



HCI

Gold Hospital - \$750/\$1500 excess with Active Life Extras

\$340.91 / month

(Before Rebate, Discount & Loading)

Available in TAS

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: One adult & dependants (2 or more people, only one of whom is an adult).

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 does not provide benefits for travel or accommodation outside of hospital.

Policy ID: HCI/J1D/TCDS1D**Source:** Private Health Information Statement (PHIS)

Hospital Cover

✓ Covered

R 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 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 of \$750 per admission. This is limited to a maximum of \$750 per person and \$1500 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

Excess does not apply to any dependants under the age of 18.

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: HCI/J1D/TCDS1D Source: [Private Health Information Statement \(PHIS\)](#)

Extras Cover

This policy includes General treatment (Extras) cover for

Treatment & waiting period (months)		Benefit limits per 12 months unless otherwise stated	Examples of maximum benefits
✓ Acupuncture	2	\$400 per person combined limit for acupuncture, chinese medicine, chiropractic, osteopathy & remedial massage	• Initial visit: \$28 • Subsequent visit: \$28
✓ Chinese medicine	2	\$400 per person combined limit for acupuncture, chinese medicine, chiropractic, osteopathy & remedial massage	• Initial visit: \$28 • Subsequent visit: \$28
✓ Chiropractic	2	\$400 per person combined limit for acupuncture, chinese medicine, chiropractic, osteopathy & remedial massage	• Initial visit: \$28 • Subsequent visit: \$28
✓ Endodontic	12	\$500 per person combined limit for endodontic & major dental	• Filling of one root canal: \$120
✓ Exercise physiology	2	\$400 per person combined limit for exercise physiology & physiotherapy	• Initial visit: \$39 • Subsequent visit: \$39

✓ General dental	2	\$500 per person	- Fluoride treatment: \$22 - Scale & clean: \$61 - Surgical tooth extraction: \$100 - Periodic oral examination: \$33
✓ Major dental	12	\$500 per person combined limit for endodontic & major dental sub-limits apply	Full crown veneered: \$500
✓ Optical	6	\$220 per person	- Multi-focal lenses & frames: \$220 - Single vision lenses & frames: \$220
✓ Osteopathy	2	\$400 per person combined limit for acupuncture, chinese medicine, chiropractic, osteopathy & remedial massage	- Initial visit: \$28 - Subsequent visit: \$28
✓ Physiotherapy	2	\$400 per person combined limit for exercise physiology & physiotherapy	- Initial visit: \$39 - Subsequent visit: \$39
✓ Remedial massage	2	\$400 per person combined limit for acupuncture, chinese medicine, chiropractic, osteopathy & remedial massage	- Initial visit: \$28 - Subsequent visit: \$28
✓ Vaccinations	2	\$175 per person up to \$350 per policy	Per service: \$35

Group physio/hydrotherapy session \$18 per service. Flu vaccination 1 per calendar year \$25 per service. Other eligible vaccines \$35 per service.

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

- | | | |
|---------------------------------|---|----------------------------------|
| ✗ Ante-natal/Post-natal classes | ✗ Health management / Healthy lifestyle | ✗ Orthodontic |
| ✗ Audiology | ✗ Hearing aids | ✗ Orthotics (podiatric orthoses) |
| ✗ Blood glucose monitors | ✗ Home nursing | ✗ Podiatry |
| ✗ Dietetics/dietary advice | ✗ Non PBS pharmaceuticals | ✗ Psychology |
| ✗ Eye therapy (orthoptics) | ✗ Occupational therapy | ✗ Speech therapy |

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

Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - https://www.health.tas.gov.au/ambulance/fees_and_accounts.

For further information about this policy see: <https://hciltd.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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