

Private Health Information Statement - Hospital policy

Basic Plus Hospital \$750/\$1500

Health Insurance Fund of Australia Limited
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1300 134 060

**Monthly Premium
\$183.10 #**

(before any rebate, loading or discount)

**Covers 2 adults (and no-one else)
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.

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

✓ Hernia and appendix	✓ Tonsils, adenoids and grommets	R Palliative care
✓ Joint reconstructions	R Hospital psychiatric services	R Rehabilitation

This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Digestive system	✗ Male reproductive system
✗ Back, neck and spine	✗ Ear, nose and throat	✗ Miscarriage and termination of pregnancy
✗ Blood	✗ Eye (not cataracts)	✗ Pain management
✗ Bone, joint and muscle	✗ Gastrointestinal endoscopy	✗ Pain management with device
✗ Brain and nervous system	✗ Gynaecology	✗ Plastic and reconstructive surgery (medically necessary)
✗ Breast surgery (medically necessary)	✗ Heart and vascular system	✗ 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 replacements	✗ Sleep studies
✗ Diabetes management (excluding insulin pumps)	✗ Kidney and bladder	✗ Weight loss surgery
✗ Dialysis for chronic kidney failure	✗ 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](https://privatehealth.gov.au/dynamic/agreementhospitals) 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 hospital (subject to availability of a 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 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/basicplushospital-factsheet>

Ambulance cover

In Western 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.