

Private Health Information Statement - Combined policy

Silver Plus Secure & Top Extras

HCI

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

[enquiries@hciltld.com.au](mailto:enquiries@hciltld.com.au)

1800 804 950

Monthly Premium

\$979.19<sup>#</sup>

(before any rebate, loading or discount)

Covers two adults & dependants, including non-student dependants (3 or more people, only 2 of whom are adults)

Available in Western Australia

# 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.

This policy covers children, students up to and including the age of 31 and non-students up to and including the age of 31, as well as persons with a disability who qualify as a child, student or non-student in these age ranges.

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides benefits for travel or accommodation (outside of hospital) - check with your insurer for details.

This policy does not provide accident cover.

- ✓ 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                                    | ✓ Ear, nose and throat            | ✓ Male reproductive system                                                          |
| ✓ Blood                                                   | ✓ Eye (not cataracts)             | ✓ Miscarriage and termination of pregnancy                                          |
| ✓ Bone, joint and muscle                                  | ✓ Gastrointestinal endoscopy      | ✓ Pain management                                                                   |
| ✓ Brain and nervous system                                | ✓ Gynaecology                     | ✓ Palliative care                                                                   |
| ✓ Breast surgery (medically necessary)                    | ✓ Heart and vascular system       | ✓ Plastic and reconstructive surgery (medically necessary)                          |
| ✓ Cataracts                                               | ✓ Hernia and appendix             | ✓ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits) |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Implantation of hearing devices | ✓ Skin                                                                              |
| ✓ Dental surgery                                          | ✓ Joint reconstructions           | ✓ Sleep studies                                                                     |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Joint replacements              | ✓ Tonsils, adenoids and grommets                                                    |
| ✓ Dialysis for chronic kidney failure                     | ✓ Kidney and bladder              | R Hospital psychiatric services                                                     |
| ✓ Digestive system                                        | ✓ Lung and chest                  | R Rehabilitation                                                                    |

This policy ✗ does not include cover for

|                                  |                               |                       |
|----------------------------------|-------------------------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Pain management with device | ✗ Weight loss surgery |
| ✗ Insulin pumps                  | ✗ Pregnancy and birth         |                       |

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 on admission. This is limited to a maximum of \$250 per person and \$500 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 excess does not apply to any dependants under the age of 18.

For further information about this policy see

<https://www.hciltld.com.au/hospital-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                       | \$1,650 per person up to \$4,950 per policy                                                                                               | Periodic oral examination - \$45.00<br>Scale & clean - \$80.00<br>Fluoride treatment - \$30.00<br>Surgical tooth extraction - \$160.00 |
| Major dental            | 12                      | \$1,650 per person up to \$4,950 per policy (combined limit for major dental, endodontic & orthodontic - <b>Sub-limits apply</b> )        | Full crown veneered - \$800.00                                                                                                         |
| Endodontic              | 12                      |                                                                                                                                           | Filling of one root canal - \$160.00                                                                                                   |
| Orthodontic             | 12                      |                                                                                                                                           | Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge                                            |
| Optical                 | 6                       | \$300 per person up to \$900 per policy                                                                                                   | Single vision lenses & frames - \$300.00<br>Multi-focal lenses & frames - \$300.00                                                     |
| Non PBS pharmaceuticals | 2                       | \$1,000 per person up to \$3,000 per policy ( <b>Sub-limits apply</b> )                                                                   | Per eligible prescription - \$100.00                                                                                                   |
| Physiotherapy           | 2                       | \$750 per person up to \$2,250 per policy (combined limit for physiotherapy & exercise physiology)                                        | Initial visit - \$60.00<br>Subsequent visit - \$60.00                                                                                  |
| Chiropractic            | 2                       | \$500 per person up to \$1,500 per policy (combined limit for chiropractic, acupuncture, remedial massage, chinese medicine & osteopathy) | Initial visit - \$40.00<br>Subsequent visit - \$40.00                                                                                  |

