Guide to the Private Health Insurance Standard Information Statement – Combined Policy

This line provides a reminder that the Standard Information Statement (SIS) is a summary document only.
This line will include the insurer's phone number and website link (if available).

HEALTH INSURER:	***Registered health insurer name*** *Restricted membership insurers are noted here*	WHO IS COVERED:	***No. of adults/dependents covered. Check with insurer for requirements.***
PRODUCT NAME:	***Insurer's name for this policy***	MONTHLY PREMIUM: #	***Indicative monthly fee for combined policy.***
AVAILABLE FOR:	***This policy is suitable for people living in these states*** *Organisation name (corporate policies only)* *Policies closed to new members are noted here*	MEDICARE LEVY SURCHARGE:	***Whether the policy exempts you from the surcharge.***
		AVAILABLE FROM:	*Date you can purchase policy (new policies only)*

You may be entitled to an Australian Government rebate on this premium. Your premium may include a Lifetime Health Cover loading and/or an insurer discount depending on your individual circumstances. Check with your insurer for more details.

Hospital Component

*The following applies to the hospital component of the **[policy name]** policy from **[health insurer name]***

WHAT'S COVERED IF I HAVE TO GO TO HOSPITAL?	*A summary of what this policy will cover – the treatment, accommodation, medical services and ambulance services. You will be able to claim for these items. If the policy covers less than 10 MBS items a note saying 'A limited number of services are covered, see below' will be displayed here to notify you that this is a low coverage policy.*
WHAT SERVICES ARE NOT COVERED AT ALL? (Exclusions)	*A summary of services excluded by this policy. You will not be able to claim anything for these items from your health insurer. Check with your hospital and doctors for information on the full cost of the service.* *If this list includes "other services", contact the insurer for a full list of services that are not fully covered under this policy.* *"No exclusions" means no exclusions on MBS-payable items. Note that many insurers will not cover you for services where Medicare will not pay some of the costs, such as sterilisation reversal or elective cosmetic surgery but will cover you for medical cosmetic surgery, such as facial reconstruction after an accident. You may also not be covered for services that are compensated from another source (eg workers compensation, motor accident insurance) - contact your insurer for details.* *For an explanation of these medical terms, refer to the Glossary.*
WHAT SERVICES ARE ONLY COVERED TO A LIMITED EXTENT? (Restrictions, Benefit Limitation Periods)	*A summary of services that are partly covered by having restrictions on the amount you can claim.* *Before 1 July 2018 some private health insurers imposed benefit limitation periods (BLPs) of up to 24 months for some categories of hospital treatment. During a BLP, you were only entitled to restricted benefits for a set period of time. Insurers have now ceased this practice.* *"No restrictions" and "No benefit limitation periods" mean no restrictions or limitations on MBS-payable items.* *Contact your insurer for details about the extent of your cover for restricted items.*
HOW LONG ARE THE WAITING PERIODS FOR NEW AND UPGRADING MEMBERS?	*Once you have taken out a policy, you will need to wait the time shown before you can claim. If you change to this policy from another policy (even from another insurer) you don't have to re-serve waiting periods for services covered under your old policy. Check with your insurer for details.*
WILL I HAVE TO PAY ANYTHING IF I GO TO HOSPITAL? (Excesses, Co-payments, Medical/Hospital gaps)	*This section lists any costs you will have to pay each time you go to hospital (excess – also called front-end deductible), or each day you are in hospital (co-payment – also called overnight excess, daily excess or patient moiety).*
	The medical 'gap' is the amount you pay out of your own pocket for treatment in hospital, which is not covered by Medicare or your insurer. This section tells you whether this policy covers some or all of this 'gap' and informs you that you may still need to pay additional costs. *"<X> out of 10 medical services…" means that, on average across all policies in this state, this proportion of medical services paid for by this insurer had no out-of-pocket expenses.*

WHAT OTHER FEATURES DOES THIS HOSPITAL POLICY HAVE?	*The insurer's own description of the other features of this policy (e.g. loyalty incentive schemes or health management programs). There may also be other features of this policy that are not listed on this SIS - it is important to contact the health insurer for full information about the policy.*

General Treatment Component (Extras or Ancillary cover)

*The following applies to the general treatment component of the [**policy name**] policy from [**health insurer name**]*

PREFERRED SERVICE PROVIDER ARRANGEMENTS: *Describes the insurer's arrangements with specific allied health service providers (eg physiotherapy, dental services) to provide services to members at reduced rates.*

SERVICES	COVER	WAITING PERIOD (MONTHS)	BENEFIT LIMITS (PER 12 MONTHS)	EXAMPLES OF MAXIMUM BENEFITS
DENTAL • General dental • Major dental • Endodontic services • Orthodontic				
OPTICAL (eg prescribed spectacles/ contact lenses)				
PHYSIOTHERAPY				
CHIROPRACTIC				
PODIATRY				
PSYCHOLOGY				
NON PBS PHARMACEUTICALS				
ACUPUNCTURE				
NATUROPATHY				
REMEDIAL MASSAGE				
HEARING AIDS				
BLOOD GLUCOSE MONITORS				
AMBULANCE	*n/a means this policy does not provide cover for ambulance because ambulance services are covered by this state government.*			

Services *– The SIS shows a standard list of services, for comparison purposes only. Insurers may offer benefits for other services not listed, such as preventative dental, periodontics, oral surgery, osteopathy, speech therapy, speech pathology, eye therapy, audiology, dietetics, and other natural therapies. Some of these services may be listed in the Health Care Programs and other features box below - contact the insurer for full details.*

Cover *– "✓" in the Cover column means the policy pays benefits for at least one of the examples listed in the Maximum Benefits column. "✗" means these specific examples are not covered. The policy may pay benefits on many other items – check with the insurer for details. ✶ means check the note below for these services. The policy may pay benefits on many other items – check with the fund for details.*

Waiting Period *– The waiting period column lists how many months you will need to wait before you can claim any benefits back from the fund. The amount of months is listed next to each service that is covered by the policy. For ambulance cover, the waiting period may be shown in days or months.*

Benefit Limits *– The maximum amount you can claim within a 12 month period under this policy. There may also be a lifetime limit or an annual limit. For a couple or family policy, this column will also indicate any per person limits, in addition to policy limits. If there is a combined limit across several services the services combined under this limit will be listed and will state if sub-limits apply or if other services are included in the limit that are not listed on the SIS. For some services you may be required to pay a co-payment before you can claim. Check with the insurer for details.*

Examples of Maximum Benefits *– The maximum amount that can be paid for the listed treatment. These standard examples have been selected as some of the most commonly claimed items, to give a comparison across different policies. This is either the dollar benefit or the percentage of the charge paid by the insurer for that item.*

This is not a comprehensive list – contact your insurer for a full list of benefits.

Treatment provided by an insurer's preferred provider may have lower or no out-of-pocket costs – check with your insurer for details.

✶ *Fund's explanation of the special conditions that apply to the services in the table above that are marked with an asterisk.*

OTHER FEATURES: *The insurer's own description of the other features of this policy (e.g. loyalty incentive schemes or health management programs). There may also be other features of this policy that are not listed on this SIS - it is important to contact the health insurer for full information about the policy.*

Please visit the SIS page on the privatehealth.gov.au website for further information about Standard Information Statements (SIS)