



Health Insurance Fund of Australia Limited
Basic Plus Hospital \$500/\$1000

\$249.80 / 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: Two adults & dependants (3 or more people, only 2 of whom are adults).

Children (0 - 17), non-classified* dependant (18 - 20) and students (21 - 30), as well as persons with a disability who qualify as a child, non-classified* dependant and student in these age ranges.

*Non-classified dependant: HIF describes any child dependant up to the age of 20

- 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/GV/TBY2D

Source: Private Health Information Statement (PHIS).

Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

This policy **includes** cover for

✓ Hernia and appendix

✓ Joint reconstructions

R Rehabilitation

R Hospital psychiatric services

R Palliative care

✓ Tonsils, adenoids and grommets

This policy **does not include** cover for

✗ Assisted reproductive services

✗ Dialysis for chronic kidney failure

✗ Male reproductive system

✗ Back, neck and spine

✗ Digestive system

✗ Miscarriage and termination of pregnancy

✗ Blood

✗ Ear, nose and throat

✗ Pain management

✗ Bone, joint and muscle

✗ Eye (not cataracts)

✗ Pain management with device

✗ Brain and nervous system

✗ Gastrointestinal endoscopy

✗ Plastic and reconstructive surgery (medically necessary)

✗ Breast surgery (medically necessary)

✗ Gynaecology

✗ Podiatric surgery (provided by a registered podiatric surgeon)

✗ Cataracts

✗ Heart and vascular system

✗ 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 replacements

✗ Weight loss surgery

✗ Kidney and bladder

✗ Lung and chest

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 \$500 per person and \$1000 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 known or no gap specialist). For family policies, no excess applies to dependants under the age of 18.

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

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

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 <http://www.hif.com.au>

 hello@hif.com.au

 **1300 134 060**

Disclaimer: This document is not a Private Health Information Statement (PHIS), and it is not intended to replace that document. The details contained in the **healthslips.com.au Policy Information** was provided by the insurer to the Australian Government. It is intended as general information. It may not take into account your circumstances. For further information contact the insurer. Information used is Licensed from the Commonwealth of Australia under a Creative Commons 3.0 licence.

Private Health Information Statement is available from the Private Health Insurance Ombudsman website at <https://privatehealth.gov.au/dynamic/Premium/PHIS/HIF/GV/TBY2D>