

## Private Health Information Statement - Combined policy

### Basic Plus Hospital \$750 & Value Extras

#### Peoplecare Health Insurance

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

#### Monthly Premium

**\$176.87<sup>#</sup>**

(before any rebate, loading or discount)

Covers only one person  
 Available in South 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, an age-based discount 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

|                       |                                            |                                 |
|-----------------------|--------------------------------------------|---------------------------------|
| ✓ Dental surgery      | ✓ Joint reconstructions                    | R Hospital psychiatric services |
| ✓ Gynaecology         | ✓ Miscarriage and termination of pregnancy | R Palliative care               |
| ✓ Hernia and appendix | ✓ Tonsils, adenoids and grommets           | 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            | ✗ Pain management                                                                   |
| ✗ Blood                                                   | ✗ Eye (not cataracts)             | ✗ Pain management with device                                                       |
| ✗ Bone, joint and muscle                                  | ✗ Gastrointestinal endoscopy      | ✗ Plastic and reconstructive surgery (medically necessary)                          |
| ✗ Brain and nervous system                                | ✗ Heart and vascular system       | ✗ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits) |
| ✗ Breast surgery (medically necessary)                    | ✗ Implantation of hearing devices | ✗ Pregnancy and birth                                                               |
| ✗ Cataracts                                               | ✗ Insulin pumps                   | ✗ Skin                                                                              |
| ✗ Chemotherapy, radiotherapy and immunotherapy for cancer | ✗ 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](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 \$750 per person and \$750 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-plus-hospital---500-750-excess--value-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                       | \$550 per policy<br>(combined limit for general dental & endodontic)                                                    | Periodic oral examination - 75% of charge<br>Scale & clean - 75% of charge<br>Fluoride treatment - 75% of charge<br>Surgical tooth extraction - 75% of charge |
| Endodontic              | 2                       |                                                                                                                         | Filling of one root canal - 75% of charge                                                                                                                     |
| Optical                 | 6                       | \$180 per policy                                                                                                        | Single vision lenses & frames - \$180.00<br>Multi-focal lenses & frames - \$180.00                                                                            |
| Non PBS pharmaceuticals | 2                       | \$500 per policy<br>(combined limit for non pbs pharmaceuticals & vaccinations - <b>Sub-limits apply</b> )              | Per eligible prescription - \$50.00                                                                                                                           |
| Physiotherapy           | 2                       | \$450 per policy<br>(combined limit for physiotherapy, exercise physiology & other services - <b>Sub-limits apply</b> ) | Initial visit - \$50.00<br>Subsequent visit - \$30.00                                                                                                         |
| Chiropractic            | 2                       | \$450 per policy<br>(combined limit for chiropractic & osteopathy - <b>Sub-limits apply</b> )                           | Initial visit - \$45.00<br>Subsequent visit - \$25.00                                                                                                         |
| Podiatry                | 2                       | \$350 per policy<br>(combined limit for podiatry, acupuncture & remedial massage - <b>Sub-limits apply</b> )            | Initial visit - \$35.00<br>Subsequent visit - \$25.00                                                                                                         |
| Acupuncture             | 2                       |                                                                                                                         | Initial visit - \$35.00<br>Subsequent visit - \$25.00                                                                                                         |

|                                       |   |                                              |                                                       |
|---------------------------------------|---|----------------------------------------------|-------------------------------------------------------|
| Remedial massage                      | 2 |                                              | Initial visit - \$35.00<br>Subsequent visit - \$25.00 |
| Exercise physiology                   | 2 | Combined limit - see Physiotherapy           | Initial visit - \$40.00<br>Subsequent visit - \$30.00 |
| Health management / Healthy lifestyle | 6 | \$125 per policy                             | Health management - 100% of charge                    |
| Osteopathy                            | 2 | Combined limit - see Chiropractic            | Initial visit - \$45.00<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> Blood glucose monitors | <b>X</b> Major dental | <b>X</b> Psychology                                 |
| <b>X</b> Hearing aids           | <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-plus-hospital---500-750-excess--value-extras.pdf>

## 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 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.