

## Private Health Information Statement - Combined policy

### Basic Hospital \$500 (Basic Plus) & Standard Extras

#### Peoplecare Health Insurance

<http://www.peoplecare.com.au>  
[info@peoplecare.com.au](mailto:info@peoplecare.com.au)  
 1800 808 690

#### Monthly Premium

**\$210.29<sup>#</sup>**

(before any rebate, loading or discount)

Covers only one person  
 Available in Western Australia  
 Closed to new members

<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.

### 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

|                                                           |                                            |                                                                                     |
|-----------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------|
| ✓ Blood                                                   | ✓ Gastrointestinal endoscopy               | ✓ Pain management                                                                   |
| ✓ Bone, joint and muscle                                  | ✓ Gynaecology                              | ✓ Pain management with device                                                       |
| ✓ Brain and nervous system                                | ✓ Hernia and appendix                      | ✓ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits) |
| ✓ Breast surgery (medically necessary)                    | ✓ Implantation of hearing devices          | ✓ Skin                                                                              |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Insulin pumps                            | ✓ Sleep studies                                                                     |
| ✓ Dental surgery                                          | ✓ Joint reconstructions                    | ✓ Tonsils, adenoids and grommets                                                    |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Kidney and bladder                       | R Hospital psychiatric services                                                     |
| ✓ Digestive system                                        | ✓ Male reproductive system                 | R Palliative care                                                                   |
| ✓ Ear, nose and throat                                    | ✓ Miscarriage and termination of pregnancy | R Rehabilitation                                                                    |

This policy ✗ does not include cover for

|                                       |                             |                                                            |
|---------------------------------------|-----------------------------|------------------------------------------------------------|
| ✗ Assisted reproductive services      | ✗ Eye (not cataracts)       | ✗ Plastic and reconstructive surgery (medically necessary) |
| ✗ Back, neck and spine                | ✗ Heart and vascular system | ✗ Pregnancy and birth                                      |
| ✗ Cataracts                           | ✗ Joint replacements        | ✗ 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](http://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 \$500 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

No waiting period applies for hospital treatment resulting from an accident.

For further information about this policy see

<https://www.peoplecare.com.au/siteassets/documents/CD/oms/basic-hospital-basic-plus---500-excess--standard-extras.pdf>

## General Treatment Cover

By using Peoplecare's 'preferred providers' you may have lower out of pocket costs on Dental and Optical treatments and have access to more 'no gap' treatments. A list of 'preferred providers' is available from Peoplecare. See <https://peoplecare.com.au/Members/Providers/Other-health-providers>.

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                       | \$500 per policy                                                                                           | Periodic oral examination - 60% of charge<br>Scale & clean - 60% of charge<br>Fluoride treatment - 60% of charge<br>Surgical tooth extraction - 60% of charge |
| Optical                               | 6                       | \$150 per policy                                                                                           | Single vision lenses & frames - \$150.00<br>Multi-focal lenses & frames - \$150.00                                                                            |
| Non PBS pharmaceuticals               | 2                       | \$350 per policy<br>(combined limit for non pbs pharmaceuticals & vaccinations - <b>Sub-limits apply</b> ) | Per eligible prescription - \$50.00                                                                                                                           |
| Physiotherapy                         | 2                       | \$350 per policy<br>(combined limit for physiotherapy & exercise physiology - <b>Sub-limits apply</b> )    | Initial visit - \$35.00<br>Subsequent visit - \$25.00                                                                                                         |
| Chiropractic                          | 2                       | \$350 per policy<br>(combined limit for chiropractic & osteopathy - <b>Sub-limits apply</b> )              | Initial visit - \$35.00<br>Subsequent visit - \$25.00                                                                                                         |
| Remedial massage                      | 2                       | \$170 per policy                                                                                           | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge                                                                                             |
| Exercise physiology                   | 2                       | Combined limit - see Physiotherapy                                                                         | Initial visit - \$35.00<br>Subsequent visit - \$25.00                                                                                                         |
| Health management / Healthy lifestyle | 6                       | \$100 per policy                                                                                           | Health management - 100% of charge                                                                                                                            |

|              |   |                                              |                                                       |
|--------------|---|----------------------------------------------|-------------------------------------------------------|
| Osteopathy   | 2 | Combined limit - see Chiropractic            | Initial visit - \$35.00<br>Subsequent visit - \$25.00 |
| Vaccinations | 2 | Combined limit - see Non PBS pharmaceuticals | Per service - \$50.00                                 |

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

|                                 |                       |                                                     |
|---------------------------------|-----------------------|-----------------------------------------------------|
| <b>X</b> Acupuncture            | <b>X</b> Hearing aids | <b>X</b> Podiatry                                   |
| <b>X</b> Blood glucose monitors | <b>X</b> Major dental | <b>X</b> Psychology                                 |
| <b>X</b> Endodontic             | <b>X</b> Orthodontic  | <b>X</b> Other treatments - check with your insurer |

For further information about this policy see

<https://www.peoplecare.com.au/siteassets/documents/CD/oms/basic-hospital-basic-plus---500-excess--standard-extras.pdf>

## 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 1 day.

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

**Other features of this ambulance cover**

Unlimited Ambulance covers you Australia wide for land, sea and air transport.

For further information about this policy see

<https://www.peoplecare.com.au/health-insurance/hospital-cover/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.