

# Basic Hospital Plus



Choice of excess



Unlimited emergency ambulance



Health Partners Support Programs



Accident cover

This product is only available on single and couple memberships.

## Your Excess Options



### Excess Options

To help work within your budget and keep your premiums down, we have a range of excess options for you to choose from.

\$500

\$750



### Excess Explained

When you are admitted to hospital an excess will be payable.

- The excess is an amount that you agree to pay towards the cost of hospital treatment, limited to once per person per rolling year. Where there is more than one person on a membership, there is a maximum of two excesses per membership, per rolling year. A rolling year is defined as 12 months from the commencement of the first day of any admission to an approved hospital.

# What am I covered for when admitted into hospital?

Hospital treatments by clinical category, only where you become an ‘inpatient’ and admitted to a hospital for treatment. The below does not cover ‘outpatient’ services – if you receive medical services without being admitted into hospital.

Procedures and Services		Procedures and Services	
R	Rehabilitation	X	Breast surgery (medically necessary)
R	Hospital psychiatric services	X	Diabetes management (excluding insulin pumps)
R	Palliative care	X	Heart and vascular system
X	Brain and nervous system	X	Lung and chest
X	Eye (not cataracts)	X	Blood
X	Ear, nose and throat	X	Back, neck and spine
✓	Tonsils, adenoids and grommets	X	Plastic and reconstructive surgery (medically necessary)
X	Bone, joint and muscle	✓	Dental surgery <sup>1</sup>
✓	Joint reconstructions	X	Podiatric surgery (provided by a registered podiatric surgeon)
X	Kidney and bladder	X	Implantation of hearing devices
X	Male reproductive system	X	Cataracts
X	Digestive system	X	Joint replacements
✓	Hernia and appendix	X	Dialysis for chronic kidney failure
X	Gastrointestinal endoscopy	X	Weight loss surgery
X	Gynaecology	X	Insulin pumps
X	Miscarriage and termination of pregnancy	X	Pain management with device
X	Chemotherapy, radiotherapy and immunotherapy for cancer	X	Sleep studies
X	Pain management	X	Pregnancy and birth
X	Skin	X	Assisted reproductive services

<sup>1</sup>Dental Extras cover also required to receive benefits for dental item numbers used in the procedure.

Reference

- ✓ Included
- X Not included

R Services are restricted. Meaning when going to a private or public hospital, we only pay for accommodation in a shared room at the default rate set out by the Federal Government, and medical costs. Where the hospital charges above the default rate, it may result in large out-of-pocket expenses.  
For Hospital psychiatric services you have the ability, *once waiting period on current cover has been served*, to upgrade to a product that includes this service, without serving waiting periods to access the higher benefits. You can only do this once. You will still need to serve waiting periods for the additional inclusions on your upgraded policy, meaning those conditions that were excluded on your current cover.

Ambulance		
	Benefit	Limit
Emergency only, Australia wide coverage, road and air services.	100%	Unlimited

Health Partners Support Programs	
Hospital to Home	<b>Hospital Guide</b> Helping you navigate through your hospital journey with the ultimate goal of getting you home sooner.
	<b>Hospital in the Home</b> This program is designed to make your transition from hospital to home easier. A personalised care plan will be developed and reviewed by the hospital before you're discharged. Your plan will be managed by registered nurses at all times, you'll even have phone support at your fingertips – just in case.
	<b>Rehab in the Home</b> A great alternative to in-hospital rehab. A tailored, comprehensive rehab program will be designed and delivered by allied health professionals in the comfort of your own home.

## Accident Cover

Accident cover provides you with protection for the clinical categories that are exclusions on your policy. Meaning, you will receive the highest level of cover, even for hospital procedures and services that are listed as exclusions, if you require treatment as a result of an accident (as defined by us). Accident Cover does not apply for hospital procedures and treatment types that are included on your policy. Refer to the accident definition to see if waiting periods apply.

## Waiting Periods

When taking out health cover, the below waiting periods apply. If you are transferring from another health insurer and you have already served your waiting periods for an equivalent level of cover, you will not have to re-serve your waiting periods.

Or, if you are transferring to a higher level of cover, waiting periods will only apply to any additional services, treatments, goods and any higher limits. During this time you will receive the same benefits you received on your previous cover – for a Health Partners equivalent cover.

