



**Health Partners**  
**Silver Hospital Plus Advantage \$250 Excess with Combined Growing Family Extras**

**\$518.27 / month**  
(Before Rebate, Discount & 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:** 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:** SPS/C43/DIWD20

**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 |
|----------------------------------|-----------------------|-----------------------|

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 \$250 per admission. This is limited to a maximum of \$250 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

Health Partners Support Programs: Hospital to Home; includes Hospital Guide, Hospital in the Home and Rehab in the Home. Health Management Programs; Health Coaching. Benefits directly related to an admission and medically necessary: PBS approved prescriptions - 100% benefit & unlimited, Aids for recovery benefit 75% with \$100 limit, non-surgically implanted medical devices and human tissue products benefit 75% with \$150 limit. 12 month waiting period for insulin pumps & hearing devices. Members can also access a range of discounts, refer to the 'Member Discount' page at [healthpartners.com.au](http://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/C43/DIWD20 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. 100% back up to your optical limits applies anywhere (bonus \$100 on top of your limit at Health Partners Optical). At Health Partners Optical you also receive 40% thereafter once limit reached. Kids receive 100% back at Health Partners Dental (General and Major) as well as Health Partners participating physiotherapist. Waiting periods, exclusions, limits and conditions may 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>                   |
| ✓ Ante-natal/Post-natal classes     | 2 | <b>\$300 per person</b><br>combined limit for ante-natal/post-natal classes, dietetics/dietary advice, occupational therapy, psychology & speech therapy | <ul style="list-style-type: none"><li>• Initial visit: 60% of charge</li><li>• Subsequent visit: 60% 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> </ul>                                                                                                                            |
| ✓ Chiropractic                   | 2  | <b>\$500 per person</b><br>combined limit for chiropractic, exercise physiology, eye therapy (orthoptics), orthotics (podiatric orthoses), osteopathy, physiotherapy & podiatry | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$35</li> </ul>                                                                                            |
| ✓ Dietetics/dietary advice       | 2  | <b>\$300 per person</b><br>combined limit for ante-natal/post-natal classes, dietetics/dietary advice, occupational therapy, psychology & speech therapy                        | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$30</li> </ul>                                                                                            |
| ✓ Endodontic*                    | 12 | <b>\$500 per person</b><br>combined limit for endodontic & major dental                                                                                                         | <ul style="list-style-type: none"> <li>Filling of one root canal: \$169.5</li> </ul>                                                                                                             |
| ✓ Exercise physiology            | 2  | <b>\$500 per person</b><br>combined limit for chiropractic, exercise physiology, eye therapy (orthoptics), orthotics (podiatric orthoses), osteopathy, physiotherapy & podiatry | <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 chiropractic, exercise physiology, eye therapy (orthoptics), orthotics (podiatric orthoses), osteopathy, physiotherapy & podiatry | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$30</li> </ul>                                                                                            |
| ✓ General dental*                | 2  | <b>\$800 per person</b>                                                                                                                                                         | <ul style="list-style-type: none"> <li>Fluoride treatment: \$20</li> <li>Scale &amp; clean: \$72</li> <li>Surgical tooth extraction: \$209</li> <li>Periodic oral examination: \$33.5</li> </ul> |
| ✓ Major dental*                  | 12 | <b>\$500 per person</b><br>combined limit for endodontic & major dental                                                                                                         | <ul style="list-style-type: none"> <li>Full crown veneered: \$884</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>\$300 per person</b><br>combined limit for ante-natal/post-natal classes, dietetics/dietary advice, occupational therapy, psychology & speech therapy                        | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$30</li> </ul>                                                                                            |
| ✓ Optical*                       | 2  | <b>\$200 per person</b>                                                                                                                                                         | <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>                                     |
| ✓ Orthotics (podiatric orthoses) | 12 | <b>\$500 per person</b><br>combined limit for chiropractic, exercise physiology, eye therapy (orthoptics), orthotics (podiatric orthoses), osteopathy, physiotherapy & podiatry | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 60% of charge</li> </ul>                                                                                                      |
| ✓ Osteopathy                     | 2  | <b>\$500 per person</b><br>combined limit for chiropractic, exercise physiology, eye therapy (orthoptics), orthotics (podiatric orthoses), osteopathy, physiotherapy & podiatry | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$35</li> </ul>                                                                                            |

|                           |   |                                                                                                                                                                                 |                                                                                                       |
|---------------------------|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| ✓ <b>Physiotherapy*</b>   | 2 | <b>\$500 per person</b><br>combined limit for chiropractic, exercise physiology, eye therapy (orthoptics), orthotics (podiatric orthoses), osteopathy, physiotherapy & podiatry | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$35</li> </ul> |
| ✓ <b>Podiatry</b>         | 2 | <b>\$500 per person</b><br>combined limit for chiropractic, exercise physiology, eye therapy (orthoptics), orthotics (podiatric orthoses), osteopathy, physiotherapy & podiatry | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$30</li> </ul> |
| ✓ <b>Psychology</b>       | 2 | <b>\$300 per person</b><br>combined limit for ante-natal/post-natal classes, dietetics/dietary advice, occupational therapy, psychology & speech therapy                        | <ul style="list-style-type: none"> <li>Initial visit: \$75</li> <li>Subsequent visit: \$75</li> </ul> |
| ✓ <b>Remedial massage</b> | 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> |
| ✓ <b>Speech therapy</b>   | 2 | <b>\$300 per person</b><br>combined limit for ante-natal/post-natal classes, dietetics/dietary advice, occupational therapy, psychology & speech therapy                        | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$30</li> </ul> |
| ✓ <b>Vaccinations*</b>    | 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 60% back on a physio visit, 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**

- |                          |                                         |                |
|--------------------------|-----------------------------------------|----------------|
| ✗ Audiology              | ✗ Health management / Healthy lifestyle | ✗ Home nursing |
| ✗ Blood glucose monitors | ✗ Hearing aids                          | ✗ Orthodontic  |

**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.

#### 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**

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**\$518.27 / month**

(Before Rebate, Discount &amp; 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

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