

## Private Health Information Statement - Combined policy

### SILVER+ Pregnancy Hospital & Ideal Extras (Excess2) (Single)

#### CDH Benefits Fund

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

[enquiries@hunterhi.com.au](mailto:enquiries@hunterhi.com.au)

02 4990 1385

#### Monthly Premium

**\$287.72<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 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 and benefits for travel or accommodation (outside of hospital) - check with your insurer for details.

#### ✓ 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                                    | ✓ Gastrointestinal endoscopy               | ✓ Pain management                                                                   |
| ✓ Blood                                                   | ✓ Gynaecology                              | ✓ Pain management with device                                                       |
| ✓ 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          | ✓ Pregnancy and birth                                                               |
| ✓ 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                 | R Palliative care                                                                   |
| ✓ Eye (not cataracts)                                     | ✓ Miscarriage and termination of pregnancy | R Rehabilitation                                                                    |

This policy ✗ does not include cover for

|                                  |                                       |                       |
|----------------------------------|---------------------------------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Dialysis for chronic kidney failure | ✗ Weight loss surgery |
| ✗ Cataracts                      | ✗ Joint replacements                  |                       |

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 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
- 12 months for pregnancy and birth (obstetrics)
- 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

NSW/ACT residents -Ambulance coverage is included Australia wide. Residents of all other States please contact the fund for details. NOTE: This Hospital cover provides cover for a Gap Cover Scheme minimising Out-of-Pocket expenses for Doctors services. \*\*\*Accident cover is allowed provided you are admitted to hospital (1 day waiting period).

For further information about this policy see

<https://hunterhi.com.au/>

General Treatment Cover

This health insurer does not operate a preferred provider scheme.

This policy  includes General treatment (Extras) cover for

| Treatment                | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                                                                                                                                     | Examples of maximum benefits                                                                                                          |
|--------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| General dental           | 2                       | \$400 per policy<br>2 service(s) every 1 year                                                                                                                                              | Periodic oral examination - \$22.00<br>Scale & clean - \$36.00<br>Fluoride treatment - \$25.00<br>Surgical tooth extraction - \$55.00 |
| Optical                  | 2                       | 1 appliance(s) every 1 year                                                                                                                                                                | Single vision lenses & frames - \$145.00<br>Multi-focal lenses & frames - \$185.00                                                    |
| Non PBS pharmaceuticals  | 2                       | \$450 per policy                                                                                                                                                                           | Per eligible prescription - \$50.00                                                                                                   |
| Physiotherapy            | 2                       | \$600 per policy<br>(combined limit for physiotherapy, chiropractic, podiatry, psychology, acupuncture, remedial massage, dietetics/dietary advice, occupational therapy & speech therapy) | Initial visit - \$36.00<br>Subsequent visit - \$30.00                                                                                 |
| Chiropractic             | 2                       |                                                                                                                                                                                            | Initial visit - \$26.00<br>Subsequent visit - \$22.00                                                                                 |
| Podiatry                 | 2                       |                                                                                                                                                                                            | Initial visit - \$25.00<br>Subsequent visit - \$22.00                                                                                 |
| Psychology               | 2                       |                                                                                                                                                                                            | Initial visit - \$25.00<br>Subsequent visit - \$25.00                                                                                 |
| Acupuncture              | 2                       |                                                                                                                                                                                            | Initial visit - \$25.00<br>Subsequent visit - \$22.00                                                                                 |
| Remedial massage         | 2                       |                                                                                                                                                                                            | Initial visit - \$30.00<br>Subsequent visit - \$20.00                                                                                 |
| Dietetics/dietary advice | 2                       |                                                                                                                                                                                            | Initial visit - \$25.00                                                                                                               |
|                          |                         |                                                                                                                                                                                            |                                                                                                                                       |

|                                                                                                                                                                                                                                   |   |                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------------------|
| Occupational therapy                                                                                                                                                                                                              | 2 | Initial visit - \$28.00 |
| Speech therapy                                                                                                                                                                                                                    | 2 | Initial visit - \$36.00 |
| Does not include treatment for: Alexander technique; Aromatherapy; Bowen therapy; Buteyko; Feldenkrais; Western herbalism; homeopathy; iridology; kinesiology; naturopathy; Pilates; reflexology; Rolfing; Shiatsu; Tai chi; Yoga |   |                         |

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

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

#### Other features of this general treatment cover

Other Dental benefits included Restorations i.e. Fillings, Metallic, 3 or more adhesive, and Posterior tooth 3 or more surfaces

For further information about this policy see

<https://hunterhi.com.au/>

#### Ambulance cover

Health Care Concession Card, Pensioner Concession Card, and Commonwealth Seniors Health Card holders are entitled to free ambulance transport services. If you are not eligible for a concession and want to be covered, you can purchase insurance from a private health fund.

For further information about this policy see

<https://www.hunterhi.com.au/ambulance-cover/>

#### 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.