



HCI

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

**\$814.65 / 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).

**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/WEV2P**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](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 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/WEW2P 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  | <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: \$37</li><li>• Subsequent visit: \$37</li></ul> |
| ✓ Audiology                         | 2  | <b>\$200 per person</b>                                                                                                  | <ul style="list-style-type: none"><li>• Initial visit: \$33</li><li>• Subsequent visit: \$33</li></ul> |
| ✓ Blood glucose monitors            | 12 | <b>\$300 per person</b><br>sub-limits apply                                                                              | <ul style="list-style-type: none"><li>• Per monitor: \$300</li></ul>                                   |
| ✓ Chinese medicine                  | 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: \$37</li><li>• Subsequent visit: \$37</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: \$37</li> <li>Subsequent visit: \$37</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: \$33</li> <li>Subsequent visit: \$33</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: \$145</li> </ul>                                                                                                             |
| ✓ Exercise physiology                   | 2  | <b>\$700 per person</b><br>combined limit for exercise physiology & physiotherapy                                                                                                                       | <ul style="list-style-type: none"> <li>Initial visit: \$60</li> <li>Subsequent visit: \$60</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>\$1,100 per person</b><br>sub-limits apply                                                                                                                                                           | <ul style="list-style-type: none"> <li>Fluoride treatment: \$28</li> <li>Scale &amp; clean: \$72</li> <li>Surgical tooth extraction: \$120</li> <li>Periodic oral examination: \$39</li> </ul> |
| ✓ Health management / Healthy lifestyle | 2  | <b>\$300 per person</b><br>sub-limits apply                                                                                                                                                             | <ul style="list-style-type: none"> <li>Health management: \$120</li> </ul>                                                                                                                     |
| ✓ Hearing aids                          | 36 | <b>\$1,600 per person</b><br>sub-limits apply                                                                                                                                                           | <ul style="list-style-type: none"> <li>Hearing aid: \$800</li> </ul>                                                                                                                           |
| ✓ Home nursing                          | 2  | <b>\$500 per person</b>                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</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: \$600</li> </ul>                                                                                                                   |
| ✓ Non PBS pharmaceuticals               | 2  | <b>\$700 per person</b><br>sub-limits apply                                                                                                                                                             | <ul style="list-style-type: none"> <li>Per eligible prescription: \$75</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: \$33</li> <li>Subsequent visit: \$33</li> </ul>                                                                                          |
| ✓ Optical                               | 6  | <b>\$240 per person</b>                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: \$240</li> <li>Single vision lenses &amp; frames: \$240</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: \$600</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: \$200</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: \$37</li> <li>Subsequent visit: \$37</li> </ul> |
| ✓ Physiotherapy                  | 2 | <b>\$700 per person</b><br>combined limit for exercise physiology & physiotherapy                                                                                                                       | <ul style="list-style-type: none"> <li>Initial visit: \$60</li> <li>Subsequent visit: \$60</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: \$40</li> <li>Subsequent visit: \$40</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: \$37</li> <li>Subsequent visit: \$37</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: \$33</li> <li>Subsequent visit: \$33</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: \$75</li> </ul>                                   |

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://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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