

## Private Health Information Statement - Combined policy

### Gold Combined

#### Police Health

<http://www.policehealth.com.au>  
[enquiries@policehealth.com.au](mailto:enquiries@policehealth.com.au)  
 1800 603 603

#### Monthly Premium

**\$866.16<sup>#</sup>**  
 (before any rebate, loading or discount)

Covers 2 adults (and no-one else)  
 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.

Membership of this insurer is restricted to Members of Australia's police community, and their families.

### Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides accident cover and benefits for travel or accommodation (outside of hospital) - check with your insurer for details.

#### ✓ 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](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:** 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

This policy supports greater choice in hospital and service provider – covering a large number of contracted hospitals, and also meeting reasonable fees charged by non-contracted hospitals. Benefits for a number of treatments that fall outside the mandated clinical categories are included, such as; Travel and Accommodation, Hospital at Home, Home Nursing, Aids & Appliances (such as CPAP Machines), Nourish baby, lactation consultants and antenatal education. Eligible members can also gain access to chronic disease management programs including; Type 2 Diabetes, Cancer Support, Osteoarthritis and Coronary Heart Disease.

For further information about this policy see

<https://policehealth.com.au/gold-combined>

## General Treatment Cover

Benefits are payable at any provider (as long as they are registered and recognised by us) giving members ultimate freedom of choice.

This policy  includes General treatment (Extras) cover for

*Note, for items marked with an asterisk \*: Our unique Rollover Benefit lets you rollover unclaimed annual maximums from one calendar year to the next on the majority of Extras services, except major dental which requires 2 years of membership. For example, if you go a year without claiming Optical benefits (such as new prescription glasses and/or contact lenses) your \$350 Annual Maximum turns into a Rollover Maximum of \$700 the following calendar year. Waiting periods and conditions apply.*

| Treatment                | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)   | Examples of maximum benefits  |
|--------------------------|-------------------------|--|---|
| General dental           | 2                       | No annual limit (Some service limits apply)  | Periodic oral examination - \$64.40<br>Scale & clean - \$117.00<br>Fluoride treatment - \$33.10<br>Surgical tooth extraction - \$266.80 |
| Major dental*            | 12                      | \$1,500 per person (Rollover benefit applies)  | Full crown veneered - \$1,472.00  |
| Endodontic*              | 2                       | No annual limit  | Filling of one root canal - \$271.40  |
| Orthodontic              | 12                      | \$1,500 per person<br>\$3,000 lifetime limit   | Braces for upper & lower teeth, including removal plus fitting of retainer - 80% of charge  |
| Optical*                 | 2                       | \$350 per person (Rollover benefit applies)  | Single vision lenses & frames - \$288.60<br>Multi-focal lenses & frames - \$389.80  |
| Non PBS pharmaceuticals* | 2                       | \$600 per person (Rollover benefit applies)<br>(combined limit for non pbs pharmaceuticals & vaccinations) | Per eligible prescription - \$60.00   |

|                                 |    |   |   |
|---------------------------------|----|---|---|
| Physiotherapy*                  | 2  | \$850 per person (Rollover benefit applies) (combined limit physiotherapy & exercise physiology)  | Initial visit - \$139.50<br>Subsequent visit - \$108.70 |
| Chiropractic*                   | 2  | \$700 per person (Rollover benefit applies) (combined limit chiropractic, acupuncture, remedial massage, chinese medicine, osteopathy & other services) | Initial visit - \$78.80<br>Subsequent visit - \$51.00   |
| Podiatry*                       | 2  | \$700 per person (Rollover benefit applies) (combined limit podiatry & orthotics (podiatric orthoses))  | Initial visit - \$75.00<br>Subsequent visit - \$61.10   |
| Psychology*                     | 2  | \$850 per person (Rollover benefit applies) (combined limit psychology & other services)  | Initial visit - \$237.30<br>Subsequent visit - \$237.30 |
| Acupuncture*                    | 2  | Combined limit - see Chiropractic   | Initial visit - \$82.80<br>Subsequent visit - \$79.10   |
| Remedial massage*               | 2  | Combined limit - see Chiropractic   | Initial visit - \$30.00<br>Subsequent visit - \$30.00   |
| Hearing aids                    | 12 | \$1,200 per person<br>1 appliance(s) every 5 years  | Hearing aid - 80% of charge                             |
| Blood glucose monitors          | 12 | \$250 per person<br>1 appliance(s) every 3 years  | Per monitor - 80% of charge                             |
| Chinese medicine*               | 2  | Combined limit - see Chiropractic   | Initial visit - \$30.00<br>Subsequent visit - \$30.00   |
| Dietetics/dietary advice*       | 2  | \$600 per person (Rollover benefit applies)   | Initial visit - \$164.00<br>Subsequent visit - \$88.00  |
| Exercise physiology*            | 2  | Combined limit - see Physiotherapy  | Initial visit - \$86.20<br>Subsequent visit - \$64.40   |
| Eye therapy (orthoptics)*       | 2  | \$600 per person (Rollover benefit applies)   | Initial visit - \$81.10<br>Subsequent visit - \$67.60   |
| Home nursing                    | 2  | 20 days per episode, 65 days per year   | Initial visit - \$75.00<br>Subsequent visit - \$75.00   |
| Occupational therapy*           | 2  | \$600 per person (Rollover benefit applies)   | Initial visit - \$165.60<br>Subsequent visit - \$112.00 |
| Orthotics (podiatric orthoses)* | 2  | Combined limit - see Podiatry   | Orthotics supply & fit - \$414.00                       |
| Osteopathy*                     | 2  | Combined limit - see Chiropractic   | Initial visit - \$95.20<br>Subsequent visit - \$81.00   |
| Speech therapy*                 | 2  | \$850 per person (Rollover benefit applies)   | Initial visit - \$195.20<br>Subsequent visit - \$178.40 |
| Vaccinations*                   | 2  | Combined limit - see Non PBS pharmaceuticals  | Per service - \$60.00                                   |

Most benefits paid at 80% of charge up to amount shown in benefit examples. Remedial massage & Chinese medicine are a fixed benefit. Pharmaceutical benefit applies after \$23 co-payment. Other services covered include, but not limited to: Myotherapy, Counselling, Blood Pressure Monitors, CPAP machines, Nebulisers, TENS machines, Anticoagulation machine. Please call for more information.

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

Includes benefits for Corrective Laser Eye Surgery, available after 3 years membership. Loyalty benefit applies to Corrective Laser Eye Surgery and Hearing Aids after 10 years of continuous cover. Enjoy fast, easy claiming via our app, or simply swipe your membership card at the provider.

For further information about this policy see

<https://policehealth.com.au/gold-combined>

**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

In Tasmania, residents have third party arrangement ambulance services provided by state government schemes. Under those arrangements, the relevant scheme is responsible for the cost and Police Health only pay a benefit if the cost isn't fully covered by the arrangement or scheme.

For further information about this policy see

<https://www.policehealth.com.au/information-hub/benefit-guides/ambulance-benefit-guide/>

#### 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.