

Private Health Information Statement - Combined policy

SILVER+ Excess 1 \$250 Hospital & Premium Extras (Single)

Hunter Health Insurance

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

enquiries@hunterhi.com.au

02 4990 1385

Underwritten by CDH Benefits Fund

Monthly Premium

\$431.66[#]

(before any rebate, loading or discount)

Covers only one person

Available in Tasmania

[#] 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	✓ Palliative care
✓ Brain and nervous system	✓ Hernia and appendix	✓ Plastic and reconstructive surgery (medically necessary)
✓ Breast surgery (medically necessary)	✓ Implantation of hearing devices	✓ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits)
✓ Cataracts	✓ Insulin pumps	✓ Rehabilitation
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Joint reconstructions	✓ Skin
✓ Dental surgery	✓ Joint replacements	✓ 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 ✗ does not include cover for

✗ Assisted reproductive services	✗ Pregnancy and birth
✗ Dialysis for chronic kidney failure	✗ Weight loss surgery

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 \$250 per admission. This is limited to a maximum of \$250 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

NSW/ACT residents -Ambulance coverage is included Australia wide. All other States residents please contact the fund for details. NOTE: This Hospital cover provides 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	Gap Free Preventative Dental 100% Benefit Limit 2 Service Person Per Year Items Number 011-015 111-116	Periodic oral examination - 100% of charge Scale & clean - 100% of charge Fluoride treatment - \$25.00 Surgical tooth extraction - \$110.00
Major dental	12	\$1,100 per policy	Full crown veneered - \$800.00
Endodontic	12	No annual limit	Filling of one root canal - \$150.00
Orthodontic	12	\$600 per policy \$2,500 lifetime limit (Sub-limits apply)	Braces for upper & lower teeth, including removal plus fitting of retainer - \$2,500.00
Optical	2	\$290 per policy	Single vision lenses & frames - \$210.00 Multi-focal lenses & frames - \$290.00
Non PBS pharmaceuticals	2	\$700 per policy	Per eligible prescription - \$70.00
Physiotherapy	2	\$700 per policy (combined limit for physiotherapy, occupational therapy & speech therapy)	Initial visit - \$55.00 Subsequent visit - \$45.00
Chiropractic	2	\$600 per policy (combined limit for chiropractic, podiatry, psychology, acupuncture, remedial massage, dietetics/dietary)	Initial visit - \$40.00 Subsequent visit - \$35.00

Podiatry	2	advice, exercise physiology & osteopathy - Sub-limits apply	Initial visit - \$45.00 Subsequent visit - \$40.00
Psychology	2		Initial visit - \$50.00 Subsequent visit - \$50.00
Acupuncture	2		Initial visit - \$40.00 Subsequent visit - \$40.00
Remedial massage	2		Initial visit - \$50.00 Subsequent visit - \$30.00
Hearing aids	36	\$750 per policy (combined limit for hearing aids & other services - Sub-limits apply)	Hearing aid - \$625.00
Blood glucose monitors	12	\$500 per policy 1 appliance(s) every 1 year (combined limit for blood glucose monitors & other services)	Per monitor - 75% of charge
Ante-natal/Post-natal classes	2	\$250 per policy	Initial visit - \$25.00
Dietetics/dietary advice	2	Combined limit - see Chiropractic	Initial visit - \$35.00
Exercise physiology	2	Combined limit - see Chiropractic	Initial visit - \$26.00 Subsequent visit - \$22.00
Health management / Healthy lifestyle	2	\$65 per policy	Health management - \$65.00
Home nursing	2	\$950 per policy	Initial visit - \$35.00
Occupational therapy	2	Combined limit - see Physiotherapy	Initial visit - \$35.00
Orthotics (podiatric orthoses)	2	\$200 per policy	Orthotics supply & fit - 75% of charge
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$35.00 Subsequent visit - \$30.00
Speech therapy	2	Combined limit - see Physiotherapy	Initial visit - \$35.00 Subsequent visit - \$40.00
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 CSIRO Total Wellbeing Diet \$60 Per Year Per Membership			

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

Orthodontic is paid at 75% of account in current year to max \$600.00 with \$250.00 per year accumulated up to a maximum benefit of \$2500.00 per person per lifetime.

For further information about this policy see

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

Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - https://www.health.tas.gov.au/ambulance/fees_and_accounts.

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.

PrivateHealth.gov.au

PolicyID: CDH/J12/TDBN10

Date statement issued: 01 April 2026

Page 3 of 3