# Private Health Information Statement - Combined policy

## Silver Hospital Plus Lite $750 Excess with Combined Growing Family Extras

| Health Partners | *Monthly Premium* | Covers one adult & dependants, including non-student dependants (2 or more people, only one of whom is an adult) |
|---|---|---|
| http://www.healthpartners.com.au<br>ask@healthpartners.com.au<br>1300 113 113 | *$470.00 #*<br>(before any rebate, loading or discount) | Available in South Australia |

# 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.

This policy covers children, students up to and including the age of 31 and non-students up to and including the age of 31, as well as persons with a disability who qualify as a child, student or non-student in these age ranges.

## 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.

X **Not Covered**
These categories are not covered by this policy.

### This policy ✓ **includes** cover for

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

### This policy X **does not include** cover for

| | | |
|---|---|---|
| X Assisted reproductive services | X Joint replacements | X Weight loss surgery |
| X Cataracts | X Pain management with device | |

| | | |
|---|---|---|
| ✗ Dialysis for chronic kidney failure | ✗ Pregnancy and birth | |

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 per year.

Excess payments do not apply to hospital admissions for dependants.

**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

Health Partners Support Programs: Hospital, Chemo and Rehab in the Home. Unlimited Emergency Ambulance as defined by Health Partners. Includes Accident Cover – providing you with protection for all clinical categories that are listed as exclusions on your cover. T&Cs apply. Plus access to a range of Member Discounts, visit healthpartners.com.au for more information.

## General Treatment Cover

Health Partners Providers give you 100% back (up to annual limits) on 2 dental check-ups, 100% back on Optical + bonus limit, plus extra benefits for kids! T&Cs apply. See https://www.healthpartners.com.au/members/providers/.

### This policy ✓ **includes** General treatment (Extras) cover for

*Note, for items marked with an asterisk *: Health Partners and participating providers are in SA only. If you attend a Health Partners Dental or participating dental provider, higher benefits and 100% back on a dental check-up, including x-rays, will apply. 100% back up to your optical limits applies anywhere (bonus $100 on top of your limit at Health Partners Optical). At Health Partners Optical you also receive 40% thereafter once limit reached. Kids receive 100% back at Health Partners Dental (General and Major) as well as Health Partners participating physiotherapist. Waiting periods, exclusions, limits and conditions may apply.*

| *Treatment* | *Waiting period (months)* | *Benefit limits (per 12 months unless otherwise stated)* | *Examples of maximum benefits* |
|---|---|---|---|
| General dental* | 2 | $800 per person | Periodic oral examination - $33.50<br>Scale & clean - $72.00<br>Fluoride treatment - $20.00<br>Surgical tooth extraction - $209.00 |
| Major dental* | 12 | $500 per person<br>(combined limit for major dental & endodontic) | Full crown veneered - $500.00 |
| Endodontic* | 12 | | Filling of one root canal - $169.50 |
| Optical* | 2 | $200 per person | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals* | 2 | $200 per person<br>(combined limit for non pbs pharmaceuticals & vaccinations) | Per eligible prescription - n/a |

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| Physiotherapy* | 2 | $500 per person (combined limit for physiotherapy, chiropractic, podiatry, exercise physiology, eye therapy (orthoptics), orthotics (podiatric orthoses) & osteopathy) | Initial visit - $40.00<br>Subsequent visit - $35.00 |
| Chiropractic | 2 | | Initial visit - $40.00<br>Subsequent visit - $35.00 |
| Podiatry | 2 | | Initial visit - $35.00<br>Subsequent visit - $30.00 |
| Psychology | 2 | $300 per person (combined limit for psychology, ante-natal/post-natal classes, dietetics/dietary advice, occupational therapy & speech therapy) | Initial visit - $75.00<br>Subsequent visit - $75.00 |
| Acupuncture | 2 | $200 per person (combined limit for acupuncture, remedial massage & chinese medicine) | Initial visit - $30.00<br>Subsequent visit - $30.00 |
| Remedial massage | 2 | | Initial visit - $30.00<br>Subsequent visit - $30.00 |
| Ante-natal/Post-natal classes | 2 | Combined limit - see Psychology | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Chinese medicine | 2 | Combined limit - see Acupuncture | Initial visit - $30.00 |
| Dietetics/dietary advice | 2 | Combined limit - see Psychology | Initial visit - $35.00<br>Subsequent visit - $30.00 |
| Exercise physiology | 2 | Combined limit - see Physiotherapy | Initial visit - $40.00<br>Subsequent visit - $35.00 |
| Eye therapy (orthoptics) | 2 | Combined limit - see Physiotherapy | Initial visit - $35.00<br>Subsequent visit - $30.00 |
| Occupational therapy | 2 | Combined limit - see Psychology | Initial visit - $35.00<br>Subsequent visit - $30.00 |
| Orthotics (podiatric orthoses) | 12 | Combined limit - see Physiotherapy | Orthotics supply & fit - 60% of charge |
| Osteopathy | 2 | Combined limit - see Physiotherapy | Initial visit - $40.00<br>Subsequent visit - $35.00 |
| Speech therapy | 2 | Combined limit - see Psychology | Initial visit - $35.00<br>Subsequent visit - $30.00 |
| Vaccinations* | 2 | Combined limit - see Non PBS pharmaceuticals | Per service - n/a |

In South Australia, get more from your cover by using Health Partners Dental and Optical practices - like 100% back on your dental check-up (including x-rays). Plus, 60% benefit on other general and major dental services, up to your limits. At Health Partners Optical, you get 100% back on your optical limit, and an unlimited 40% benefit after you've reached your limit. 100% back on your optical limit is also available at other recognised optical providers, sub-limit applies. At our participating physios get 60% back on a physio visit, up to your limit. Save 20% every day on full-price, non-prescription products at over 50 pharmacies across South Australia, which include participating Priceline and TerryWhite Chemmart stores. T&Cs apply.

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

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

### Other features of this general treatment cover

Combined limits create flexibility for you to use your limit on what's important to you. Acupuncture and remedial massage limits also includes other natural therapies, such as Chinese herbalism, myofascial release, therapeutic massage, Swedish massage, myotherapy & nutritionist. T&Cs apply.

## Ambulance cover

In South Australia this policy provides:

**Emergency:** Unlimited with a waiting period of 2 months.

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

### Other features of this ambulance cover

Australia wide 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 necessary emergency medical treatment. This includes treatment where no transport is provided. It also includes transport between hospitals only where 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.