



**Health Partners**  
**Silver Hospital Plus Lite \$750 Excess with Combined Good Extras**

**\$614.55 / 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, 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/C35/TGLQ2Y

Source: Private Health Information Statement (PHIS).

## Hospital Cover

|           |                    |               |
|-----------|--------------------|---------------|
| ✓ Covered | R Restricted Cover | ✗ Not Covered |
|-----------|--------------------|---------------|

**This policy includes cover for**

- |                                                           |                                   |                                                                  |
|-----------------------------------------------------------|-----------------------------------|------------------------------------------------------------------|
| ✓ Back, neck and spine                                    | ✓ Eye (not cataracts)             | ✓ Male reproductive system                                       |
| ✓ Blood                                                   | ✓ Gastrointestinal endoscopy      | ✓ Miscarriage and termination of pregnancy                       |
| ✓ Bone, joint and muscle                                  | ✓ Gynaecology                     | ✓ Pain management                                                |
| ✓ Brain and nervous system                                | ✓ Heart and vascular system       | ✓ Palliative care                                                |
| ✓ Breast surgery (medically necessary)                    | ✓ Hernia and appendix             | ✓ Plastic and reconstructive surgery (medically necessary)       |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✗ 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                                                           |
| ✓ Digestive system                                        | ✓ Joint reconstructions           | ✓ Sleep studies                                                  |
| ✓ Ear, nose and throat                                    | ✓ Kidney and bladder              | ✓ Tonsils, adenoids and grommets                                 |
|                                                           | ✓ Lung and chest                  |                                                                  |

**This policy does not include cover for**

- |                                       |                               |                       |
|---------------------------------------|-------------------------------|-----------------------|
| ✗ Assisted reproductive services      | ✗ Joint replacements          | ✗ Weight loss surgery |
| ✗ Cataracts                           | ✗ Pain management with device |                       |
| ✗ Dialysis for chronic kidney failure | ✗ Pregnancy and birth         |                       |

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 dependants.

**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](https://healthpartners.com.au).

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

Health Partners operates a preferred provider scheme available only in South Australia. See

<https://www.healthpartners.com.au/members/providers/>.

Policy ID: SPS/C35/TGLQ2Y 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, 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>\$100 per person</b><br>combined limit for acupuncture, remedial massage & other services                | <ul style="list-style-type: none"><li>• Initial visit: \$25</li><li>• Subsequent visit: \$25</li></ul> |
| ✓ Chiropractic                      | 2 | <b>\$450 per person</b><br>combined limit for chiropractic, exercise physiology, osteopathy & physiotherapy | <ul style="list-style-type: none"><li>• Initial visit: \$35</li><li>• Subsequent visit: \$30</li></ul> |

|                            |    |                                                                                                                                                               |                                                                                                                                                                                                                                   |
|----------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Dietetics/dietary advice | 2  | <b>\$350 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: \$30</li> <li>Subsequent visit: \$25</li> </ul>                                                                                                                             |
| ✓ Endodontic*              | 12 | <b>\$1,000 per person</b><br>combined limit for endodontic, general dental & major dental                                                                     | <ul style="list-style-type: none"> <li>Filling of one root canal: 55% of charge</li> </ul>                                                                                                                                        |
| ✓ Exercise physiology      | 2  | <b>\$450 per person</b><br>combined limit for chiropractic, exercise physiology, osteopathy & physiotherapy                                                   | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$30</li> </ul>                                                                                                                             |
| ✓ Eye therapy (orthoptics) | 2  | <b>\$350 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: \$30</li> <li>Subsequent visit: \$25</li> </ul>                                                                                                                             |
| ✓ General dental*          | 2  | <b>\$1,000 per person</b><br>combined limit for endodontic, general dental & major dental                                                                     | <ul style="list-style-type: none"> <li>Fluoride treatment: 55% of charge</li> <li>Scale &amp; clean: 55% of charge</li> <li>Surgical tooth extraction: 55% of charge</li> <li>Periodic oral examination: 55% of charge</li> </ul> |
| ✓ Major dental*            | 12 | <b>\$1,000 per person</b><br>combined limit for endodontic, general dental & major dental                                                                     | <ul style="list-style-type: none"> <li>Full crown veneered: 55% of charge</li> </ul>                                                                                                                                              |
| ✓ Non PBS pharmaceuticals* | 2  | <b>\$200 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>\$350 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: \$30</li> <li>Subsequent visit: \$25</li> </ul>                                                                                                                             |
| ✓ Optical*                 | 2  | <b>\$200 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>                                                                      |
| ✓ Osteopathy               | 2  | <b>\$450 per person</b><br>combined limit for chiropractic, exercise physiology, osteopathy & physiotherapy                                                   | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$30</li> </ul>                                                                                                                             |
| ✓ Physiotherapy*           | 2  | <b>\$450 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: \$35</li> <li>Subsequent visit: \$30</li> </ul>                                                                                                                             |
| ✓ Podiatry                 | 2  | <b>\$350 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: \$30</li> <li>Subsequent visit: \$25</li> </ul>                                                                                                                             |
| ✓ Psychology               | 2  | <b>\$350 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: \$60</li> <li>Subsequent visit: \$60</li> </ul>                                                                                                                             |

|                    |   |                                                                                                                                                               |                                                                                                       |
|--------------------|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| ✓ Remedial massage | 2 | <b>\$100 per person</b><br>combined limit for acupuncture, remedial massage & other services                                                                  | <ul style="list-style-type: none"> <li>Initial visit: \$25</li> <li>Subsequent visit: \$25</li> </ul> |
| ✓ Speech therapy   | 2 | <b>\$350 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: \$30</li> <li>Subsequent visit: \$25</li> </ul> |
| ✓ Vaccinations*    | 2 | <b>\$200 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 your dental check-up (including x-rays). Plus, 60% 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 60% 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 | ✗ Chinese medicine                      | ✗ Home nursing                   |
| ✗ Audiology                     | ✗ Health management / Healthy lifestyle | ✗ Orthodontic                    |
| ✗ Blood glucose monitors        | ✗ Hearing aids                          | ✗ Orthotics (podiatric orthoses) |

**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 also includes other natural therapies, such as Chinese herbalism, myofascial release, therapeutic massage, Swedish massage, myotherapy & nutritionist. T&Cs apply.

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

## 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](https://www.health.tas.gov.au/ambulance/fees_and_accounts).

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

## Insurer Details

Health Partners**Health Partners**

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**\$614.55 / month**

(Before Rebate, Discount &amp; Loading)

Available in TAS

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

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