



**Health Partners**  
Classic Hospital Gold 250

**\$544.27 / month**  
(Before Rebate, Discount & Loading)  
Available in VIC

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 (3 or more people, only 2 of whom are adults).

Children (0 - 17), non-classified\* dependant (18 - 20) and students (21 - 31), as well as persons with a disability who qualify as a child, non-classified\* dependant and 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 does not provide accident cover.
- This policy does not provide benefits for travel or accommodation outside of hospital.

Policy ID: SPS/H4/VBxB2D

Source: [Private Health Information Statement \(PHIS\)](#).

## Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

**This policy includes cover for**

- |   |                                   |  |
|---|-----------------------------------|--|
| ✓ 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](http://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.

Excess payments do not apply to hospital admissions for dependants.

**Co-payments:** Every time you go to hospital you will have to pay:

- \$50 per day for a shared room for overnight admissions - up to \$250 per hospital stay
- \$50 per day for a private room for overnight admissions - up to \$250 per hospital stay
- \$50 for day surgery (no overnight stay)
- The maximum co-payment is \$500 per year

#### 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 and more. 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 \$500 limit. 12 month waiting period for insulin pumps & hearing devices & home nursing. Maximum co-payment is \$250 per person per year and is waived for dependants.

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

## Ambulance cover

In VIC this policy provides:

**Emergency:** With a waiting period of 2 months, limited to \$20,000 per policy per year, 1 service per year.

**Non-emergency:** Transport with a waiting period of 2 months, or 2 months for pre-existing conditions, limited to \$20,000 per policy per year, 1 service per year.

**Call-out fees:** Will be paid for each attendance, including emergency treatment without transport to hospital.

**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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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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