

## Private Health Information Statement - Hospital policy

### Bronze Hospital \$750/\$1500

#### Health Insurance Fund of Australia Limited

<http://www.hif.com.au>

[hello@hif.com.au](mailto:hello@hif.com.au)

1300 134 060

#### Monthly Premium

**\$291.60<sup>#</sup>**

(before any rebate, loading or discount)

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

Available in South Australia

<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.

This policy covers children and other dependants up to and including the age of 20, students up to and including the age of 30, 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 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

|                                                           |                              |                                            |
|-----------------------------------------------------------|------------------------------|--------------------------------------------|
| ✓ Bone, joint and muscle                                  | ✓ Eye (not cataracts)        | ✓ Miscarriage and termination of pregnancy |
| ✓ Brain and nervous system                                | ✓ Gastrointestinal endoscopy | ✓ Pain management                          |
| ✓ Breast surgery (medically necessary)                    | ✓ Gynaecology                | ✓ Skin                                     |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Hernia and appendix        | ✓ Tonsils, adenoids and grommets           |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Joint reconstructions      | R Hospital psychiatric services            |
| ✓ Digestive system                                        | ✓ Kidney and bladder         | R Palliative care                          |
| ✓ Ear, nose and throat                                    | ✓ Male reproductive system   | R Rehabilitation                           |

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

|                                       |                                   |                                                                                     |
|---------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------|
| ✗ Assisted reproductive services      | ✗ Heart and vascular system       | ✗ Plastic and reconstructive surgery (medically necessary)                          |
| ✗ Back, neck and spine                | ✗ Implantation of hearing devices | ✗ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits) |
| ✗ Blood                               | ✗ Insulin pumps                   | ✗ Pregnancy and birth                                                               |
| ✗ Cataracts                           | ✗ Joint replacements              | ✗ Sleep studies                                                                     |
| ✗ Dental surgery                      | ✗ Lung and chest                  | ✗ Weight loss surgery                                                               |
| ✗ Dialysis for chronic kidney failure | ✗ Pain management with device     |                                                                                     |

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 \$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

[Hospital Accommodation](#)

Private and shared room accommodation in an HIF-contracted private hospital (subject to availability of private room). Shared room accommodation in a public hospital.

[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](#)

Your choice of treating doctor or specialist. Access Gap Cover for eligible services (visit [hif.com.au/accessgap](https://hif.com.au/accessgap) to learn more and find your nearest known or no gap specialist). For family policies, no excess applies to dependants under the age of 18.

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

<https://www.hif.com.au/bronzehospital-factsheet>

## Ambulance cover

In South Australia this policy provides:

**Emergency:** Unlimited with a waiting period of 1 day.

**Non-emergency:** Unlimited transport with a waiting period of 30 days.

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

[Other features of this ambulance cover](#)

There is no limit to the number of emergency ambulance services you use. If you're taken to a hospital's emergency department for urgent treatment, we'll cover 100% of the charge. If it's a non-emergency ambulance service, you only make a \$50 co-payment per trip. Not covered: Inter-hospital transportation except for inter-hospital transfers relating to an emergency or new illness where approved on a case by case basis by HIF. Transportation from a hospital to your home, nursing home or other hospital. Transportation for ongoing medical treatment. Off road, sea or air ambulance (plane, helicopter or boat).

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

<https://www.hif.com.au/ambulance>

[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.