

Private Health Information Statement - Hospital policy

Saver Hospital \$750 Excess (Bronze Plus)

see-u by HBF

<https://www.seeuhealthinsurance.com.au>

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1300 499 260

Monthly Premium

\$253.66[#]

(before any rebate, loading or discount)

Covers two adults & dependants (3 or more people, only 2 of whom are adults)
Available in South Australia

[#] 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.

This policy covers children and other dependants up to and including the age of 22, students up to and including the age of 24, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.

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

✓ Bone, joint and muscle	✓ Eye (not cataracts)	✓ Pain management
✓ Brain and nervous system	✓ Gastrointestinal endoscopy	✓ Skin
✓ Breast surgery (medically necessary)	✓ Gynaecology	✓ Tonsils, adenoids and grommets
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Hernia and appendix	R Hospital psychiatric services
✓ Dental surgery	✓ Joint reconstructions	R Palliative care
✓ Diabetes management (excluding insulin pumps)	✓ Kidney and bladder	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	✗ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits)
✗ Back, neck and spine	✗ Insulin pumps	✗ Pregnancy and birth
✗ Blood	✗ Joint replacements	✗ Sleep studies
✗ Cataracts	✗ Lung and chest	✗ Weight loss surgery
✗ Dialysis for chronic kidney failure	✗ Pain management with device	
✗ Heart and vascular system	✗ Plastic and reconstructive surgery (medically necessary)	

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 \$750 per admission. This is limited to a maximum of \$750 per person and \$1500 per policy 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.

[For further information about this policy see](#)

<https://www.seeuhealthinsurance.com.au>

Ambulance cover

In South Australia this policy provides:

Emergency: with a waiting period of 1 day, limited to 2 services per year.

Call-out fees: will be paid for each attendance, including emergency treatment without transport to hospital.

[Other features of this ambulance cover](#)

Coverage is for emergency ambulance transport or call-out fees only and is capped at 2 medically necessary emergency ambulance claims per person on the policy, per calendar year. Benefits are not payable for non-emergency call-out fees, non-emergency treatment or patient transfer that is not medically necessary.

[For further information about this policy see](#)

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[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.