

Private Health Information Statement - Combined policy

Bronze Plus Simple Choice

Health Insurance Fund of Australia Limited

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

hello@hif.com.au

1300 134 060

Monthly Premium

\$185.80[#]

(before any rebate, loading or discount)

Covers only one person
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.

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

✓ Back, neck and spine	✓ Eye (not cataracts)	✓ Pain management
✓ Blood	✓ Gastrointestinal endoscopy	✓ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
✓ Bone, joint and muscle	✓ Gynaecology	✓ Skin
✓ Brain and nervous system	✓ Hernia and appendix	✓ Sleep studies
✓ Breast surgery (medically necessary)	✓ Implantation of hearing devices	✓ Tonsils, adenoids and grommets
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Joint reconstructions	R Hospital psychiatric services
✓ Dental surgery	✓ Kidney and bladder	R Palliative care
✓ Diabetes management (excluding insulin pumps)	✓ Lung and chest	R Rehabilitation
✓ Digestive system	✓ Male reproductive system	
✓ Ear, nose and throat	✓ Miscarriage and termination of pregnancy	

This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Insulin pumps	✗ Pregnancy and birth
✗ Cataracts	✗ Joint replacements	✗ Weight loss surgery
✗ Dialysis for chronic kidney failure	✗ Pain management with device	
✗ Heart and vascular system	✗ Plastic and reconstructive surgery (medically necessary)	

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 \$750 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

[Hospital Accommodation](#)

Private and shared room accommodation in an HIF-contracted private hospital (subject to availability of private room). Shared room accommodation in a public hospital, with the exception of public hospitals in New South Wales (NSW) where private and shared room coverage is available (subject to availability of a private room).

[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](#)

Your choice of treating doctor or specialist. Access Gap Cover for eligible services (visit hif.com.au/accessgap to learn more and find your nearest known or no gap specialist). For family policies, no excess applies to dependants under the age of 18.

General Treatment Cover

HIF has partnered with a network of providers to make a selected range of services more affordable. By choosing an HIF Choice Network provider you'll receive low or no out-of-pocket costs. See www.hif.com.au/choice-network

This policy  includes General treatment (Extras) cover for

*Note, for items marked with an asterisk *: Pharmacy benefit paid after deduction of the PBS co-payment at 60% per script. A \$20 benefit (1 per person, per calendar year) will be paid on eligible claims for flu vaccinations from a registered pharmacy only. Optical benefit paid on frames and prescription optical items. Benefits for replacement dentures and partial dentures are not paid within three years of previous supply.*

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	2	\$600 per policy	Periodic oral examination - 60% of charge Scale & clean - 60% of charge Fluoride treatment - 60% of charge Surgical tooth extraction - 60% of charge
Major dental*	12	\$600 per policy (combined limit for major dental & endodontic)	Full crown veneered - 60% of charge
Endodontic	12		Filling of one root canal - 60% of charge
Optical*	2	\$200 per policy	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals*	2	\$350 per policy (combined limit for non pbs pharmaceuticals, physiotherapy, chiropractic, podiatry, psychology, acupuncture, remedial massage, chinese medicine, exercise physiology, health management / healthy	Per eligible prescription - 60% of charge
Physiotherapy	2		Initial visit - 60% of charge Subsequent visit - 60% of charge

Chiropractic	2	lifestyle, osteopathy & other services - Sub-limits apply)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Podiatry	2		Initial visit - 60% of charge Subsequent visit - 60% of charge
Psychology	2		Initial visit - 60% of charge Subsequent visit - 60% of charge
Acupuncture	2		Initial visit - 60% of charge Subsequent visit - 60% of charge
Remedial massage	2		Initial visit - 60% of charge Subsequent visit - 60% of charge
Chinese medicine	2		Initial visit - 60% of charge Subsequent visit - 60% of charge
Exercise physiology	2		Initial visit - 60% of charge Subsequent visit - 60% of charge
Health management / Healthy lifestyle	2		Health management - 60% of charge
Osteopathy	2		Initial visit - 60% of charge Subsequent visit - 60% of charge

Complementary Therapies sub-limit is \$150 per person (\$300 per couple or family membership). Benefits are claimable for acupuncture, myotherapy, remedial massage and traditional Chinese medicine. Treatment must be provided by a practitioner who is registered with HIF in the speciality for which the charge is raised, benefits are not payable on medicines. Healthy lifestyle sub-limit is \$150 per person (\$300 per couple or family membership). Psychology sub-limit is \$150 per person (\$300 per couple or family membership). The limits detailed above are subject to a combined overall person limit of \$350 (\$700 per couple of family membership) for physio, exercise physiology, chiro, osteo, podiatry, pharmacy, complementary therapies, psychology and healthy lifestyle.

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

X Blood glucose monitors	X Orthodontic
X Hearing aids	X Other treatments - check with your insurer

Other features of this general treatment cover

Extras cover that offers 60% back or more on services such as General Dental, Major Dental, Optical, Physio, Chiro, Complimentary Therapies, Psychology and more.

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

There is no limit to the number of emergency ambulance services you use. If you're taken to a hospital's emergency department for urgent treatment, we'll cover 100% of the charge. If it's a non-emergency ambulance service, you only make a \$50 co-payment per trip. Not covered: Inter-hospital transportation except for inter-hospital transfers relating to an emergency or new illness where approved on a case by case basis by HIF. Transportation from a hospital to your home, nursing home or other hospital. Transportation for ongoing medical treatment. Off road, sea or air ambulance (plane, helicopter or boat).

For further information about this policy see

<https://www.hif.com.au/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.