

**Health Partners****Bronze Hospital Plus \$750 Excess with Combined Better Extras****\$540.19 / month**

(Before Rebate, Discount &amp; Loading)

Available in SA

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:** Two adults & dependants, including non-student dependants (3 or more people, only 2 of whom are adults).

Children (0 - 17), non-classified\* dependant (18 - 20), students (21 - 31) and non-students (21 to 31), as well as persons with a disability who qualify as a child, non-classified\* dependant, student and non-student in these age ranges.

\*Non-classified dependant: Non-classified dependant means a person who is aged between 18 and 20 (inclusive), is not married or living in a de facto relationship, and is a child of the policyholder or child of the policyholder's partner. References to Child Dependand include Non-Classified Dependand.

- 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/C25/SFXP2Y****Source:** Private Health Information Statement (PHIS).

## Hospital Cover

Covered

Restricted Cover

Not Covered

**This policy includes cover for**

- |                                                           |                                 |                                                            |
|-----------------------------------------------------------|---------------------------------|------------------------------------------------------------|
| ✓ Blood                                                   | ✓ Ear, nose and throat          | ✓ Male reproductive system                                 |
| ✓ Bone, joint and muscle                                  | ✓ Eye (not cataracts)           | ✓ Miscarriage and termination of pregnancy                 |
| ✓ Brain and nervous system                                | ✓ Gastrointestinal endoscopy    | ✓ Pain management                                          |
| ✓ Breast surgery (medically necessary)                    | ✓ Gynaecology                   | R Palliative care                                          |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Hernia and appendix           | ✓ Plastic and reconstructive surgery (medically necessary) |
| ✓ Dental surgery                                          | R Hospital psychiatric services | R Rehabilitation                                           |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Joint reconstructions         | ✓ Skin                                                     |
| ✓ Digestive system                                        | ✓ Kidney and bladder            | ✓ Tonsils, adenoids and grommets                           |
|                                                           | ✓ Lung and chest                |                                                            |

**This policy does not include cover for**

- |                                       |                                   |                                                                  |
|---------------------------------------|-----------------------------------|------------------------------------------------------------------|
| ✗ Assisted reproductive services      | ✗ Implantation of hearing devices | ✗ Podiatric surgery (provided by a registered podiatric surgeon) |
| ✗ Back, neck and spine                | ✗ Insulin pumps                   | ✗ Pregnancy and birth                                            |
| ✗ Cataracts                           | ✗ Joint replacements              | ✗ Sleep studies                                                  |
| ✗ Dialysis for chronic kidney failure | ✗ Pain management with device     | ✗ Weight loss surgery                                            |
| ✗ Heart and vascular system           |                                   |                                                                  |

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.

Excess payments do not apply to hospital admissions for accidents.

**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**

Health Partners Support Programs: Hospital to Home, which includes Hospital Guide, Hospital in the Home and Rehab in the Home. Unlimited Emergency Ambulance as defined by Health Partners. Includes Accident Cover - providing you with protection for all clinical categories, even hospital procedures and services that are listed as exclusions on your individual cover details. For more details on the conditions and how we define Accident Cover, refer to our Member Guide. 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-insurance>

At our providers get 100% back on 2 x dental check-ups, including x-rays & 100% back on your optical limit. At our participating providers get 100% back on a physio visit. T&Cs apply. See <https://www.healthpartners.com.au/members/providers/>.

Policy ID: SPS/C25/SFXP2Y 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 2 x dental check-ups, including x-rays, will apply. General, Major and Endodontic dental benefits are based on the Health Partners schedule of fees. If your provider charges a higher fee, a larger gap payment will apply. 100% back up to your optical limits applies anywhere (sub-limit applies at recognised providers), but at Health Partners Optical you also receive 40% thereafter once limit reached. 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                                                                           |
|-------------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                       | 2  | <b>\$200 per person</b><br>combined limit for acupuncture, chinese medicine & remedial massage                                                          | <ul style="list-style-type: none"><li>• Initial visit: \$30</li><li>• Subsequent visit: \$30</li></ul> |
| ✓ Blood glucose monitors            | 12 | <b>\$400 per person</b><br>combined limit for blood glucose monitors, hearing aids, orthotics (podiatric orthoses) & other services<br>sub-limits apply | <ul style="list-style-type: none"><li>• Per monitor: 70% of charge</li></ul>                           |

