

Private Health Information Statement - Hospital policy

Basic Hospital Plus \$750 Excess

Health Partners

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

Monthly Premium

\$264.68[#]

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)

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, 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 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

✓ Dental surgery	✓ Joint reconstructions	R Hospital psychiatric services
✓ Gastrointestinal endoscopy	✓ Male reproductive system	R Palliative care
✓ Gynaecology	✓ Miscarriage and termination of pregnancy	R Rehabilitation
✓ Hernia and appendix	✓ Tonsils, adenoids and grommets	

This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Dialysis for chronic kidney failure	✗ Lung and chest
✗ Back, neck and spine	✗ Digestive system	✗ Pain management
✗ Blood	✗ Ear, nose and throat	✗ Pain management with device
✗ Bone, joint and muscle	✗ Eye (not cataracts)	✗ Plastic and reconstructive surgery (medically necessary)
✗ Brain and nervous system	✗ Heart and vascular system	✗ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
✗ Breast surgery (medically necessary)	✗ Implantation of hearing devices	✗ Pregnancy and birth
✗ Cataracts	✗ Insulin pumps	✗ Skin
✗ Chemotherapy, radiotherapy and immunotherapy for cancer	✗ Joint replacements	✗ Sleep studies
✗ Diabetes management (excluding insulin pumps)	✗ Kidney and bladder	✗ 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 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 \$750 per 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

Accident Cover provides you with protection for all excluded clinical categories on your policy. Meaning, you will receive the highest level of cover if you require treatment as a result of an accident (as defined by Health Partners). T&Cs apply. Members can also access a range of discounts, refer to the 'Member Discount' page at healthpartners.com.au.

For further information about this policy see

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

Other features of this ambulance cover

Unlimited emergency ambulance as defined by Health Partners, is for an unplanned event where there is a serious threat to your health, as a result of an accident, serious medical event or trauma, and immediate medical treatment is needed. Transport costs are covered from the place where you are initially treated, to the nearest hospital that can provide the necessary emergency medical treatment. This includes treatment where no transport is provided. It also includes transport between hospitals only where the required emergency care could not be provided at the transferring hospital. See Health Partners Member Guide for Terms & Conditions.

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.