

Private Health Information Statement - Combined policy

SILVER+ Hospital and Healthy Extras

Hunter Health Insurance

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

enquiries@hunterhi.com.au

02 4990 1385

Underwritten by CDH Benefits Fund

Monthly Premium

\$720.96[#]

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)

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: No excess

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

<http://www.cdhibf.com.au/Products%20and%20rates.html>

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	\$750 per person	Periodic oral examination - \$24.00 Scale & clean - \$38.00 Fluoride treatment - \$25.00 Surgical tooth extraction - \$114.00
Major dental	12	\$600 per person	Full crown veneered - \$300.00
Endodontic	12	No annual limit	Filling of one root canal - \$70.00
Orthodontic	12	\$100 per person \$1,200 lifetime limit (Sub-limits apply)	Braces for upper & lower teeth, including removal plus fitting of retainer - \$1,200.00
Optical	2	\$210 per person limited to \$500 per policy	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals	2	\$400 per person (combined limit for non pbs pharmaceuticals & psychology - Sub-limits apply)	Per eligible prescription - \$21.00
Physiotherapy	2	\$300 per person (combined limit for physiotherapy, chiropractic, podiatry, osteopathy & speech therapy - Sub-limits apply)	Initial visit - \$36.00 Subsequent visit - \$30.00
Chiropractic	2		Initial visit - \$38.00 Subsequent visit - \$32.00

Podiatry	2		Initial visit - \$35.00 Subsequent visit - \$30.00
Psychology	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - \$40.00 Subsequent visit - \$40.00
Acupuncture	2	\$150 per person up to \$300 per policy (combined limit for acupuncture, remedial massage, dietetics/dietary advice & occupational therapy - Sub-limits apply)	Initial visit - \$27.00 Subsequent visit - \$27.00
Remedial massage	2		Initial visit - \$30.00 Subsequent visit - \$20.00
Blood glucose monitors	12	\$200 per person 1 appliance(s) every 1 year (combined limit for blood glucose monitors & other services)	Per monitor - 75% of charge
Dietetics/dietary advice	2	Combined limit - see Acupuncture	Initial visit - \$25.00
Health management / Healthy lifestyle	2	\$180 per policy	Health management - \$60.00
Home nursing	2	\$150 per person	Initial visit - \$16.00
Occupational therapy	2	Combined limit - see Acupuncture	Initial visit - \$28.00
Orthotics (podiatric orthoses)	2	No annual limit	Orthotics supply & fit - 75% of charge
Osteopathy	2	Combined limit - see Physiotherapy	Initial visit - \$26.00 Subsequent visit - \$26.00
Speech therapy	2	Combined limit - see Physiotherapy	Initial visit - \$28.00 Subsequent visit - \$32.00
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 Membership Per Year			

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

X Hearing aids	X Other treatments - check with your insurer
-----------------------	-----------------------------------------------------

Other features of this general treatment cover

Comprehensive Ambulance cover when taken with a Hospital Cover or additional Ambulance cover can be added. This product also allows benefits for Weight Management, First Aid training and Stop Smoking education

For further information about this policy see

<http://www.cdhsbf.com.au/Products%20and%20rates.html>

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.