HealthPartners

Gold Hospital Advantage

$750 excess

No excess for dependants on family covers

Unlimited emergency ambulance

Health Partners Support Programs

Your Excess

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$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.
- The excess is waived for dependants on family and single parent covers.

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
✓	Rehabilitation
✓	Hospital psychiatric services
✓	Palliative care
✓	Brain and nervous system
✓	Eye (not cataracts)
✓	Ear, nose and throat
✓	Tonsils, adenoids and grommets
✓	Bone, joint and muscle
✓	Joint reconstructions
✓	Kidney and bladder
✓	Male reproductive system
✓	Digestive system
✓	Hernia and appendix
✓	Gastrointestinal endoscopy
✓	Gynaecology
✓	Miscarriage and termination of pregnancy
✓	Chemotherapy, radiotherapy and immunotherapy for cancer
✓	Pain management
✓	Skin

	Procedures and Services
✓	Breast surgery (medically necessary)
✓	Diabetes management (excluding insulin pumps)
✓	Heart and vascular system
✓	Lung and chest
✓	Blood
✓	Back, neck and spine
✓	Plastic and reconstructive surgery (medically necessary)
✓	Dental surgery[1]
✓	Podiatric surgery[2] (provided by a registered podiatric surgeon)
✓	Implantation of hearing devices[3]
✓	Cataracts
✓	Joint replacements
✓	Dialysis for chronic kidney failure
✓	Weight loss surgery
✓	Insulin pumps[4] (Important: this relates to inpatient procedures only, refer to Loyalty Benefits for outpatient procedures)
✓	Pain management with device
✓	Sleep studies
✓	Pregnancy and birth
✓	Assisted reproductive services[5]

[1]Dental Extras cover also required to receive benefits for dental item numbers used in the procedure.
[2]Podiatry Extras cover that includes Podiatric Surgeon benefits is also required to receive benefits for Podiatric Surgeon item numbers used in the procedure.
[3]Replacement of implanted hearing device speech processors, where done as an outpatient, the Outpatient Loyalty Benefits detailed below will apply.
[4]Insulin pumps are often supplied and replaced without the need for hospital admission, in which case the Outpatient Loyalty Benefits detailed below will apply.
[5]If you are freezing your eggs for elective reasons and the item is not covered by Medicare, the procedure is not covered by private health insurance. Storage costs are excluded.

Outpatient Loyalty Benefits for Insulin Pumps and replacement Hearing Devices

	Benefits and Limits
Loyalty benefits means you can claim more back the longer you remain on your policy for insulin pumps and replacement of speech processors for implanted hearing devices, when done as an outpatient	We will pay benefits of; 50% after 3 years, 70% after 4 years and 100% after 5 years. Benefits apply only where clinically needed. We will not pay benefits solely at the expiration of warranty where the device is still functioning properly. Once claimed the loyalty limit will reset and need to be re-served. Loyalty benefit is based on continuous membership on products that include the loyalty benefit. Loyalty benefits are not transferable when transferring from another fund. Refer to our Fund Rules for more information.

Ambulance

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

Additional support directly related to an admission and medically necessary

	Benefit	Limit
PBS approved prescriptions	100%	Unlimited
Aids for recovery, for example compression garments and braces	75%	$100 limit per person
Non-surgically implanted medical devices and human tissue products	75%	$150 limit per person
Surgically implanted medical devices and human tissue products ordered by a medical practitioner in private practice, but not listed on the Australian Government's Prescribed List of Medical Devices and Human Tissue Products	100%	$1,500 limit per person

Health Partners Support Programs

Health Management Programs, providing 100% benefit	**Health Coaching** Provides telephone-based information and support to assist with self-management of chronic disease and complex health issues. Each case will be assessed by Health Partners to determine eligibility.
Hospital to Home	**Hospital Guide** Helping you navigate through your hospital journey with the ultimate goal of getting you home sooner.
	Hospital in the Home 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.
	Rehab in the Home 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.
	Chemo in the Home Provides infusion care by highly trained and skilled nursing staff in the comfort of your own home, providing a convenient alternative to receiving treatment in hospital and help to reduce associated anxieties. This is available for eligible members and where we have special arrangements in place. This may change from time to time.

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.

12 months	Pre-existing conditions[6]
	Pregnancy and birth (obstetrics)
36 months	Insulin pumps and replacement implantation of hearing devices when done as an **outpatient** - refer to loyalty benefit for more information.
2 months	Palliative care, rehabilitation and hospital psychiatric treatments[7]
	All other hospital treatments, Health Partners Support Programs and ambulance.
1 day	Accidents[8]

[6]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.

[7]Members who have held a hospital cover for at least 2 months and upgrade to receive psychiatric treatment as covered services may not be required to serve the waiting period for psychiatric treatment. This exemption can only be accessed once in a member's lifetime.

[8]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

Hospital Support	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. Visit healthpartners.com.au/hospital-support or call us on 1300 113 113 for more details.
Understanding out-of-pocket costs	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. 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 healthpartners.com.au/save-on-gap-payments for more details.
Health Partners Access Gap Scheme	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: • No out-of-pocket cost, or • A reduced amount for medical procedures. • Access Gap also provides a simpler billing process for you and your specialist. 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. To find an Access Gap Specialist visit healthpartners.com.au or call us on 1300 113 113.

Private Health Insurance Code of Conduct

Health Partners is a signatory to the Private Health Insurance Code of Conduct.
Go to 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.

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