

## Private Health Information Statement - Combined policy

### Silver Plus Hospital \$750 & Premium Extras

#### Peoplecare Health Insurance

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

#### Monthly Premium

**\$840.78<sup>#</sup>**

(before any rebate, loading or discount)

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

Available in Tasmania

<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

|   |                                   |   |
|---|-----------------------------------|---|
| ✓ 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       | ✓ Palliative care   |
| ✓ Breast surgery (medically necessary)                    | ✓ Hernia and appendix             | ✓ Plastic and reconstructive surgery (medically necessary)                          |
| ✓ Cataracts   | ✓ Implantation of hearing devices | ✓ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits) |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Insulin pumps                   | ✓ Rehabilitation  |
| ✓ Dental surgery  | ✓ Joint reconstructions           | ✓ Skin  |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Joint replacements              | ✓ Sleep studies   |
| ✓ Dialysis for chronic kidney failure                     | ✓ Kidney and bladder              | ✓ Tonsils, adenoids and grommets  |
| ✓ Digestive system  | ✓ Lung and chest                  | R Hospital psychiatric services   |
| ✓ Ear, nose and throat                                    | ✓ Male reproductive system        |   |

This policy ✗ does not include cover for

✗ Assisted reproductive services

✗ Pregnancy and birth

✗ Weight loss surgery

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

### 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/silver-plus-hospital---500-750-excess--premium-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                       | \$1,500 per person  | Periodic oral examination - 80% of charge<br>Scale & clean - 80% of charge<br>Fluoride treatment - 80% of charge<br>Surgical tooth extraction - 80% of charge |
| Major dental            | 12                      | \$1,500 per person<br>(combined limit for major dental & endodontic)  | Full crown veneered - 80% of charge   |
| Endodontic              | 12                      |   | Filling of one root canal - 80% of charge   |
| Orthodontic             | 12                      | \$1,000 per person<br>\$3,000 lifetime limit  | Braces for upper & lower teeth, including removal plus fitting of retainer - 80% of charge  |
| Optical                 | 6                       | \$300 per person  | Single vision lenses & frames - \$300.00<br>Multi-focal lenses & frames - \$300.00  |
| Non PBS pharmaceuticals | 2                       | \$500 per person up to \$1,000 per policy<br>(combined limit for non pbs pharmaceuticals & vaccinations - <b>Sub-limits apply</b> )                                   | Per eligible prescription - \$80.00   |
| Physiotherapy           | 2                       | \$600 per person up to \$1,200 per policy<br>(combined limit for physiotherapy, exercise physiology, eye therapy (orthoptics), occupational therapy & other services) | Initial visit - \$59.00<br>Subsequent visit - \$59.00   |

|                                       |    |  |   |
|---------------------------------------|----|--|---|
| Chiropractic                          | 2  | \$600 per person up to \$1,200 per policy<br>(combined limit for chiropractic & osteopathy)  | Initial visit - \$55.00<br>Subsequent visit - \$55.00             |
| Podiatry                              | 2  | \$500 per person up to \$1,000 per policy  | Initial visit - \$50.00<br>Subsequent visit - \$40.00             |
| Psychology                            | 2  | \$500 per person up to \$1,000 per policy  | Initial visit - \$110.00<br>Subsequent visit - \$90.00            |
| Acupuncture                           | 2  | \$400 per person up to \$800 per policy<br>(combined limit for acupuncture, remedial massage,<br>chinese medicine & dietetics/dietary advice)  | Initial visit - \$50.00<br>Subsequent visit - \$50.00             |
| Remedial massage                      | 2  |  | Initial visit - \$50.00<br>Subsequent visit - \$50.00             |
| Hearing aids                          | 24 | \$1,500 per person<br>1 appliance(s) every 5 years   | Hearing aid - 80% of charge                                       |
| Blood glucose monitors                | 2  | \$700 per person up to \$1,400 per policy<br>1 appliance(s) every 3 years<br>(combined limit for blood glucose monitors, ante-<br>natal/post-natal classes, home nursing, orthotics<br>(podiatric orthoses) & other services - <b>Sub-limits<br/>apply</b> ) | Per monitor - 80% of charge                                       |
| Ante-natal/Post-natal classes         | 2  |  | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Chinese medicine                      | 2  | Combined limit - see Acupuncture   | Initial visit - \$50.00<br>Subsequent visit - \$50.00             |
| Dietetics/dietary advice              | 2  | Combined limit - see Acupuncture   | Initial visit - \$50.00<br>Subsequent visit - \$50.00             |
| Exercise physiology                   | 2  | Combined limit - see Physiotherapy   | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Eye therapy (orthoptics)              | 2  | Combined limit - see Physiotherapy   | Initial visit - \$59.00<br>Subsequent visit - \$49.00             |
| Health management / Healthy lifestyle | 6  | \$250 per person up to \$500 per policy  | Health management - 80% of charge                                 |
| Home nursing                          | 2  | Combined limit - see Blood glucose monitors  | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Occupational therapy                  | 2  | Combined limit - see Physiotherapy   | Initial visit - \$59.00<br>Subsequent visit - \$49.00             |
| Orthotics (podiatric orthoses)        | 2  | Combined limit - see Blood glucose monitors  | Orthotics supply & fit - \$200.00                                 |
| Osteopathy                            | 2  | Combined limit - see Chiropractic  | Initial visit - \$55.00<br>Subsequent visit - \$55.00             |
| Speech therapy                        | 2  | \$500 per person up to \$1,000 per policy  | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Vaccinations                          | 2  | Combined limit - see Non PBS<br>pharmaceuticals  | Per service - \$80.00   |

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

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

### Other features of this general treatment cover

Orthotics limited to 1 appliance every 2 financial years.

For further information about this policy see

<https://www.peoplecare.com.au/siteassets/documents/cd/oms/silver-plus-hospital---500-750-excess--premium-extras.pdf>

### Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - [https://www.health.tas.gov.au/ambulance/fees\\_and\\_accounts](https://www.health.tas.gov.au/ambulance/fees_and_accounts).

Other features of this ambulance cover

[PrivateHealth.gov.au](http://PrivateHealth.gov.au)

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Tasmanian residents don't need to worry about ambulance travel in their state, as it's free. This cover will include Ambulance transport whilst on the mainland for land, sea & air.

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.