

Private Health Information Statement - Hospital policy

Classic Hospital Bronze Plus

Health Partners

<http://www.healthpartners.com.au>
ask@healthpartners.com.au
1300 113 113

Monthly Premium

\$194.70[#]
(before any rebate, loading or discount)

Covers only one person
Available in Tasmania
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, 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

✓ Back, neck and spine	✓ Eye (not cataracts)	✓ Pain management
✓ Blood	✓ Gastrointestinal endoscopy	✓ Pain management with device
✓ Bone, joint and muscle	✓ Gynaecology	✓ Palliative care
✓ Brain and nervous system	✓ Heart and vascular system	✓ Plastic and reconstructive surgery (medically necessary)
✓ Breast surgery (medically necessary)	✓ Hernia and appendix	✓ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
✓ 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	R Rehabilitation

This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Implantation of hearing devices	✗ Pregnancy and birth
✗ Cataracts	✗ Insulin pumps	✗ Weight loss surgery
✗ Dialysis for chronic kidney failure	✗ Joint replacements	

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: You will have to pay an excess of \$500 per admission. This is limited to a maximum of \$500 per person and \$500 per policy per year.

Excess payments do not apply to hospital admissions for accidents.

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

Includes Accident Cover – providing you with protection for all clinical categories that are listed as exclusions on your cover. Members may also have access to hospital in the home to support your recovery. T&Cs apply. Plus access to a range of Member Discounts, visit healthpartners.com.au for more information.

For further information about this policy see

<https://www.healthpartners.com.au/health-insurance/hospital-cover/>

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.

Other features of this ambulance cover

Ambulance is limited to 1 per person, per year up to \$20,000 - limit 2 per policy per year. You will be covered for the cost of service required on medical grounds (excluding clinic-car type transport) that is deemed or classed as 'emergency' only (emergency classification determined by approved ambulance provider). Additionally, you will be covered for treatment where no transport is required. This will count towards your annual limit.

For further information about this policy see

<https://www.healthpartners.com.au/health-insurance/understanding-private-health-insurance/>

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.