

Private Health Information Statement - Combined policy

Gold Hospital - \$250/\$500 excess with Active Life Extras

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

Monthly Premium
\$689.75[#]
(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 Tasmania
Closed to new members

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 exempts 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>

 **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	

[PrivateHealth.gov.au](https://privatehealth.gov.au)
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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 on admission. This is limited to a maximum of \$250 per person and \$500 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

Excess does not apply to any dependants under the age of 18.

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 Scale & clean - \$61.00 Fluoride treatment - \$22.00 Surgical tooth extraction - \$100.00
Major dental	12	\$500 per person (combined limit for major dental & endodontic - Sub-limits apply)	Full crown veneered - \$500.00
Endodontic	12		Filling of one root canal - \$120.00
Optical	6	\$220 per person	Single vision lenses & frames - \$220.00 Multi-focal lenses & frames - \$220.00
Physiotherapy	2	\$400 per person (combined limit for physiotherapy & exercise physiology)	Initial visit - \$39.00 Subsequent visit - \$39.00
Chiropractic	2	\$400 per person (combined limit for chiropractic, acupuncture, remedial massage, chinese medicine & osteopathy)	Initial visit - \$28.00 Subsequent visit - \$28.00
Acupuncture	2		Initial visit - \$28.00 Subsequent visit - \$28.00
Remedial massage	2		Initial visit - \$28.00 Subsequent visit - \$28.00

Chinese medicine	2		Initial visit - \$28.00 Subsequent visit - \$28.00
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - \$39.00 Subsequent visit - \$39.00
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$28.00 Subsequent visit - \$28.00
Vaccinations	2	\$175 per person up to \$350 per policy	Per service - \$35.00
Group physio/hydrotherapy session \$18 per service. Flu vaccination 1 per calendar year \$25 per service. Other eligible vaccines \$35 per service.			

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

✗ Blood glucose monitors	✗ Orthodontic	✗ Other treatments - check with your insurer
✗ Hearing aids	✗ Podiatry	
✗ Non PBS pharmaceuticals	✗ Psychology	

For further information about this policy see

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

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://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.