



Health Insurance Fund of Australia Limited Basic Starter

\$130.30 / 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: Only one person.

- This policy exempts you from the Medicare Levy Surcharge.
- This policy provides accident cover - check with insurer for details.
- This policy does not provide benefits for travel or accommodation outside of hospital.

Policy ID: HIF/CG7/TCAK10

Source: Private Health Information Statement (PHIS).

Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

This policy **includes** cover for

R Hospital psychiatric services

R Palliative care

R Rehabilitation

This policy **does not include** cover for

✗ Assisted reproductive services

✗ Digestive system

✗ Male reproductive system

✗ Back, neck and spine

✗ Ear, nose and throat

✗ Miscarriage and termination of pregnancy

✗ Blood

✗ Eye (not cataracts)

✗ Pain management

✗ Bone, joint and muscle

✗ Gastrointestinal endoscopy

✗ Pain management with device

✗ Brain and nervous system

✗ Gynaecology

✗ Plastic and reconstructive surgery (medically necessary)

✗ Breast surgery (medically necessary)

✗ Heart and vascular system

✗ Podiatric surgery (provided by a registered podiatric surgeon)

✗ Cataracts

✗ Hernia and appendix

✗ Pregnancy and birth

✗ Chemotherapy, radiotherapy and immunotherapy for cancer

✗ Implantation of hearing devices

✗ Skin

✗ Dental surgery

✗ Insulin pumps

✗ Sleep studies

✗ Diabetes management (excluding insulin pumps)

✗ Joint reconstructions

✗ Tonsils, adenoids and grommets

✗ 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 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 \$750 per person and \$750 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

Your choice of treating doctor or specialist. Access Gap Cover for eligible services (visit hif.com.au/accessgap to learn more and find your nearest low or no gap specialist). For family policies, no excess applies to dependent children under the age of 18.

HIF has partnered with a network of providers to make a selected range of services more affordable. By choosing an HIF Choice Network provider you'll receive low or no out-of-pocket costs. See www.hif.com.au/choice-network
Policy ID: HIF/CG7/TCAK10 Source: [Private Health Information Statement \(PHIS\)](#)

Extras Cover

This policy includes General treatment (Extras) cover for

Note, for treatments marked with *: Optical benefit paid on frames and prescription optical items.

Treatment & waiting period (months)		Benefit limits per 12 months unless otherwise stated	Examples of maximum benefits
✓ Chiropractic	2	\$300 per policy combined limit for chiropractic, osteopathy, physiotherapy & other services	• Initial visit: 50% of charge • Subsequent visit: 50% of charge
✓ General dental	2	\$400 per policy	• Fluoride treatment: 50% of charge • Scale & clean: 50% of charge • Surgical tooth extraction: 50% of charge • Periodic oral examination: 50% of charge
✓ Optical*	2	\$150 per policy	• Multi-focal lenses & frames: 100% of charge • Single vision lenses & frames: 100% of charge

✓ Osteopathy	2	\$300 per policy combined limit for chiropractic, osteopathy, physiotherapy & other services	- Initial visit: 50% of charge - Subsequent visit: 50% of charge
✓ Physiotherapy	2	\$300 per policy combined limit for chiropractic, osteopathy, physiotherapy & other services	- Initial visit: 50% of charge - Subsequent visit: 50% of charge

The limits detailed above are subject to a combined overall person limit of \$300 (\$600 per couple or family membership) for physio, chiro and osteo.

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

✗ Acupuncture	✗ Eye therapy (orthoptics)	✗ Orthodontic
✗ Ante-natal/Post-natal classes	✗ Health management / Healthy lifestyle	✗ Orthotics (podiatric orthoses)
✗ Audiology	✗ Hearing aids	✗ Podiatry
✗ Blood glucose monitors	✗ Home nursing	✗ Psychology
✗ Chinese medicine	✗ Major dental	✗ Remedial massage
✗ Dietetics/dietary advice	✗ Non PBS pharmaceuticals	✗ Speech therapy
✗ Endodontic	✗ Occupational therapy	✗ Vaccinations
✗ Exercise physiology		

Other features of this general treatment cover: Extras cover, providing 50% back or more on commonly used services such as General Dental, Optical, Physio, Chiro and Osteo.

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.

Other features of this ambulance cover: There is no limit to the number of emergency ambulance services you use. If you're taken to a hospital's emergency department for urgent treatment, we'll cover 100% of the charge. If it's a non-emergency ambulance service, you only make a \$50 co-payment per trip. Not covered: Inter-hospital transportation except for inter-hospital transfers relating to an emergency or new illness where approved on a case by case basis by HIF. Transportation from a hospital to your home, nursing home or other hospital. Transportation for ongoing medical treatment. Off road, sea or air ambulance (plane, helicopter or boat).

For further information about this policy see: <https://www.hif.com.au/ambulance>

Insurer Details

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Call now  1300 134 060 Sponsor link**Health Insurance Fund of Australia Limited** <http://www.hif.com.au> hello@hif.com.au 1300 134 060

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