

Gold Hospital



Choice of excess



No excess for kids on family covers



Unlimited emergency ambulance



Health Partners Support Programs

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.

No excess	\$250	\$500	\$750
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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.
- The excess is waived for dependent children on family and sole parent covers.

What am I covered for when admitted into hospital?

Hospital treatments by clinical category.

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*
✓ Podiatric surgery^ (provided by a registered podiatric surgeon)
✓ Implantation of hearing devices
✓ Cataracts
✓ Joint replacements
✓ Dialysis for chronic kidney failure
✓ Weight loss surgery
✓ Insulin pumps
✓ Pain management with device
✓ Sleep studies
✓ Pregnancy and birth
✓ Assisted reproductive services

#Dental Extras cover also required to receive benefits for dental item numbers used in the procedure.

^Limited to cover for accommodation and cost of a prosthesis as listed in the prostheses list set out in the Private Health Insurance (Prostheses) Rules, as in force from time to time.

Outpatient Loyalty Benefits

	Benefit	Limit
Loyalty benefits means you can claim more back the longer you remain on your policy for replacement insulin pumps and replacement implantation of hearing devices, when done as an outpatient.	50% after 3 years 70% after 4 years 100% after 5+ years The above Loyalty Benefit is based on continuous membership on this level of cover.	Maximum applicable benefit is limited to once every 5 years.

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 prostheses	75%	\$150 limit per person
Surgically implanted prostheses ordered by a medical practitioner in private practice, but not listed on the Commonwealth Prostheses List	100%	\$1,500 limit per person



Podiatry

Benefits paid to Podiatric Surgeon at 85% to a limit of \$350 for hospital surgical podiatry procedures. This is an additional benefit that is paid on top of the costs for accommodation and prostheses.



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.
	Newborn Support Program Provides ongoing support from the time you learn of your pregnancy through to the first 8 weeks of your baby's life. Includes support, advice and benefits for: lactation consultations; post-natal advice; baby development and what to expect; first aid for babies; general parenting support – all of which can be accessed via email, phone or in person depending on your location.
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.



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*
	Pregnancy and birth (obstetrics)
36 months	Replacement insulin pump and replacement implantation of hearing device when done as an outpatient – refer to loyalty benefit for more information.
2 months	Palliative care, rehabilitation and hospital psychiatric treatments [†]
	All other hospital treatments
1 day	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.

[†]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.

[‡]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.



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.