

**Health Partners****Basic Hospital Plus \$500 Excess with Base Extras****\$107.03 / month**

(Before Rebate, Discount &amp; Loading)

Available in NT

You may be entitled to an Australian Government Rebate on the above premium. Your premium may also include a Lifetime Health Cover Loading, an Age-based Discount 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:** SPS/C11/DHON10**Source:** Private Health Information Statement (PHIS)

## Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

### This policy **includes** cover for

- |                                 |                         |                                  |
|---------------------------------|-------------------------|----------------------------------|
| ✓ Dental surgery                | ✓ Joint reconstructions | ✓ Tonsils, adenoids and grommets |
| ✓ Hernia and appendix           | R Palliative care       |                                  |
| R Hospital psychiatric services | 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                                               | ✗ Implantation of hearing devices |                                                                  |
| ✗ Chemotherapy, radiotherapy and immunotherapy for cancer | ✗ Insulin pumps                   | ✗ Pregnancy and birth                                            |
| ✗ Diabetes management (excluding insulin pumps)           | ✗ Joint replacements              | ✗ Skin                                                           |
| ✗ Dialysis for chronic kidney failure                     | ✗ Kidney and bladder              | ✗ Sleep studies                                                  |
|                                                           | ✗ Lung and chest                  | ✗ 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 \$500 per admission. This is limited to a maximum of \$500 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**

Accident Cover provides you with protection for all clinical categories, even hospital procedures and services that are listed as exclusions on your policy. Meaning, you will receive the highest level of cover if you require treatment as a result of an accident (as defined by Health Partners). T&Cs apply. Health Partners Support Programs: Hospital to Home, which includes Hospital Guide, Hospital in the Home and Rehab in the Home. Members can also access a range of discounts, refer to the 'Member Discount' page at [healthpartners.com.au](http://healthpartners.com.au).

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

Health Partners operates a preferred provider scheme available only in South Australia. See <https://www.healthpartners.com.au/members/providers/>.

Policy ID: SPS/C11/DHON10 Source: [Private Health Information Statement \(PHIS\)](#)

## Extras Cover

**This policy includes General treatment (Extras) cover for**

Note, for treatments marked with \*: Health Partners and participating providers are in SA only. If you attend a Health Partners Dental or participating dental provider, higher benefits and 100% back on a dental check-up, including x-rays, will apply. General dental benefits are based on the Health Partners schedule of fees. If your provider charges a higher fee, a larger gap payment will apply. At Health Partners Optical get 100% back up to your optical limit and 40% thereafter once you've reached your limit. At Health Partners participating physiotherapists higher benefits apply. T&Cs apply.

| Treatment & waiting period (months) |   | Benefit limits per 12 months unless otherwise stated                                                        | Examples of maximum benefits                                                                           |
|-------------------------------------|---|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| ✓ Chiropractic                      | 2 | <b>\$150 per policy</b><br>combined limit for chiropractic, exercise physiology, osteopathy & physiotherapy | <ul style="list-style-type: none"><li>• Initial visit: \$30</li><li>• Subsequent visit: \$25</li></ul> |
| ✓ Exercise physiology               | 2 | <b>\$150 per policy</b><br>combined limit for chiropractic, exercise physiology, osteopathy & physiotherapy | <ul style="list-style-type: none"><li>• Initial visit: \$30</li><li>• Subsequent visit: \$25</li></ul> |

|                                   |   |                                                                                                                                 |                                                                                                                                                                                                                                   |
|-----------------------------------|---|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ <b>General dental*</b>          | 2 | <b>\$350 per policy</b>                                                                                                         | <ul style="list-style-type: none"> <li>Fluoride treatment: 35% of charge</li> <li>Scale &amp; clean: 35% of charge</li> <li>Surgical tooth extraction: 35% of charge</li> <li>Periodic oral examination: 35% of charge</li> </ul> |
| ✓ <b>Non PBS pharmaceuticals*</b> | 2 | <b>\$100 per policy</b><br>combined limit for non pbs pharmaceuticals & vaccinations                                            | <ul style="list-style-type: none"> <li>Per eligible prescription: \$0</li> </ul>                                                                                                                                                  |
| ✓ <b>Optical*</b>                 | 2 | <b>\$100 per policy</b>                                                                                                         | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: 40% of charge</li> <li>Single vision lenses &amp; frames: 40% of charge</li> </ul>                                                                        |
| ✓ <b>Osteopathy</b>               | 2 | <b>\$150 per policy</b><br>combined limit for chiropractic, exercise physiology, osteopathy & physiotherapy                     | <ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$25</li> </ul>                                                                                                                             |
| ✓ <b>Physiotherapy*</b>           | 2 | <b>\$150 per policy</b><br>combined limit for chiropractic, exercise physiology, osteopathy & physiotherapy<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$25</li> </ul>                                                                                                                             |
| ✓ <b>Vaccinations*</b>            | 2 | <b>\$100 per policy</b><br>combined limit for non pbs pharmaceuticals & vaccinations                                            | <ul style="list-style-type: none"> <li>Per service: \$0</li> </ul>                                                                                                                                                                |

In South Australia, get more from your cover by using Health Partners Dental and Optical practices - like 100% back on your dental check-up (including x-rays), and 40% benefit on other general dental services. At Health Partners Optical, you get 100% back on your optical limit, and an unlimited 40% benefit after you've reached your limit. At our participating physios get 100% back on a physio visit and 40% thereafter, up to your limit. Save 20% every day on full-price, non-prescription products at over 50 pharmacies across South Australia, which include participating Priceline and TerryWhite Chemmart stores. T&Cs apply.

#### 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      | ✗ Occupational therapy                  | ✗ Speech therapy                 |
| ✗ Endodontic                    |                                         |                                  |

**Other features of this general treatment cover:** Combined limit for physio, chiro, exercise physiology & osteopathy provides flexibility for you to use your limit on what's important to you. T&Cs apply.

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

Ambulance cover

In NT this policy provides:

Emergency: Unlimited with no waiting period.

Call-out fees: Will not be paid.

**For further information about this policy see:** <https://www.healthpartners.com.au/health-insurance/understanding-private-health-insurance/>

#### Insurer Details

Health Partners

#### Health Partners

Basic Hospital Plus \$500 Excess with Base Extras

**\$107.03 / month**

(Before Rebate, Discount & Loading)

Available in NT

Call now  1300 113 113 [Sponsor link](#)

#### Health Partners

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

 [ask@healthpartners.com.au](mailto:ask@healthpartners.com.au)

 1300 113 113

**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/SPS/C11/DHON10>