|                                                                                                                                                                                   |    |                                                                                                                                                                                                                                          |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Podiatry                                                                                                                                                                          | 2  | \$1,000 per person up to \$3,000 per policy<br>(combined limit for podiatry, dietetics/dietary advice,<br>eye therapy (orthoptics), occupational therapy,<br>orthotics (podiatric orthoses) & speech therapy - <b>Sub-limits apply</b> ) | Initial visit - \$40.00<br>Subsequent visit - \$40.00 |
| Psychology                                                                                                                                                                        | 2  | \$300 per person up to \$900 per policy                                                                                                                                                                                                  | Initial visit - \$70.00<br>Subsequent visit - \$70.00 |
| Acupuncture                                                                                                                                                                       | 2  | Combined limit - see Chiropractic                                                                                                                                                                                                        | Initial visit - \$40.00<br>Subsequent visit - \$40.00 |
| Remedial massage                                                                                                                                                                  | 2  | Combined limit - see Chiropractic                                                                                                                                                                                                        | Initial visit - \$40.00<br>Subsequent visit - \$40.00 |
| Hearing aids                                                                                                                                                                      | 36 | \$2,000 per person up to \$6,000 per policy<br>2 appliance(s) every 3 years<br>( <b>Sub-limits apply</b> )                                                                                                                               | Hearing aid - \$1,000.00                              |
| Blood glucose monitors                                                                                                                                                            | 12 | \$500 per person<br>1 appliance(s) every 3 years                                                                                                                                                                                         | Per monitor - \$500.00                                |
| Audiology                                                                                                                                                                         | 2  | \$250 per person up to \$750 per policy                                                                                                                                                                                                  | Initial visit - \$50.00<br>Subsequent visit - \$50.00 |
| Chinese medicine                                                                                                                                                                  | 2  | Combined limit - see Chiropractic                                                                                                                                                                                                        | Initial visit - \$40.00<br>Subsequent visit - \$40.00 |
| Dietetics/dietary advice                                                                                                                                                          | 2  | Combined limit - see Podiatry                                                                                                                                                                                                            | Initial visit - \$40.00<br>Subsequent visit - \$40.00 |
| Exercise physiology                                                                                                                                                               | 2  | Combined limit - see Physiotherapy                                                                                                                                                                                                       | Initial visit - \$60.00<br>Subsequent visit - \$60.00 |
| Eye therapy (orthoptics)                                                                                                                                                          | 2  | Combined limit - see Podiatry                                                                                                                                                                                                            | Initial visit - \$40.00<br>Subsequent visit - \$40.00 |
| Health management / Healthy lifestyle                                                                                                                                             | 2  | \$350 per person up to \$1,050 per policy<br>( <b>Sub-limits apply</b> )                                                                                                                                                                 | Health management - \$200.00                          |
| Home nursing                                                                                                                                                                      | 2  | \$500 per person up to \$1,500 per policy                                                                                                                                                                                                | Initial visit - \$50.00<br>Subsequent visit - \$50.00 |
| Occupational therapy                                                                                                                                                              | 2  | Combined limit - see Podiatry                                                                                                                                                                                                            | Initial visit - \$40.00<br>Subsequent visit - \$40.00 |
| Orthotics (podiatric orthoses)                                                                                                                                                    | 2  | Combined limit - see Podiatry                                                                                                                                                                                                            | Orthotics supply & fit - \$250.00                     |
| Osteopathy                                                                                                                                                                        | 2  | Combined limit - see Chiropractic                                                                                                                                                                                                        | Initial visit - \$40.00<br>Subsequent visit - \$40.00 |
| Speech therapy                                                                                                                                                                    | 2  | Combined limit - see Podiatry                                                                                                                                                                                                            | Initial visit - \$40.00<br>Subsequent visit - \$40.00 |
| Vaccinations                                                                                                                                                                      | 2  | \$250 per person up to \$750 per policy<br>( <b>Sub-limits apply</b> )                                                                                                                                                                   | Per service - \$25.00                                 |
| Flu vaccination 1 per calendar year \$25 per service. Other eligible vaccines \$100 per service. For eligible medicinal cannabis prescriptions a 12 month waiting period applies. |    |                                                                                                                                                                                                                                          |                                                       |

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

**✗** Other treatments - check with your insurer

### Other features of this general treatment cover

Policy limits or caps may apply.

For further information about this policy see

<https://www.hcilt.com.au/hospital-cover/>

## Ambulance cover

In Western Australia this policy provides:

**Emergency:** Unlimited with a waiting period of 2 months.

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

For further information about this policy see

<https://www.hciltld.com.au/hospital-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.