

## Private Health Information Statement - Combined policy

### Silver Plus Grow Hospital \$500 & Comprehensive Extras

#### Peoplecare Health Insurance

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

#### Monthly Premium

**\$842.71<sup>#</sup>**

(before any rebate, loading or discount)

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

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.

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

|   |  |   |
|---|--|---|
| ✓ Assisted reproductive services                          | ✓ Eye (not cataracts)                      | ✓ Pain management   |
| ✓ Back, neck and spine                                    | ✓ Gastrointestinal endoscopy               | ✓ Palliative care   |
| ✓ Blood   | ✓ Gynaecology                              | ✓ Plastic and reconstructive surgery (medically necessary)                          |
| ✓ Bone, joint and muscle                                  | ✓ Heart and vascular system                | ✓ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits) |
| ✓ Brain and nervous system                                | ✓ Hernia and appendix                      | ✓ Pregnancy and birth   |
| ✓ Breast surgery (medically necessary)                    | ✓ Implantation of hearing devices          | ✓ Rehabilitation  |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Joint reconstructions                    | ✓ Skin  |
| ✓ Dental surgery  | ✓ Kidney and bladder                       | ✓ Sleep studies   |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Lung and chest                           | ✓ Tonsils, adenoids and grommets  |
| ✓ Digestive system  | ✓ Male reproductive system                 | R Hospital psychiatric services   |
| ✓ Ear, nose and throat                                    | ✓ Miscarriage and termination of pregnancy |   |

This policy ✗ does not include cover for

|                                       |                      |                               |
|---------------------------------------|----------------------|-------------------------------|
| ✗ Cataracts                           | ✗ Insulin pumps      | ✗ Pain management with device |
| ✗ Dialysis for chronic kidney failure | ✗ Joint replacements | ✗ 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 \$500 per person and \$1000 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
- 12 months for pregnancy and birth (obstetrics)
- 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-grow---500-750-excess-comprehensive-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                       | No annual limit<br>(Sub-limits apply)   | Periodic oral examination - \$31.00<br>Scale & clean - \$60.00<br>Fluoride treatment - \$26.00<br>Surgical tooth extraction - \$120.00 |
| Major dental            | 12                      | \$2,650 per person<br>(Sub-limits apply)  | Full crown veneered - \$750.00   |
| Endodontic              | 2                       | No annual limit   | Filling of one root canal - \$110.00   |
| Orthodontic             | 12                      | \$2,100 per person<br>\$2,100 lifetime limit  | Braces for upper & lower teeth, including removal plus fitting of retainer - \$2,100.00  |
| 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 - Sub-limits apply) | Per eligible prescription - \$65.00  |

|                                       |    |  |   |
|---------------------------------------|----|--|---|
| Physiotherapy                         | 2  | \$550 per person up to \$1,100 per policy<br>(combined limit for physiotherapy, exercise physiology, eye therapy (orthoptics), occupational therapy & other services - <b>Sub-limits apply</b> ) | Initial visit - \$50.00<br>Subsequent visit - \$30.00             |
| Chiropractic                          | 2  | \$550 per person up to \$1,100 per policy<br>(combined limit for chiropractic & osteopathy - <b>Sub-limits apply</b> )   | Initial visit - \$45.00<br>Subsequent visit - \$25.00             |
| Podiatry                              | 2  | \$435 per person up to \$870 per policy<br>(combined limit for podiatry, acupuncture, remedial massage & dietetics/dietary advice - <b>Sub-limits apply</b> )                                    | Initial visit - \$35.00<br>Subsequent visit - \$25.00             |
| Psychology                            | 2  | \$500 per person up to \$650 per policy<br>( <b>Sub-limits apply</b> )   | Initial visit - \$120.00<br>Subsequent visit - \$60.00            |
| Acupuncture                           | 2  | Combined limit - see Podiatry  | Initial visit - \$35.00<br>Subsequent visit - \$25.00             |
| Remedial massage                      | 2  | Combined limit - see Podiatry  | Initial visit - \$35.00<br>Subsequent visit - \$25.00             |
| Hearing aids                          | 24 | \$1,500 per person<br>1 appliance(s) every 5 years   | Hearing aid - 80% of charge                                       |
| Blood glucose monitors                | 2  | \$200 per person<br>1 appliance(s) every 3 years<br>(combined limit for blood glucose monitors & other services - <b>Sub-limits apply</b> )  | Per monitor - \$200.00  |
| Ante-natal/Post-natal classes         | 2  | \$150 per person   | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Dietetics/dietary advice              | 2  | Combined limit - see Podiatry  | 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             |
| Eye therapy (orthoptics)              | 2  | Combined limit - see Physiotherapy   | Initial visit - \$40.00<br>Subsequent visit - \$30.00             |
| Health management / Healthy lifestyle | 6  | \$150 per person up to \$300 per policy  | Health management - 100% of charge                                |
| Home nursing                          | 2  | \$1,000 per person   | Initial visit - \$45.00<br>Subsequent visit - \$45.00             |
| Occupational therapy                  | 2  | Combined limit - see Physiotherapy   | Initial visit - \$60.00<br>Subsequent visit - \$35.00             |
| Orthotics (podiatric orthoses)        | 2  | \$250 per person up to \$500 per policy<br>1 appliance(s) every 2 years<br>( <b>Sub-limits apply</b> )   | Orthotics supply & fit - 80% of charge                            |
| Osteopathy                            | 2  | Combined limit - see Chiropractic  | Initial visit - \$45.00<br>Subsequent visit - \$25.00             |
| Speech therapy                        | 2  | \$800 per person   | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Vaccinations                          | 2  | Combined limit - see Non PBS pharmaceuticals   | Per service - \$65.00   |

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

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

For further information about this policy see

<https://www.peoplecare.com.au/siteassets/documents/cd/oms/silver-plus-grow---500-750-excess-comprehensive-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.