

## Private Health Information Statement - Combined policy

### Bronze Hospital Plus \$500 Excess with Combined Good Extras

#### Health Partners

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

[ask@healthpartners.com.au](mailto:ask@healthpartners.com.au)

1300 113 113

#### Monthly Premium

**\$334.23<sup>#</sup>**

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)

Available in Northern Territory

<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

|                                                           |                                            |                                                            |
|-----------------------------------------------------------|--------------------------------------------|------------------------------------------------------------|
| ✓ Blood                                                   | ✓ Eye (not cataracts)                      | ✓ Pain management                                          |
| ✓ Bone, joint and muscle                                  | ✓ Gastrointestinal endoscopy               | ✓ Plastic and reconstructive surgery (medically necessary) |
| ✓ Brain and nervous system                                | ✓ Gynaecology                              | ✓ Skin                                                     |
| ✓ Breast surgery (medically necessary)                    | ✓ Hernia and appendix                      | ✓ 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      | ✗ Implantation of hearing devices                                                   | ✗ Pregnancy and birth |
| ✗ Back, neck and spine                | ✗ Insulin pumps                                                                     | ✗ Sleep studies       |
| ✗ Cataracts                           | ✗ Joint replacements                                                                | ✗ Weight loss surgery |
| ✗ Dialysis for chronic kidney failure | ✗ Pain management with device                                                       |                       |
| ✗ Heart and vascular system           | ✗ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits) |                       |

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>.

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.

Excess payments do not apply to hospital admissions for accidents.

**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, and, Chemo in the Home. Unlimited Emergency Ambulance. 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](https://healthpartners.com.au) for more information.

For further information about this policy see

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

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 a dental check-up, 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                       | \$1,000 per person<br>(combined limit for general dental, major dental & endodontic) | Periodic oral examination - 55% of charge<br>Scale & clean - 55% of charge<br>Fluoride treatment - 55% of charge<br>Surgical tooth extraction - 55% of charge |
| Major dental*            | 12                      |                                                                                      | Full crown veneered - 55% of charge                                                                                                                           |
| Endodontic*              | 12                      |                                                                                      | Filling of one root canal - 55% of charge                                                                                                                     |
| Optical*                 | 2                       | \$200 per person<br>(Sub-limits apply)                                               | 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                                                                                                                               |

|                          |   |                                                                                                                                                          |                                                       |
|--------------------------|---|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Physiotherapy*           | 2 | \$450 per person<br>(combined limit for physiotherapy, chiropractic, exercise physiology & osteopathy - <b>Sub-limits apply</b> )                        | Initial visit - \$35.00<br>Subsequent visit - \$30.00 |
| Chiropractic             | 2 |                                                                                                                                                          | Initial visit - \$35.00<br>Subsequent visit - \$30.00 |
| Podiatry                 | 2 | \$350 per person<br>(combined limit for podiatry, psychology, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy & speech therapy) | Initial visit - \$30.00<br>Subsequent visit - \$25.00 |
| Psychology               | 2 |                                                                                                                                                          | Initial visit - \$60.00<br>Subsequent visit - \$60.00 |
| Acupuncture              | 2 | \$100 per person<br>(combined limit for acupuncture, remedial massage & other services)                                                                  | Initial visit - \$25.00<br>Subsequent visit - \$25.00 |
| Remedial massage         | 2 |                                                                                                                                                          | Initial visit - \$25.00<br>Subsequent visit - \$25.00 |
| Dietetics/dietary advice | 2 | Combined limit - see Podiatry                                                                                                                            | Initial visit - \$30.00<br>Subsequent visit - \$25.00 |
| Exercise physiology      | 2 | Combined limit - see Physiotherapy                                                                                                                       | Initial visit - \$35.00<br>Subsequent visit - \$30.00 |
| Eye therapy (orthoptics) | 2 | Combined limit - see Podiatry                                                                                                                            | Initial visit - \$30.00<br>Subsequent visit - \$25.00 |
| Occupational therapy     | 2 | Combined limit - see Podiatry                                                                                                                            | Initial visit - \$30.00<br>Subsequent visit - \$25.00 |
| Osteopathy               | 2 | Combined limit - see Physiotherapy                                                                                                                       | Initial visit - \$35.00<br>Subsequent visit - \$30.00 |
| Speech therapy           | 2 | Combined limit - see Podiatry                                                                                                                            | Initial visit - \$30.00<br>Subsequent visit - \$25.00 |
| 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 100% back on a physio visit and 60% 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 **✗ 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.

For further information about this policy see

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

## Ambulance cover

In Northern Territory 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

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.