



HCI

Gold Hospital - \$250/\$500 excess with Premier Extras

**\$709.12 / month**

(Before Rebate, Discount &amp; Loading)

Available in WA

You may be entitled to an Australian Government Rebate on the above premium. Your premium may also include a Lifetime Health Cover Loading or an insurer discount. Check with your insurer for details.

**This policy covers:** Two adults & dependants (3 or more people, only 2 of whom are adults).

Children (0 - 17), non-classified\* dependant (18 - 22) and students (23 - 31), as well as persons with a disability who qualify as a child, non-classified\* dependant and student in these age ranges.

\*Non-classified dependant: Coverage for dependants between 18 & 22

- This policy exempts you from the Medicare Levy Surcharge.
- This policy does not provide accident cover.
- This policy provides benefits for travel or accommodation outside of hospital - check with insurer for details.

Policy ID: HCI/J1/WBBG2D

Source: Private Health Information Statement (PHIS).

## Hospital Cover

✓ Covered

✗ Restricted Cover

✗ Not Covered

### This policy includes cover for

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

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 on admission. This is limited to a maximum of \$250 per person and \$500 per policy per year.

Excess payments do not apply to hospital admissions for day surgery.

**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
- 12 months for pregnancy and birth (obstetrics)
- 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 (<https://www.health.gov.au/resources/apps-and-tools/medical-costs-finder>) lets you find out more about the cost of specialist medical services.

**Other features of this hospital cover**

Comprehensive, top hospital cover for complete peace of mind. HCl will waive any applicable excess for same-day hospital treatments. We also waive any applicable excess on dependants under 18 years of age.

**For further information about this policy see:** <https://hcilt.com.au/packaged-cover>

This health insurer does not operate a preferred provider scheme.

Policy ID: HCl/J1/WBBG2D Source: [Private Health Information Statement \(PHIS\)](#)

**Extras Cover**

**This policy includes General treatment (Extras) cover for**

Note, for treatments marked with \*: A 12 month waiting period applies to eligible medicinal cannabis prescriptions.

| Treatment & waiting period (months) |    | Benefit limits per 12 months unless otherwise stated                                                              | Examples of maximum benefits                                                                           |
|-------------------------------------|----|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                       | 2  | \$500 per person<br>combined limit for acupuncture, chinese medicine, chiropractic, osteopathy & remedial massage | <ul style="list-style-type: none"><li>• Initial visit: \$33</li><li>• Subsequent visit: \$33</li></ul> |
| ✓ Audiology                         | 2  | \$200 per person                                                                                                  | <ul style="list-style-type: none"><li>• Initial visit: \$50</li><li>• Subsequent visit: \$50</li></ul> |
| ✓ Blood glucose monitors            | 12 | \$500 per person                                                                                                  | <ul style="list-style-type: none"><li>• Per monitor: \$500</li></ul>                                   |
| ✓ Chinese medicine                  | 2  | \$500 per person<br>combined limit for acupuncture, chinese medicine, chiropractic, osteopathy & remedial massage | <ul style="list-style-type: none"><li>• Initial visit: \$33</li><li>• Subsequent visit: \$33</li></ul> |

