

# 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

If you've selected to have an excess, your agreed excess amount will be payable when you're admitted to hospital.

- 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.

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*
✓	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

\*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

<b>Hospital to Home</b>	<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 all clinical categories, even hospital procedures and services that are listed as exclusions on your individual cover details. Meaning, you will receive the highest level of cover if you require treatment as a result of an accident. For more details on the conditions and how we define Accident Cover, refer to our Member Guide.

## 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*
<b>2 months</b>	Palliative care, rehabilitation and hospital psychiatric treatments
	All other hospital treatments
<b>1 day</b>	Accidents†

\*A pre-existing condition is where signs or symptoms of an ailment, illness or condition, in which a medical practitioner appointed by the fund has advised, existed at any time during the six months preceding the date on which you purchased or upgraded your hospital cover. This does not apply to psychiatric conditions, palliative care and rehabilitation, which have a 2 month waiting period.

†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="http://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="http://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> <li>• Access Gap also provides a simpler billing process for you and your specialist.</li> </ul> <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="http://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](http://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.