



Health Insurance Fund of Australia Limited
Silver Plus No Maternity Combo

\$604.30 / 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: Two adults (and no-one else).

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

Policy ID: HIF/NM/TACD20

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	✓ Pain management with device
✓ Breast surgery (medically necessary)	✓ Heart and vascular system	✓ Palliative care
✓ Cataracts	✓ Hernia and appendix	✓ Plastic and reconstructive surgery (medically necessary)
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	R Hospital psychiatric services	✓ Podiatric surgery (provided by a registered podiatric surgeon)
✓ Dental surgery	✓ Implantation of hearing devices	✓ Rehabilitation
✓ Diabetes management (excluding insulin pumps)	✓ Insulin pumps	✓ Skin
✓ Dialysis for chronic kidney failure	✓ Joint reconstructions	✓ Sleep studies
✓ Digestive system	✓ Joint replacements	✓ Tonsils, adenoids and grommets
	✓ Kidney and bladder	
	✓ Lung and chest	

This policy does not include cover for

✗ Assisted reproductive services	✗ Pregnancy and birth	✗ Weight loss surgery
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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/dynamic/agreementhospitals) 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 further information about this policy see: <https://www.hif.com.au/silverplusnomaternitycombo-factsheet>

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/NM/TACD20 Source: [Private Health Information Statement \(PHIS\)](#)

Extras Cover

This policy includes General treatment (Extras) cover for

Note, for treatments marked with * : Benefits are payable for HIF approved programs delivered by registered providers only. Please contact us prior to commencing treatment or commencing the program to check your eligibility.

Treatment & waiting period (months)	Benefit limits per 12 months unless otherwise stated	Examples of maximum benefits
✓ Acupuncture*	2 \$150 per person combined limit for acupuncture, chinese medicine & remedial massage	<ul style="list-style-type: none">• Initial visit: 60% of charge• Subsequent visit: 60% of charge
✓ Chinese medicine*	2 \$150 per person combined limit for acupuncture, chinese medicine & remedial massage	<ul style="list-style-type: none">• Initial visit: 60% of charge• Subsequent visit: 60% of charge
✓ Chiropractic*	2 \$500 per person combined limit for chiropractic, physiotherapy & podiatry	<ul style="list-style-type: none">• Initial visit: 60% of charge• Subsequent visit: 60% of charge
✓ Endodontic*	2 \$600 per person combined limit for endodontic, general dental & major dental	<ul style="list-style-type: none">• Filling of one root canal: 60% of charge

✓ General dental*	2	\$600 per person combined limit for endodontic, general dental & major dental	<ul style="list-style-type: none">Fluoride treatment: 60% of chargeScale & clean: 60% of chargeSurgical tooth extraction: 60% of chargePeriodic oral examination: 60% of charge
✓ Health management / Healthy lifestyle*	2	\$150 per person	<ul style="list-style-type: none">Health management: \$150
✓ Major dental*	12	\$600 per person combined limit for endodontic, general dental & major dental	<ul style="list-style-type: none">Full crown veneered: 60% of charge
✓ Non PBS pharmaceuticals*	2	\$200 per person	<ul style="list-style-type: none">Per eligible prescription: \$60
✓ Optical*	2	\$150 per person	<ul style="list-style-type: none">Multi-focal lenses & frames: \$150Single vision lenses & frames: \$150
✓ Physiotherapy*	2	\$500 per person combined limit for chiropractic, physiotherapy & podiatry	<ul style="list-style-type: none">Initial visit: 60% of chargeSubsequent visit: 60% of charge
✓ Podiatry*	2	\$500 per person combined limit for chiropractic, physiotherapy & podiatry	<ul style="list-style-type: none">Initial visit: 60% of chargeSubsequent visit: 60% of charge
✓ Remedial massage*	2	\$150 per person combined limit for acupuncture, chinese medicine & remedial massage	<ul style="list-style-type: none">Initial visit: 60% of chargeSubsequent visit: 60% of charge

60% of charge paid as a benefit with an overall annual limit per person for combined services (excluding Optical, Pharmacy and Ambulance) of \$1000. A 12 month waiting period applies to dental items: 322-331, 331, 595, and 596. Healthy Lifestyle benefits are claimable for approved health management, quit smoking or weight loss programs, health assessments, skin cancer screening (if not covered by medicare), and exercise physiology. For more information contact HIF.

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

✗ Ante-natal/Post-natal classes	✗ Eye therapy (orthoptics)	✗ Orthotics (podiatric orthoses)
✗ Audiology	✗ Hearing aids	✗ Osteopathy
✗ Blood glucose monitors	✗ Home nursing	✗ Psychology
✗ Dietetics/dietary advice	✗ Occupational therapy	✗ Speech therapy
✗ Exercise physiology	✗ Orthodontic	✗ Vaccinations

Other features of this general treatment cover: This popular combo cover is our value packed Hospital & Extras option for singles and couples. It includes a host of inpatient hospital and medical services like heart, lung and chest, joint replacements, cancer treatment, cataract treatment and more. You'll also be covered for a range of popular Extras services like dental, optical, ambulance, chiro and physio.

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

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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