

# Private Health Information Statement - Hospital policy

## Bronze Hospital Plus \$500 Excess

### Health Partners

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

### Monthly Premium

**\$306.71<sup>#</sup>**  
(before any rebate, loading or discount)

Covers two adults & dependants (3 or more people, only 2 of whom are adults)  
**Available in South Australia**

<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.

This policy covers children and other dependants up to and including the age of 20, students up to and including the age of 31, 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 provides accident cover - check with your insurer for details.

This policy does not provide benefits for travel or 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.
- X Not Covered**  
These categories are not covered by this policy.

### This policy **✓** includes cover for

✓ Blood	✓ Eye (not cataracts)	✓ Pain management
✓ Bone, joint and muscle	✓ Gastrointestinal endoscopy	✓ Plastic and reconstructive surgery (medically necessary)
✓ Brain and nervous system	✓ Gynaecology	✓ Skin
✓ Breast surgery (medically necessary)	✓ Hernia and appendix	✓ Tonsils, adenoids and grommets
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Joint reconstructions	R Hospital psychiatric services
✓ Dental surgery	✓ Kidney and bladder	R Palliative care
✓ Diabetes management (excluding insulin pumps)	✓ Lung and chest	R Rehabilitation
✓ Digestive system	✓ Male reproductive system	
✓ Ear, nose and throat	✓ Miscarriage and termination of pregnancy	

### This policy **X** does not include cover for

X Assisted reproductive services	X Implantation of hearing devices	X Pregnancy and birth
X Back, neck and spine	X Insulin pumps	X Sleep studies
X Cataracts	X Joint replacements	X Weight loss surgery
X Dialysis for chronic kidney failure	X Pain management with device	
X Heart and vascular system	X Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)	

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 of \$500 per admission. This is limited to a maximum of \$500 per person and \$1000 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

Health Partners Support Programs: Hospital, and, Chemo in the Home. Unlimited Emergency Ambulance. Includes Accident Cover – providing you with protection for all clinical categories that are listed as exclusions on your cover. T&Cs apply. Plus access to a range of Member Discounts, visit [healthpartners.com.au](http://healthpartners.com.au) for more information.

[For further information about this policy see](#)

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

## Ambulance cover

In South Australia this policy provides:

**Emergency:** Unlimited with a waiting period of 2 months.

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

## Other features of this ambulance cover

Unlimited emergency ambulance as defined by Health Partners, is for an unplanned event where there is a serious threat to your health, as a result of an accident, serious medical event or trauma, and immediate medical treatment is needed. Transport costs are covered from the place where you are initially treated, to the nearest hospital that can provide the necessary emergency medical treatment. This includes treatment where no transport is provided. It also includes transport between hospitals only where the required emergency care could not be provided at the transferring hospital. See Health Partners Member Guide for Terms & Conditions.

[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.