

Private Health Information Statement - Combined policy

Gold Hospital No Excess & Extras

**National Health Benefits
Australia Pty Ltd
(onemedifund)**
http://www.onemedifund.com.au
info@onemedifund.com.au
1800 148 626

Monthly Premium
\$808.68[#]
(before any rebate, loading or discount)

Covers one adult & dependants (2 or more people, only one of whom is an adult)
Available in All States
Closed to new members

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 up to and including the age of 17 and students up to and including the age of 24, as well as persons with a disability who qualify as a child or student in this age range.

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)	✓ Miscarriage and termination of pregnancy
✓ Back, neck and spine	✓ Gastrointestinal endoscopy	✓ Pain management
✓ Blood	✓ Gynaecology	✓ Pain management with device
✓ Bone, joint and muscle	✓ Heart and vascular system	✓ Palliative care
✓ Brain and nervous system	✓ Hernia and appendix	✓ Plastic and reconstructive surgery (medically necessary)
✓ Breast surgery (medically necessary)	✓ Hospital psychiatric services	✓ 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	✓ 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	✓ Weight loss surgery
✓ Ear, nose and throat	✓ Male reproductive system	

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 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: No excess

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

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

For further information about this policy see

<https://www.onemedifund.com.au/siteassets/documents/cover-descriptions/oms/gold-hospital-no-excess--extras.pdf>

General Treatment Cover

By using onemedifund'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 the fund.

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 (Sub-limits apply)	Periodic oral examination - \$50.00 Scale & clean - \$80.00 Fluoride treatment - \$30.00 Surgical tooth extraction - \$200.00
Major dental	12	\$2,650 per person (Sub-limits apply)	Full crown veneered - \$850.00
Endodontic	2	No annual limit (Sub-limits apply)	Filling of one root canal - \$200.00
Orthodontic	12	\$2,100 per person \$2,100 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - \$2,100.00
Optical	6	\$275 per person	Single vision lenses & frames - \$275.00 Multi-focal lenses & frames - \$275.00
Non PBS pharmaceuticals	2	\$500 per person up to \$1,000 per policy (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 (combined limit for physiotherapy, exercise physiology, eye therapy (orthoptics), occupational therapy & other services - Sub-limits apply)	Initial visit - \$60.00 Subsequent visit - \$40.00
Chiropractic	2	\$750 per person up to \$1,500 per policy (combined limit for chiropractic, podiatry, acupuncture,	Initial visit - \$40.00 Subsequent visit - \$30.00

Podiatry	2	remedial massage, dietetics/dietary advice, osteopathy & other services - Sub-limits apply)	Initial visit - \$40.00 Subsequent visit - \$30.00
Psychology	2	\$500 per person up to \$650 per policy (Sub-limits apply)	Initial visit - \$120.00 Subsequent visit - \$80.00
Acupuncture	2	Combined limit - see Chiropractic	Initial visit - \$40.00 Subsequent visit - \$30.00
Remedial massage	2	Combined limit - see Chiropractic	Initial visit - \$40.00 Subsequent visit - \$30.00
Hearing aids	24	\$1,500 per person 1 appliance(s) every 5 years	Hearing aid - \$1,500.00
Blood glucose monitors	12	\$130 per person 1 appliance(s) every 3 years (combined limit for blood glucose monitors & other services)	Per monitor - \$130.00
Ante-natal/Post-natal classes	12	\$150 per person	Initial visit - 80% of charge Subsequent visit - 80% of charge
Dietetics/dietary advice	2	Combined limit - see Chiropractic	Initial visit - \$40.00 Subsequent visit - \$30.00
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - \$60.00 Subsequent visit - \$40.00
Eye therapy (orthoptics)	2	Combined limit - see Physiotherapy	Initial visit - \$90.00 Subsequent visit - \$75.00
Health management / Healthy lifestyle	6	\$150 per person up to \$300 per policy	Health management - \$150.00
Home nursing	2	\$1,000 per person	Initial visit - \$45.00 Subsequent visit - \$45.00
Occupational therapy	2	Combined limit - see Physiotherapy	Initial visit - \$60.00 Subsequent visit - \$40.00
Orthotics (podiatric orthoses)	2	\$250 per person up to \$500 per policy	Orthotics supply & fit - 80% of charge
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$40.00 Subsequent visit - \$30.00
Speech therapy	2	\$800 per person	Initial visit - 80% of charge 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

Other features of this general treatment cover

Loyalty bonuses apply to Surgical Equipment/Health Aids, Crowns & Bridges, Dentures & Orthodontics after 5yrs continuous cover on this product. Ambulance Cover Nationwide.

For further information about this policy see

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Ambulance cover

In All States this policy provides:

Emergency: Unlimited with no waiting period.

Non-emergency: Unlimited transport with no waiting period.

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

State schemes provide ambulance services for residents of Tasmania

(https://www.health.tas.gov.au/ambulance/fees_and_accounts) and Queensland (<https://www.ambulance.qld.gov.au/>).

[PrivateHealth.gov.au](https://www.privatehealth.gov.au)

PolicyID: OMF/H6/AAAP1D

Date statement issued: 01 April 2026

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Disclaimer

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