



HCI

Silver Plus Secure Hospital - \$250/\$500 excess with Healthy Extras

\$553.85 / 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).

Disabled dependant person: Participants in the National Disability Insurance Scheme (NDIS) are considered persons with a disability. Insurers may have a broader definition of persons with a disability. Check with the insurer for details.

- 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/J3B/TEVQ1P**Source:** Private Health Information Statement (PHIS)

Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

This policy includes cover for

- | | | |
|---|-----------------------------------|--|
| ✓ Back, neck and spine | ✓ Ear, nose and throat | ✓ Male reproductive system |
| ✓ Blood | ✓ Eye (not cataracts) | ✓ Miscarriage and termination of pregnancy |
| ✓ Bone, joint and muscle | ✓ Gastrointestinal endoscopy | ✓ Pain management |
| ✓ Brain and nervous system | ✓ Gynaecology | ✓ Palliative care |
| ✓ Breast surgery (medically necessary) | ✓ Heart and vascular system | ✓ Plastic and reconstructive surgery (medically necessary) |
| ✓ Cataracts | ✓ Hernia and appendix | ✓ Podiatric surgery (provided by a registered podiatric surgeon) |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | R Hospital psychiatric services | R Rehabilitation |
| ✓ Dental surgery | ✓ Implantation of hearing devices | ✓ 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 | |
| | ✓ Lung and chest | |

This policy does not include cover for

- | | | |
|----------------------------------|-------------------------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Pain management with device | ✗ Weight loss surgery |
| ✗ Insulin pumps | ✗ Pregnancy and birth | |

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

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
- 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

The 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/J3B/TEVQ1P 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 combined limit for acupuncture, chinese medicine, chiropractic, osteopathy & remedial massage	• Initial visit: \$37 • Subsequent visit: \$37
✓ Audiology	2	\$200 per person	• Initial visit: \$33 • Subsequent visit: \$33
✓ Blood glucose monitors	12	\$300 per person sub-limits apply	• Per monitor: \$300
✓ Chinese medicine	2	\$500 per person combined limit for acupuncture, chinese medicine, chiropractic, osteopathy & remedial massage	• Initial visit: \$37 • Subsequent visit: \$37

✓ Chiropractic	2	\$500 per person combined limit for acupuncture, chinese medicine, chiropractic, osteopathy & remedial massage	- Initial visit: \$37 - Subsequent visit: \$37
✓ Dietetics/dietary advice	2	\$1,000 per person combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry & speech therapy sub-limits apply	- Initial visit: \$33 - Subsequent visit: \$33
✓ Endodontic	12	\$1,650 per person combined limit for endodontic, major dental & orthodontic sub-limits apply	Filling of one root canal: \$145
✓ Exercise physiology	2	\$700 per person combined limit for exercise physiology & physiotherapy	- Initial visit: \$60 - Subsequent visit: \$60
✓ Eye therapy (orthoptics)	2	\$1,000 per person combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry & speech therapy sub-limits apply	- Initial visit: \$30 - Subsequent visit: \$30
✓ General dental	2	\$1,100 per person sub-limits apply	- Fluoride treatment: \$28 - Scale & clean: \$72 - Surgical tooth extraction: \$120 - Periodic oral examination: \$39
✓ Health management / Healthy lifestyle	2	\$300 per person sub-limits apply	Health management: \$120
✓ Hearing aids	36	\$1,600 per person sub-limits apply	Hearing aid: \$800
✓ Home nursing	2	\$500 per person	- Initial visit: \$40 - Subsequent visit: \$40
✓ Major dental	12	\$1,650 per person combined limit for endodontic, major dental & orthodontic sub-limits apply	Full crown veneered: \$600
✓ Non PBS pharmaceuticals	2	\$700 per person sub-limits apply	Per eligible prescription: \$75
✓ Occupational therapy	2	\$1,000 per person combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry & speech therapy sub-limits apply	- Initial visit: \$33 - Subsequent visit: \$33
✓ Optical	6	\$240 per person	- Multi-focal lenses & frames: \$240 - Single vision lenses & frames: \$240
✓ Orthodontic	12	\$1,650 per person combined limit for endodontic, major dental & orthodontic sub-limits apply	Braces for upper & lower teeth, including removal plus fitting of retainer: \$600

✓ Orthotics (podiatric orthoses)	2	\$1,000 per person combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry & speech therapy sub-limits apply	• Orthotics supply & fit: \$200
✓ Osteopathy	2	\$500 per person combined limit for acupuncture, chinese medicine, chiropractic, osteopathy & remedial massage	• Initial visit: \$37 • Subsequent visit: \$37
✓ Physiotherapy	2	\$700 per person combined limit for exercise physiology & physiotherapy	• Initial visit: \$60 • Subsequent visit: \$60
✓ Podiatry	2	\$1,000 per person combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry & speech therapy sub-limits apply	• Initial visit: \$40 • Subsequent visit: \$40
✓ Psychology	2	\$250 per person	• Initial visit: \$60 • Subsequent visit: \$60
✓ Remedial massage	2	\$500 per person combined limit for acupuncture, chinese medicine, chiropractic, osteopathy & remedial massage	• Initial visit: \$37 • Subsequent visit: \$37
✓ Speech therapy	2	\$1,000 per person combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry & speech therapy sub-limits apply	• Initial visit: \$33 • Subsequent visit: \$33
✓ Vaccinations	2	\$250 per person up to \$500 per policy sub-limits apply	• Per service: \$75

Group physio/hydrotherapy session \$18 per service. Flu vaccination 1 per calendar year \$25 per service. Other eligible vaccines \$75 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://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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Call now  1800 804 950 Sponsor link

HCI

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

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 1800 804 950

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