|                                         |    |                                                                                                                                                                                                         |                                                                                                                                                                                                |
|-----------------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Chiropractic                          | 2  | <b>\$500 per person</b><br>combined limit for acupuncture, chinese medicine, chiropractic, osteopathy & remedial massage                                                                                | <ul style="list-style-type: none"> <li>Initial visit: \$33</li> <li>Subsequent visit: \$33</li> </ul>                                                                                          |
| ✓ Dietetics/dietary advice              | 2  | <b>\$1,000 per person</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry & speech therapy<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$35</li> </ul>                                                                                          |
| ✓ Endodontic                            | 12 | <b>\$1,650 per person</b><br>combined limit for endodontic, major dental & orthodontic<br>sub-limits apply                                                                                              | <ul style="list-style-type: none"> <li>Filling of one root canal: \$179</li> </ul>                                                                                                             |
| ✓ Exercise physiology                   | 2  | <b>\$750 per person</b><br>combined limit for exercise physiology & physiotherapy                                                                                                                       | <ul style="list-style-type: none"> <li>Initial visit: \$38</li> <li>Subsequent visit: \$38</li> </ul>                                                                                          |
| ✓ Eye therapy (orthoptics)              | 2  | <b>\$1,000 per person</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry & speech therapy<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$30</li> </ul>                                                                                          |
| ✓ General dental                        | 2  | <b>\$1,650 per person</b>                                                                                                                                                                               | <ul style="list-style-type: none"> <li>Fluoride treatment: \$25</li> <li>Scale &amp; clean: \$77</li> <li>Surgical tooth extraction: \$161</li> <li>Periodic oral examination: \$35</li> </ul> |
| ✓ Health management / Healthy lifestyle | 2  | <b>\$350 per person</b><br>sub-limits apply                                                                                                                                                             | <ul style="list-style-type: none"> <li>Health management: \$180</li> </ul>                                                                                                                     |
| ✓ Hearing aids                          | 36 | <b>\$2,000 per person</b><br>sub-limits apply                                                                                                                                                           | <ul style="list-style-type: none"> <li>Hearing aid: \$1000</li> </ul>                                                                                                                          |
| ✓ Home nursing                          | 2  | <b>\$500 per person</b>                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>Initial visit: \$50</li> <li>Subsequent visit: \$50</li> </ul>                                                                                          |
| ✓ Major dental                          | 12 | <b>\$1,650 per person</b><br>combined limit for endodontic, major dental & orthodontic<br>sub-limits apply                                                                                              | <ul style="list-style-type: none"> <li>Full crown veneered: \$800</li> </ul>                                                                                                                   |
| ✓ Non PBS pharmaceuticals               | 2  | <b>\$1,000 per person</b><br>sub-limits apply                                                                                                                                                           | <ul style="list-style-type: none"> <li>Per eligible prescription: \$100</li> </ul>                                                                                                             |
| ✓ Occupational therapy                  | 2  | <b>\$1,000 per person</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry & speech therapy<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>                                                                                          |
| ✓ Optical                               | 6  | <b>\$300 per person</b>                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: \$300</li> <li>Single vision lenses &amp; frames: \$300</li> </ul>                                                     |
| ✓ Orthodontic                           | 12 | <b>\$1,650 per person</b><br>combined limit for endodontic, major dental & orthodontic<br>sub-limits apply                                                                                              | <ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: \$900</li> </ul>                                                        |

|                                  |   |                                                                                                                                                                                                         |                                                                                                       |
|----------------------------------|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| ✓ Orthotics (podiatric orthoses) | 2 | <b>\$1,000 per person</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry & speech therapy<br>sub-limits apply | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: \$260</li> </ul>                   |
| ✓ Osteopathy                     | 2 | <b>\$500 per person</b><br>combined limit for acupuncture, chinese medicine, chiropractic, osteopathy & remedial massage                                                                                | <ul style="list-style-type: none"> <li>Initial visit: \$33</li> <li>Subsequent visit: \$33</li> </ul> |
| ✓ Physiotherapy                  | 2 | <b>\$750 per person</b><br>combined limit for exercise physiology & physiotherapy                                                                                                                       | <ul style="list-style-type: none"> <li>Initial visit: \$38</li> <li>Subsequent visit: \$38</li> </ul> |
| ✓ Podiatry                       | 2 | <b>\$1,000 per person</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry & speech therapy<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$42</li> <li>Subsequent visit: \$42</li> </ul> |
| ✓ Psychology                     | 2 | <b>\$250 per person</b>                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>Initial visit: \$60</li> <li>Subsequent visit: \$60</li> </ul> |
| ✓ Remedial massage               | 2 | <b>\$500 per person</b><br>combined limit for acupuncture, chinese medicine, chiropractic, osteopathy & remedial massage                                                                                | <ul style="list-style-type: none"> <li>Initial visit: \$33</li> <li>Subsequent visit: \$33</li> </ul> |
| ✓ Speech therapy                 | 2 | <b>\$1,000 per person</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry & speech therapy<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$50</li> <li>Subsequent visit: \$50</li> </ul> |
| ✓ Vaccinations                   | 2 | <b>\$250 per person up to \$500 per policy</b><br>sub-limits apply                                                                                                                                      | <ul style="list-style-type: none"> <li>Per service: \$100</li> </ul>                                  |

Group physio/hydrotherapy session \$18 per service. Flu vaccination 1 per calendar year \$25 per service. Other eligible vaccines \$100 per service. For eligible medicinal cannabis prescriptions a 12 month waiting period applies.

This policy **does not include** General treatment (Extras) cover for

✗ Ante-natal/Post-natal classes

For further information about this policy see: <https://hcilt.com.au/packaged-cover>

## Ambulance cover

In WA 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.

For further information about this policy see: <https://hcilt.com.au/packaged-cover>

## Insurer Details



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 <https://www.hciltld.com.au>

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 1800 804 950

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