

**Health Partners**
Classic Hospital Gold**\$303.46 / 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: Only one person.

- 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/H1/TBRF10

Source: Private Health Information Statement (PHIS)

Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

This policy **includes** cover for

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|---|-----------------------------------|--|
| ✓ Assisted reproductive services | ✓ Ear, nose and throat | ✓ Miscarriage and termination of pregnancy |
| ✓ Back, neck and spine | ✓ Eye (not cataracts) | ✓ Pain management |
| ✓ Blood | ✓ Gastrointestinal endoscopy | ✓ Pain management with device |
| ✓ Bone, joint and muscle | ✓ Gynaecology | ✓ Palliative care |
| ✓ Brain and nervous system | ✓ Heart and vascular system | ✓ Plastic and reconstructive surgery (medically necessary) |
| ✓ Breast surgery (medically necessary) | ✓ Hernia and appendix | ✓ Podiatric surgery (provided by a registered podiatric surgeon) |
| ✓ Cataracts | ✓ Hospital psychiatric services | ✓ Pregnancy and birth |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Implantation of hearing devices | ✓ Rehabilitation |
| ✓ Dental surgery | ✓ Insulin pumps | ✓ Skin |
| ✓ Diabetes management (excluding insulin pumps) | ✓ Joint reconstructions | ✓ Sleep studies |
| ✓ Dialysis for chronic kidney failure | ✓ Joint replacements | ✓ Tonsils, adenoids and grommets |
| ✓ Digestive system | ✓ Kidney and bladder | ✓ Weight loss surgery |
| | ✓ Lung and chest | |
| | ✓ Male reproductive 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 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: No excess

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
- 12 months for pregnancy and birth (obstetrics)
- 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, Home Sleep Studies \$50 benefit with \$100 limit, Home Nursing and more. Additional support and benefits directly related to an admission and medically necessary: PBS approved prescriptions - 100% benefit & unlimited, non-PBS prescriptions benefit 100% with \$1,500 limit, Aids for recovery benefit 75% with \$250 limit, non-surgically implanted medical devices and human tissue products benefit 75% with \$800 limit. 12 month wait for insulin pumps & hearing devices, home nursing & home sleep studies.

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

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.

Other features of this ambulance cover: Ambulance provides a combined limit both for emergency and non-emergency. It is limited to 1 per person, per year up to \$20,000. You will be covered for the cost of any service required on medical grounds (excluding clinic-car type transport), including where no treatment is required. This will count towards your annual limit.

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

Insurer Details

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Available in TASCall now  **1300 113 113**
Sponsor link**Health Partners** <http://www.healthpartners.com.au> 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/H1/TBRF10>