<b>12 months</b>	Pre-existing conditions <sup>2</sup>
<b>2 months</b>	Palliative care, rehabilitation and hospital psychiatric treatments
	All other hospital treatments, Health Partners Support Programs and ambulance.
<b>1 day</b>	Accidents and Accident Cover <sup>3</sup>

<sup>2</sup>As defined by the Government Rules, a pre-existing condition is any ailment, illness or condition that had signs or symptoms, in the opinion of a medical practitioner appointed by us, any time during the 6 months before you joined or upgraded to a higher level of cover with us. In the 6 months prior to joining or upgrading, a condition is considered pre-existing if any related signs or symptoms were evident to you, or would have been evident to a reasonable general practitioner had they been consulted. A doctor may find signs of a condition even if you have no symptoms and you have not noticed anything wrong. Meaning, the rule could still apply if the condition had not been diagnosed prior to taking out cover or upgrading. The medical practitioner appointed by us is independent and will review documentation submitted by you, applying the best practice guidelines as set out by the Private Health Insurance Ombudsman. For more information, please refer to our Member Guide. This does not apply to psychiatric conditions, palliative care and rehabilitation, which have a 2 month waiting period.

<sup>3</sup>Waiting periods do not apply to benefits for treatment provided immediately after and related to an accident. Accidents must not have occurred within 1 day of membership commencement. When an accident has occurred within 1 day of membership commencing the accident rule does not apply and waiting periods apply.

## Additional Hospital Information

<b>Hospital Support</b>	<p>Going to hospital can be stressful, no matter the situation. That's why we've created Hospital Support – a service to support you before, during and after a hospital stay. The service has a range of resources to help you when you need it most, including initial questions to ask your GP and specialists right through to advice on how to reduce medical bills.</p> <p>Visit <a href="https://healthpartners.com.au/hospital-support">healthpartners.com.au/hospital-support</a> or call us on 1300 113 113 for more details.</p>
<b>Understanding out-of-pocket costs</b>	<p>Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or Health Partners. Out-of-pocket costs occur when specialists and other medical practitioners set their fees higher than the Medicare Benefits Schedule (MBS, predetermined fee as set by the Government for the procedure). Health funds are also prevented by law from insuring services that occur out-of-hospital, like visits to specialists, pathology tests and scans. Therefore, these costs are not covered by your health insurance.</p> <p>Before going to hospital, you should ask your specialists, hospital and us about any out-of-pocket costs that may apply to you. There are a number of ways to minimise your out-of-pocket costs, call us early on 1300 113 113 or visit <a href="https://healthpartners.com.au/save-on-gap-payments">healthpartners.com.au/save-on-gap-payments</a> for more details.</p>
<b>Health Partners Access Gap Scheme</b>	<p>Health Partners Access Gap Scheme is designed to lower or eliminate your specialist's bill for an in-hospital procedure. We have arrangements with thousands of medical specialists Australia-wide, including anaesthetists, who have agreed to either charge:</p> <ul style="list-style-type: none"><li>• No out-of-pocket cost, or</li><li>• A reduced amount for medical procedures.</li></ul> <p>• Access Gap also provides a simpler billing process for you and your specialist.</p> <p>Ask the specialist upfront whether they'll apply the Access Gap for your situation and if they do, have them quote you in writing the amount they'll charge.</p> <p>To find an Access Gap Specialist visit <a href="https://healthpartners.com.au">healthpartners.com.au</a> or call us on 1300 113 113.</p>



Health Partners is a signatory to the Private Health Insurance Code of Conduct.  
Go to [privatehealthcareaustralia.org.au/codeofconduct](https://privatehealthcareaustralia.org.au/codeofconduct)

Benefits vary according to cover level. Benefits are subject to the rules, conditions and eligibility criteria as set out in the Member Guide. It is the policyholder's responsibility to understand what is and what is not covered by their health insurance policy, therefore this information should be read in its entirety and retained in conjunction with the Health Partners Member Guide. Information about our Dispute Resolution Process and Health Partners' Privacy Policy can be found in the Member Guide. A Definition & Interpretation section is located in the Member Guide to assist in understanding key terms. If you are requiring treatment, you can call us on 1300 113 113 to check if you are covered and if your provider or chosen hospital is recognised by us.