

Private Health Information Statement - Combined policy

Basic Starter

Health Insurance Fund of Australia Limited

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

hello@hif.com.au

1300 134 060

Monthly Premium

\$256.05[#]

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)
Available in South 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.

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 Hospital psychiatric services

R Palliative care

R Rehabilitation

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

✗ Assisted reproductive services	✗ Ear, nose and throat	✗ Male reproductive system
✗ Back, neck and spine	✗ Eye (not cataracts)	✗ Miscarriage and termination of pregnancy
✗ Blood	✗ Gastrointestinal endoscopy	✗ Pain management
✗ Bone, joint and muscle	✗ Gynaecology	✗ Pain management with device
✗ Brain and nervous system	✗ Heart and vascular system	✗ Plastic and reconstructive surgery (medically necessary)
✗ Breast surgery (medically necessary)	✗ Hernia and appendix	✗ 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	✗ 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	✗ Weight loss surgery
✗ Digestive system	✗ Lung and chest	

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

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, with the exception of public hospitals in New South Wales (NSW) where private and shared room coverage is available (subject to availability of a private room).

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 to learn more and find your nearest low or no gap specialist). For family policies, no excess applies to dependent children under the age of 18.

General Treatment Cover

HIF has partnered with a network of providers to make a selected range of services more affordable. By choosing an HIF Choice Network provider you'll receive low or no out-of-pocket costs. See www.hif.com.au/choice-network

This policy  **includes** General treatment (Extras) cover for

Note, for items marked with an asterisk *: Optical benefit paid on frames and prescription optical items.			
Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	2	\$400 per person up to \$800 per policy	Periodic oral examination - 50% of charge Scale & clean - 50% of charge Fluoride treatment - 50% of charge Surgical tooth extraction - 50% of charge
Optical*	2	\$150 per person up to \$300 per policy	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Physiotherapy	2	\$300 per person up to \$600 per policy (combined limit for physiotherapy, chiropractic, osteopathy & other services)	Initial visit - 50% of charge Subsequent visit - 50% of charge
Chiropractic	2		Initial visit - 50% of charge Subsequent visit - 50% of charge
Osteopathy	2		Initial visit - 50% of charge Subsequent visit - 50% of charge
The limits detailed above are subject to a combined overall person limit of \$300 (\$600 per couple or family membership) for physio, chiro and osteo.			

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

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✗ Acupuncture	✗ Major dental	✗ Psychology
✗ Blood glucose monitors	✗ Non PBS pharmaceuticals	✗ Remedial massage
✗ Endodontic	✗ Orthodontic	✗ Other treatments - check with your insurer
✗ Hearing aids	✗ Podiatry	

Other features of this general treatment cover

Extras cover, providing 50% back or more on commonly used services such as General Dental, Optical, Physio, Chiro and Osteo.

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 not be paid.

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.