

## Private Health Information Statement - Combined policy

### Gold Hospital - \$1000/\$2000 excess with Active Life Extras

#### HCI

<https://www.hcilt.com.au>  
enquiries@hcilt.com.au  
1800 804 950

#### Monthly Premium

**\$644.14<sup>#</sup>**

(before any rebate, loading or discount)

Covers two adults & dependants, including persons with a disability\* (3 or more people, only 2 of whom are adults)

Available in South Australia  
Closed to new members

<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.

\* Participants in the National Disability Insurance Scheme (NDIS) are considered persons with a disability. Insurers may have a broader definition of persons with a disability. Check with the insurer for details.

### Hospital cover

This policy does not exempt you from the Medicare Levy Surcharge.

This policy does not provide accident cover or benefits for travel and 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

|                                                           |                                   |                                                                                     |
|-----------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------|
| ✓ Assisted reproductive services                          | ✓ Eye (not cataracts)             | ✓ Miscarriage and termination of pregnancy                                          |
| ✓ 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)                    | ✓ Hospital psychiatric services   | ✓ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits) |
| ✓ Cataracts                                               | ✓ Implantation of hearing devices | ✓ Pregnancy and birth                                                               |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Insulin pumps                   | ✓ Rehabilitation                                                                    |
| ✓ Dental surgery                                          | ✓ Joint reconstructions           | ✓ Skin                                                                              |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Joint replacements              | ✓ Sleep studies                                                                     |
| ✓ Dialysis for chronic kidney failure                     | ✓ Kidney and bladder              | ✓ Tonsils, adenoids and grommets                                                    |
| ✓ Digestive system                                        | ✓ Lung and chest                  | ✓ Weight loss surgery                                                               |
| ✓ Ear, nose and throat                                    | ✓ Male reproductive system        |                                                                                     |

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 \$1000 per admission. This is limited to a maximum of \$1000 per person and \$2000 per policy per year.

Excess payments do not apply to hospital admissions for day surgery.

**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

Comprehensive, top hospital cover for complete peace of mind. HCl will waive any applicable excess for same-day hospital treatments. We also waive any applicable excess on dependants under 18 years of age.

For further information about this policy see

<https://hcilt.com.au/packaged-cover>

## 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                       | \$500 per person                                                                                                    | Periodic oral examination - \$33.00<br>Scale & clean - \$65.00<br>Fluoride treatment - \$22.00<br>Surgical tooth extraction - \$120.00 |
| Major dental   | 12                      | \$500 per person<br>(combined limit for major dental & endodontic - <b>Sub-limits apply</b> )                       | Full crown veneered - \$500.00                                                                                                         |
| Endodontic     | 12                      |                                                                                                                     | Filling of one root canal - \$125.00                                                                                                   |
| Optical        | 6                       | \$220 per person                                                                                                    | Single vision lenses & frames - \$220.00<br>Multi-focal lenses & frames - \$220.00                                                     |
| Physiotherapy  | 2                       | \$400 per person<br>(combined limit for physiotherapy & exercise physiology)                                        | Initial visit - \$45.00<br>Subsequent visit - \$45.00                                                                                  |
| Chiropractic   | 2                       | \$400 per person<br>(combined limit for chiropractic, acupuncture, remedial massage, chinese medicine & osteopathy) | Initial visit - \$35.00<br>Subsequent visit - \$35.00                                                                                  |
| Acupuncture    | 2                       |                                                                                                                     | Initial visit - \$35.00<br>Subsequent visit - \$35.00                                                                                  |

|                                                                                                                                                     |   |                                         |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---|-----------------------------------------|-------------------------------------------------------|
| Remedial massage                                                                                                                                    | 2 |                                         | Initial visit - \$35.00<br>Subsequent visit - \$35.00 |
| Chinese medicine                                                                                                                                    | 2 |                                         | Initial visit - \$35.00<br>Subsequent visit - \$35.00 |
| Exercise physiology                                                                                                                                 | 2 | Combined limit - see Physiotherapy      | Initial visit - \$45.00<br>Subsequent visit - \$45.00 |
| Osteopathy                                                                                                                                          | 2 | Combined limit - see Chiropractic       | Initial visit - \$35.00<br>Subsequent visit - \$35.00 |
| Vaccinations                                                                                                                                        | 2 | \$175 per person up to \$350 per policy | Per service - \$30.00                                 |
| Group physio/hydrotherapy session \$20 per service. Flu vaccination 1 per calendar year \$30 per service. Other eligible vaccines \$40 per service. |   |                                         |                                                       |

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

|                                  |                      |                                                     |
|----------------------------------|----------------------|-----------------------------------------------------|
| <b>X</b> Blood glucose monitors  | <b>X</b> Orthodontic | <b>X</b> Other treatments - check with your insurer |
| <b>X</b> Hearing aids            | <b>X</b> Podiatry    |                                                     |
| <b>X</b> Non PBS pharmaceuticals | <b>X</b> Psychology  |                                                     |

For further information about this policy see

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## Ambulance cover

South Australia has a subscription service to cover ambulance within the state, with an additional fee to cover interstate travel (<http://www.saambulance.com.au/ProductsServices/AmbulanceCover.aspx>).

For further information about this policy see

<https://hcilt.com.au/packaged-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.