



**HCI**  
**Silver Plus Advantage 750 & Healthy Extras**

**\$534.55 / 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, including non-student dependants (2 or more people, only one of whom is an adult).

Children (0 - 17), non-classified\* dependant (18 - 22), students (23 - 31) and non-students (23 to 31).

**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.

\*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/SP2H/TGLJ1P

**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      | ✓ Palliative care                                                |
| ✓ Bone, joint and muscle                                  | ✓ Gynaecology                     | ✓ Plastic and reconstructive surgery (medically necessary)       |
| ✓ Brain and nervous system                                | ✓ Heart and vascular system       | ✓ Podiatric surgery (provided by a registered podiatric surgeon) |
| ✓ Breast surgery (medically necessary)                    | ✓ Hernia and appendix             | ✓ Pregnancy and birth                                            |
| ✓ 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                                                  |
| ✓ Digestive system                                        | ✓ Kidney and bladder              | ✓ Tonsils, adenoids and grommets                                 |
|                                                           | ✓ Lung and chest                  |                                                                  |
|                                                           | ✓ Male reproductive system        |                                                                  |

**This policy does not include cover for**

- |                                       |                      |                               |
|---------------------------------------|----------------------|-------------------------------|
| ✗ Cataracts                           | ✗ Insulin pumps      | ✗ Pain management with device |
| ✗ Dialysis for chronic kidney failure | ✗ Joint replacements | ✗ Weight loss surgery         |

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

Great value hospital cover for peace of mind. HCI will waive any applicable excess on dependants under 18 years of age.

**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/SP2H/TGLJ1P 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> |

|                                                |    |                                                                                                                                                                                                         |                                                                                                                                                                                                |
|------------------------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ <b>Dietetics/dietary advice</b>              | 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>                                                                                          |
| ✓ <b>Endodontic</b>                            | 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>                                                                                                             |
| ✓ <b>Exercise physiology</b>                   | 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>                                                                                          |
| ✓ <b>Eye therapy (orthoptics)</b>              | 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>                                                                                          |
| ✓ <b>General dental</b>                        | 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> |
| ✓ <b>Health management / Healthy lifestyle</b> | 2  | <b>\$300 per person</b><br>sub-limits apply                                                                                                                                                             | <ul style="list-style-type: none"> <li>Health management: \$120</li> </ul>                                                                                                                     |
| ✓ <b>Hearing aids</b>                          | 36 | <b>\$1,600 per person</b><br>sub-limits apply                                                                                                                                                           | <ul style="list-style-type: none"> <li>Hearing aid: \$800</li> </ul>                                                                                                                           |
| ✓ <b>Home nursing</b>                          | 2  | <b>\$500 per person</b>                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>                                                                                          |
| ✓ <b>Major dental</b>                          | 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>                                                                                                                   |
| ✓ <b>Non PBS pharmaceuticals</b>               | 2  | <b>\$700 per person</b><br>sub-limits apply                                                                                                                                                             | <ul style="list-style-type: none"> <li>Per eligible prescription: \$75</li> </ul>                                                                                                              |
| ✓ <b>Occupational therapy</b>                  | 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>                                                                                          |
| ✓ <b>Optical</b>                               | 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>                                                     |
| ✓ <b>Orthodontic</b>                           | 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>                                                        |
| ✓ <b>Orthotics (podiatric orthoses)</b>        | 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>                                                                                                            |

|                           |   |                                                                                                                                                                                                         |                                                                                                       |
|---------------------------|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| ✓ <b>Osteopathy</b>       | 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> |
| ✓ <b>Physiotherapy</b>    | 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> |
| ✓ <b>Podiatry</b>         | 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> |
| ✓ <b>Psychology</b>       | 2 | <b>\$250 per person</b>                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>Initial visit: \$60</li> <li>Subsequent visit: \$60</li> </ul> |
| ✓ <b>Remedial massage</b> | 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> |
| ✓ <b>Speech therapy</b>   | 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> |
| ✓ <b>Vaccinations</b>     | 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://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/>

#### 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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