

## Private Health Information Statement - Combined policy

### Basic Accident Hospital \$750 Excess with Combined Best Extras

#### Health Partners

<http://www.healthpartners.com.au>  
[ask@healthpartners.com.au](mailto:ask@healthpartners.com.au)  
1300 113 113

#### Monthly Premium

**\$251.34<sup>#</sup>**

(before any rebate, loading or discount)

Covers only one person  
Available in NSW & ACT

<sup>#</sup> 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

R Hospital psychiatric services

R Palliative care

R Rehabilitation

This policy **✗ does not include** cover for

|                                                           |                                   |                                                                                     |
|-----------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------|
| ✗ Assisted reproductive services                          | ✗ Ear, nose and throat            | ✗ Male reproductive system                                                          |
| ✗ Back, neck and spine                                    | ✗ Eye (not cataracts)             | ✗ Miscarriage and termination of pregnancy                                          |
| ✗ Blood                                                   | ✗ Gastrointestinal endoscopy      | ✗ Pain management                                                                   |
| ✗ Bone, joint and muscle                                  | ✗ Gynaecology                     | ✗ Pain management with device                                                       |
| ✗ Brain and nervous system                                | ✗ Heart and vascular system       | ✗ Plastic and reconstructive surgery (medically necessary)                          |
| ✗ Breast surgery (medically necessary)                    | ✗ Hernia and appendix             | ✗ 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                   | ✗ Skin                                                                              |
| ✗ Dental surgery                                          | ✗ Joint reconstructions           | ✗ Sleep studies                                                                     |
| ✗ Diabetes management (excluding insulin pumps)           | ✗ Joint replacements              | ✗ Tonsils, adenoids and grommets                                                    |
| ✗ Dialysis for chronic kidney failure                     | ✗ Kidney and bladder              | ✗ Weight loss surgery                                                               |
| ✗ Digestive system                                        | ✗ Lung and chest                  |                                                                                     |

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>.

[PrivateHealth.gov.au](https://privatehealth.gov.au)

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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 \$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

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](#).

General Treatment Cover

Health Partners operates a preferred provider scheme available only in South Australia. 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 2 x dental check-ups, including x-rays, will apply. General, Major and Endodontic dental benefits are based on the Health Partners schedule of fees. If your provider charges a higher fee, a larger gap payment will apply. 100% back up to your optical limits applies anywhere (sub-limit applies at recognised providers), but at Health Partners Optical you also receive 40% thereafter once limit reached. At Health Partners participating physiotherapists higher benefits apply. T&Cs apply.

| Treatment                | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                                                                      | Examples of maximum benefits                                                                                                                                  |
|--------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| General dental*          | 2                       | No annual limit<br>(no limit on preventative dental)                                                                        | Periodic oral examination - 80% of charge<br>Scale & clean - 80% of charge<br>Fluoride treatment - 80% of charge<br>Surgical tooth extraction - 80% of charge |
| Major dental*            | 12                      | \$1,300 per policy<br>(combined limit for major dental & endodontic)                                                        | Full crown veneered - 80% of charge                                                                                                                           |
| Endodontic*              | 12                      |                                                                                                                             | Filling of one root canal - 80% of charge                                                                                                                     |
| Orthodontic              | 12                      | \$2,800 lifetime limit<br>(Sub-limits apply)                                                                                | Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge                                                                   |
| Optical*                 | 2                       | \$300 per policy<br>(Sub-limits apply)                                                                                      | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge                                                                |
| Non PBS pharmaceuticals* | 2                       | \$600 per policy<br>(combined limit for non pbs pharmaceuticals & vaccinations)                                             | Per eligible prescription - n/a                                                                                                                               |
| Physiotherapy*           | 2                       | \$1,300 per policy<br>(combined limit for physiotherapy, chiropractic, exercise physiology & osteopathy - Sub-limits apply) | Initial visit - \$50.00<br>Subsequent visit - \$40.00                                                                                                         |
| Chiropractic             | 2                       |                                                                                                                             | Initial visit - \$50.00<br>Subsequent visit - \$40.00                                                                                                         |

|                                       |    |                                                                                                                                                           |                                                         |
|---------------------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Podiatry                              | 2  | \$750 per policy<br>(combined limit for podiatry, psychology, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy & speech therapy)  | Initial visit - \$50.00<br>Subsequent visit - \$50.00   |
| Psychology                            | 2  |                                                                                                                                                           | Initial visit - \$100.00<br>Subsequent visit - \$100.00 |
| Acupuncture                           | 2  | \$300 per policy<br>(combined limit for acupuncture, remedial massage & chinese medicine)                                                                 | Initial visit - \$35.00<br>Subsequent visit - \$35.00   |
| Remedial massage                      | 2  |                                                                                                                                                           | Initial visit - \$35.00<br>Subsequent visit - \$35.00   |
| Hearing aids                          | 12 | \$600 per policy<br>(combined limit for hearing aids, blood glucose monitors, orthotics (podiatric orthoses) & other services - <b>Sub-limits apply</b> ) | Hearing aid - 90% of charge                             |
| Blood glucose monitors                | 12 |                                                                                                                                                           | Per monitor - 90% of charge                             |
| Chinese medicine                      | 2  | Combined limit - see Acupuncture                                                                                                                          | Initial visit - \$35.00<br>Subsequent visit - \$35.00   |
| Dietetics/dietary advice              | 2  | Combined limit - see Podiatry                                                                                                                             | Initial visit - \$50.00<br>Subsequent visit - \$50.00   |
| Exercise physiology                   | 2  | Combined limit - see Physiotherapy                                                                                                                        | Initial visit - \$50.00<br>Subsequent visit - \$40.00   |
| Eye therapy (orthoptics)              | 2  | Combined limit - see Podiatry                                                                                                                             | Initial visit - \$50.00<br>Subsequent visit - \$50.00   |
| Health management / Healthy lifestyle | 2  | \$200 per policy                                                                                                                                          | Health management - 90% of charge                       |
| Occupational therapy                  | 2  | Combined limit - see Podiatry                                                                                                                             | Initial visit - \$75.00<br>Subsequent visit - \$75.00   |
| Orthotics (podiatric orthoses)        | 12 | Combined limit - see Hearing aids                                                                                                                         | Orthotics supply & fit - 90% of charge                  |
| Osteopathy                            | 2  | Combined limit - see Physiotherapy                                                                                                                        | Initial visit - \$50.00<br>Subsequent visit - \$40.00   |
| Speech therapy                        | 2  | Combined limit - see Podiatry                                                                                                                             | Initial visit - \$75.00<br>Subsequent visit - \$75.00   |
| 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 2 x dental check-ups (including x-rays) and a mouthguard. Plus, 90% 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 once you have 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 100% back on 2 physio visits and 90% thereafter, 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 **X** does not include General treatment (Extras) cover for

**X** 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 can also be used for other natural therapies, such as Chinese herbalism, myofascial release, therapeutic massage, Swedish massage, myotherapy & nutritionist. Also combined with the Hearing Aid limit is other appliances such as CPAP Machine, nebuliser & spacer devices. Sub-limits apply. Health Management limits include benefits for bowel screening, diabetes membership, weight management, post-natal lactation consultation and gym & fitness benefit (when medically necessary). T&Cs apply.

### Ambulance cover

In NSW & ACT 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.