emergency: with a waiting period of 2 months, limited to \$20,000 per policy and 1 services per year.

Non-emergency: transport with a waiting period of 2 months, or 2 months for pre-existing conditions, limited to \$20,000 per policy and 1 services per year.

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

Other features of this ambulance cover

Ambulance provides a combined limit both for emergency and non-emergency. It is limited to 1 per person, per year up to \$20,000. You will be covered for the cost of any service required on medical grounds (excluding clinic-car type transport), including where no treatment is required. This will count towards your annual limit.

For further information about this policy see

<https://www.healthpartners.com.au/health-insurance/understanding-private-health-insurance/>

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.

PrivateHealth.gov.au

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