|                                         |    |                                                                                                                                                               |                                                                                                                                                                                                                                   |
|-----------------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Chinese medicine                      | 2  | <b>\$200 per person</b><br>combined limit for acupuncture, chinese medicine & remedial massage                                                                | <ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$30</li> </ul>                                                                                                                             |
| ✓ Chiropractic                          | 2  | <b>\$600 per person</b><br>combined limit for chiropractic, exercise physiology, osteopathy & physiotherapy                                                   | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$35</li> </ul>                                                                                                                             |
| ✓ Dietetics/dietary advice              | 2  | <b>\$500 per person</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, podiatry, psychology & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$30</li> </ul>                                                                                                                             |
| ✓ Endodontic*                           | 12 | <b>\$900 per person</b><br>combined limit for endodontic & major dental                                                                                       | <ul style="list-style-type: none"> <li>Filling of one root canal: 65% of charge</li> </ul>                                                                                                                                        |
| ✓ Exercise physiology                   | 2  | <b>\$600 per person</b><br>combined limit for chiropractic, exercise physiology, osteopathy & physiotherapy                                                   | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$35</li> </ul>                                                                                                                             |
| ✓ Eye therapy (orthoptics)              | 2  | <b>\$500 per person</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, podiatry, psychology & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$30</li> </ul>                                                                                                                             |
| ✓ General dental*                       | 2  | <b>No annual limit</b>                                                                                                                                        | <ul style="list-style-type: none"> <li>Fluoride treatment: 65% of charge</li> <li>Scale &amp; clean: 65% of charge</li> <li>Surgical tooth extraction: 65% of charge</li> <li>Periodic oral examination: 65% of charge</li> </ul> |
| ✓ Health management / Healthy lifestyle | 2  | <b>\$100 per person</b>                                                                                                                                       | <ul style="list-style-type: none"> <li>Health management: 70% of charge</li> </ul>                                                                                                                                                |
| ✓ Hearing aids                          | 12 | <b>\$400 per person</b><br>combined limit for blood glucose monitors, hearing aids, orthotics (podiatric orthoses) & other services<br>sub-limits apply       | <ul style="list-style-type: none"> <li>Hearing aid: 70% of charge</li> </ul>                                                                                                                                                      |
| ✓ Major dental*                         | 12 | <b>\$900 per person</b><br>combined limit for endodontic & major dental                                                                                       | <ul style="list-style-type: none"> <li>Full crown veneered: 65% of charge</li> </ul>                                                                                                                                              |
| ✓ Non PBS pharmaceuticals*              | 2  | <b>\$300 per person</b><br>combined limit for non pbs pharmaceuticals & vaccinations                                                                          | <ul style="list-style-type: none"> <li>Per eligible prescription: \$0</li> </ul>                                                                                                                                                  |
| ✓ Occupational therapy                  | 2  | <b>\$500 per person</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, podiatry, psychology & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$30</li> </ul>                                                                                                                             |
| ✓ Optical*                              | 2  | <b>\$250 per person</b><br>sub-limits apply                                                                                                                   | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: 100% of charge</li> <li>Single vision lenses &amp; frames: 100% of charge</li> </ul>                                                                      |
| ✓ Orthodontic                           | 12 | <b>\$1,500 lifetime limit</b><br>sub-limits apply                                                                                                             | <ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: 100% of charge</li> </ul>                                                                                  |

|                                  |    |                                                                                                                                                               |                                                                                                       |
|----------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| ✓ Orthotics (podiatric orthoses) | 12 | <b>\$400 per person</b><br>combined limit for blood glucose monitors, hearing aids, orthotics (podiatric orthoses) & other services<br>sub-limits apply       | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 70% of charge</li> </ul>           |
| ✓ Osteopathy                     | 2  | <b>\$600 per person</b><br>combined limit for chiropractic, exercise physiology, osteopathy & physiotherapy                                                   | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$35</li> </ul> |
| ✓ Physiotherapy*                 | 2  | <b>\$600 per person</b><br>combined limit for chiropractic, exercise physiology, osteopathy & physiotherapy<br>sub-limits apply                               | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$35</li> </ul> |
| ✓ Podiatry                       | 2  | <b>\$500 per person</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, podiatry, psychology & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$30</li> </ul> |
| ✓ Psychology                     | 2  | <b>\$500 per person</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, podiatry, psychology & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: \$75</li> <li>Subsequent visit: \$75</li> </ul> |
| ✓ Remedial massage               | 2  | <b>\$200 per person</b><br>combined limit for acupuncture, chinese medicine & remedial massage                                                                | <ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$30</li> </ul> |
| ✓ Speech therapy                 | 2  | <b>\$500 per person</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, podiatry, psychology & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$30</li> </ul> |
| ✓ Vaccinations*                  | 2  | <b>\$300 per person</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 2 x dental check-ups (including x-rays) and a mouth guard. Plus, 70% benefit on other general and major dental services, up to your limits. At Health Partners Optical, you get 100% back on your optical limit, and an unlimited 40% benefit after you've reached your limit. 100% back on your optical limit is also available at other recognised optical providers, sub-limit applies. At our participating physios get 100% back on a physio visit and 70% 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**

✗ Ante-natal/Post-natal classes

✗ Audiology

✗ Home nursing

**Other features of this general treatment cover:** Combined limits create flexibility for you to use your limit on what's important to you. Acupuncture and Remedial Massage limits can also be used for other natural therapies, such as Chinese herbalism, myofascial release, therapeutic massage, Swedish massage, myotherapy & nutritionist. Also combined with the Hearing Aid limit is other appliances such as CPAP Machine, nebuliser & spacer devices. Sub-limits apply. Health Management limits include benefits for bowel screening, diabetes membership, weight management, post-natal lactation consultation and gym & fitness (when medically necessary). T&Cs apply.

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

## Ambulance cover

In SA 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**

Bronze Hospital Plus \$750 Excess with Combined Better Extras

**\$540.19 / month**

(Before Rebate, Discount & Loading)

Available in SA

Call now  1300 113 113 Sponsor link

**Health Partners**

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

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 1300 113 113

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