



## HCI Silver Plus Secure & Top Extras

**\$485.55 / month**

(Before Rebate, Discount &amp; 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 provides benefits for travel or accommodation outside of hospital - check with insurer for details.

Policy ID: HCI/S1E4/THLN1D

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 on 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://www.hcilt.com.au/hospital-cover/>

This health insurer does not operate a preferred provider scheme.

Policy ID: HCI/S1E4/THLN1D 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  | \$500 per person up to \$1,500 per policy<br>combined limit for acupuncture, chinese medicine, chiropractic, osteopathy & remedial massage | <ul style="list-style-type: none"><li>• Initial visit: \$40</li><li>• Subsequent visit: \$40</li></ul> |
| ✓ Audiology                         | 2  | \$250 per person up to \$750 per policy                                                                                                    | <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 up to \$1,500 per policy<br>combined limit for acupuncture, chinese medicine, chiropractic, osteopathy & remedial massage | <ul style="list-style-type: none"><li>• Initial visit: \$40</li><li>• Subsequent visit: \$40</li></ul> |

|                                         |    |                                                                                                                                                                                                                                  |                                                                                                                                                                                                |
|-----------------------------------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Chiropractic                          | 2  | <b>\$500 per person up to \$1,500 per policy</b><br>combined limit for acupuncture, chinese medicine, chiropractic, osteopathy & remedial massage                                                                                | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>                                                                                          |
| ✓ Dietetics/dietary advice              | 2  | <b>\$1,000 per person up to \$3,000 per policy</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>                                                                                          |
| ✓ Endodontic                            | 12 | <b>\$1,650 per person up to \$4,950 per policy</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: \$160</li> </ul>                                                                                                             |
| ✓ Exercise physiology                   | 2  | <b>\$750 per person up to \$2,250 per policy</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 up to \$3,000 per policy</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>                                                                                          |
| ✓ General dental                        | 2  | <b>\$1,650 per person up to \$4,950 per policy</b>                                                                                                                                                                               | <ul style="list-style-type: none"> <li>Fluoride treatment: \$30</li> <li>Scale &amp; clean: \$80</li> <li>Surgical tooth extraction: \$160</li> <li>Periodic oral examination: \$45</li> </ul> |
| ✓ Health management / Healthy lifestyle | 2  | <b>\$350 per person up to \$1,050 per policy</b><br>sub-limits apply                                                                                                                                                             | <ul style="list-style-type: none"> <li>Health management: \$200</li> </ul>                                                                                                                     |
| ✓ Hearing aids                          | 36 | <b>\$2,000 per person up to \$6,000 per policy</b><br>sub-limits apply                                                                                                                                                           | <ul style="list-style-type: none"> <li>Hearing aid: \$1000</li> </ul>                                                                                                                          |
| ✓ Home nursing                          | 2  | <b>\$500 per person up to \$1,500 per policy</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 up to \$4,950 per policy</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 up to \$3,000 per policy</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 up to \$3,000 per policy</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 up to \$900 per policy</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 up to \$4,950 per policy</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: 100% of charge</li> </ul>                                               |

|                                  |   |                                                                                                                                                                                                                                  |                                                                                                       |
|----------------------------------|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| ✓ Orthotics (podiatric orthoses) | 2 | <b>\$1,000 per person up to \$3,000 per policy</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: \$250</li> </ul>                   |
| ✓ Osteopathy                     | 2 | <b>\$500 per person up to \$1,500 per policy</b><br>combined limit for acupuncture, chinese medicine, chiropractic, osteopathy & remedial massage                                                                                | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul> |
| ✓ Physiotherapy                  | 2 | <b>\$750 per person up to \$2,250 per policy</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 up to \$3,000 per policy</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>\$300 per person up to \$900 per policy</b>                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>Initial visit: \$70</li> <li>Subsequent visit: \$70</li> </ul> |
| ✓ Remedial massage               | 2 | <b>\$500 per person up to \$1,500 per policy</b><br>combined limit for acupuncture, chinese medicine, chiropractic, osteopathy & remedial massage                                                                                | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul> |
| ✓ Speech therapy                 | 2 | <b>\$1,000 per person up to \$3,000 per policy</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> |
| ✓ Vaccinations                   | 2 | <b>\$250 per person up to \$750 per policy</b><br>sub-limits apply                                                                                                                                                               | <ul style="list-style-type: none"> <li>Per service: \$25</li> </ul>                                   |

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

**Other features of this general treatment cover:** Policy limits or caps may apply.

**For further information about this policy see:** <https://www.hcilt.com.au/hospital-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](https://www.health.tas.gov.au/ambulance/fees_and_accounts).

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



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### HCI

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

 [enquiries@hciltld.com.au](mailto:enquiries@hciltld.com.au)

 1800 804 950

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