

Private Health Information Statement - Combined policy

Basic Plus Hospital \$750/\$1500 excess with Healthy Extras

HCI

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

Monthly Premium

\$369.63[#]

(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 - 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

R Blood	R Palliative care	R Sleep studies
R Hospital psychiatric services	R Rehabilitation	

This policy **✗ does not include** cover for

✗ Assisted reproductive services	✗ Ear, nose and throat	✗ Lung and chest
✗ Back, neck and spine	✗ Eye (not cataracts)	✗ Male reproductive system
✗ Bone, joint and muscle	✗ Gastrointestinal endoscopy	✗ Miscarriage and termination of pregnancy
✗ Brain and nervous system	✗ Gynaecology	✗ Pain management
✗ Breast surgery (medically necessary)	✗ Heart and vascular system	✗ Pain management with device
✗ Cataracts	✗ Hernia and appendix	✗ Plastic and reconstructive surgery (medically necessary)
✗ Chemotherapy, radiotherapy and immunotherapy for cancer	✗ Implantation of hearing devices	✗ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
✗ Dental surgery	✗ Insulin pumps	✗ Pregnancy and birth
✗ Diabetes management (excluding insulin pumps)	✗ Joint reconstructions	✗ Skin
✗ Dialysis for chronic kidney failure	✗ Joint replacements	✗ Tonsils, adenoids and grommets
✗ Digestive system	✗ Kidney and bladder	✗ 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 on 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.

Other features of this hospital cover

The waiting period for Accident Cover is 2 months. The 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	\$1,100 per person (Sub-limits apply)	Periodic oral examination - \$39.00 Scale & clean - \$72.00 Fluoride treatment - \$28.00 Surgical tooth extraction - \$130.00
Major dental	12	\$1,650 per person (combined limit for major dental, endodontic & orthodontic - Sub-limits apply)	Full crown veneered - \$600.00
Endodontic	12		Filling of one root canal - \$150.00
Orthodontic	12		Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge
Optical	6	\$240 per person	Single vision lenses & frames - \$240.00 Multi-focal lenses & frames - \$240.00
Non PBS pharmaceuticals	2	\$700 per person (Sub-limits apply)	Per eligible prescription - \$75.00
Physiotherapy	2	\$700 per person (combined limit for physiotherapy & exercise physiology)	Initial visit - \$60.00 Subsequent visit - \$60.00
Chiropractic	2	\$500 per person (combined limit for chiropractic, acupuncture, remedial massage, chinese medicine & osteopathy)	Initial visit - \$40.00 Subsequent visit - \$40.00
Podiatry	2	\$1,000 per person (combined limit for podiatry, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses) & speech therapy - Sub-limits apply)	Initial visit - \$45.00 Subsequent visit - \$45.00

Psychology	2	\$250 per person	Initial visit - \$70.00 Subsequent visit - \$70.00
Acupuncture	2	Combined limit - see Chiropractic	Initial visit - \$40.00 Subsequent visit - \$40.00
Remedial massage	2	Combined limit - see Chiropractic	Initial visit - \$40.00 Subsequent visit - \$40.00
Hearing aids	36	\$1,600 per person 2 appliance(s) every 3 years (Sub-limits apply)	Hearing aid - \$800.00
Blood glucose monitors	12	\$300 per person 1 appliance(s) every 3 years (Sub-limits apply)	Per monitor - \$300.00
Audiology	2	\$200 per person	Initial visit - \$35.00 Subsequent visit - \$35.00
Chinese medicine	2	Combined limit - see Chiropractic	Initial visit - \$40.00 Subsequent visit - \$40.00
Dietetics/dietary advice	2	Combined limit - see Podiatry	Initial visit - \$45.00 Subsequent visit - \$45.00
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - \$60.00 Subsequent visit - \$60.00
Eye therapy (orthoptics)	2	Combined limit - see Podiatry	Initial visit - \$45.00 Subsequent visit - \$45.00
Health management / Healthy lifestyle	2	\$300 per person (Sub-limits apply)	Health management - \$120.00
Home nursing	2	\$500 per person	Initial visit - \$45.00 Subsequent visit - \$45.00
Occupational therapy	2	Combined limit - see Podiatry	Initial visit - \$45.00 Subsequent visit - \$45.00
Orthotics (podiatric orthoses)	2	Combined limit - see Podiatry	Orthotics supply & fit - \$200.00
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$40.00 Subsequent visit - \$40.00
Speech therapy	2	Combined limit - see Podiatry	Initial visit - \$45.00 Subsequent visit - \$45.00
Vaccinations	2	\$250 per person up to \$500 per policy (Sub-limits apply)	Per service - \$30.00
Group physio/hydrotherapy session \$20 per service. Flu vaccination 1 per calendar year \$30 per service. Other eligible vaccines \$75 per service. For eligible medicinal cannabis prescriptions a 12 month waiting period applies			

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

X Other treatments - check with your insurer

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.