



**Health Partners**  
Classic Hospital Silver Plus

**\$461.41/month**  
(Before Rebate, Discount & Loading)  
Available in QLD

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 does not provide accident cover.
- This policy does not provide benefits for travel or accommodation outside of hospital.

Policy ID: SPS/H6/QFND2Y

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)             | ✓ Miscarriage and termination of pregnancy                       |
| ✓ Blood   | ✓ Gastrointestinal endoscopy      | ✓ Pain management  |
| ✓ Bone, joint and muscle                                  | ✓ Gynaecology                     | ✓ Pain management with device                                    |
| ✓ Brain and nervous system                                | ✓ Heart and vascular system       | ✓ Palliative care  |
| ✓ Breast surgery (medically necessary)                    | ✓ Hernia and appendix             | ✓ Plastic and reconstructive surgery (medically necessary)       |
| ✓ Cataracts   | R Hospital psychiatric services   | ✓ Podiatric surgery (provided by a registered podiatric surgeon) |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Implantation of hearing devices | R Rehabilitation   |
| ✓ Dental surgery  | ✓ Insulin pumps                   | ✓ Skin   |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Joint reconstructions           | ✓ Sleep studies  |
| ✓ Digestive system  | ✓ Kidney and bladder              | ✓ Tonsils, adenoids and grommets                                 |
| ✓ Ear, nose and throat                                    | ✓ Lung and chest                  |  |
|   | ✓ Male reproductive system        |  |

**This policy does not include cover for**

- |                                       |                       |                       |
|---------------------------------------|-----------------------|-----------------------|
| ✗ Assisted reproductive services      | ✗ Joint replacements  | ✗ Weight loss surgery |
| ✗ 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 \$500 per admission. This is limited to a maximum of \$500 per person and \$1000 per policy per year.

**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
- 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. Additional support and benefits directly related to an admission and medically necessary: PBS approved prescriptions - unlimited & 100% benefit, non-PBS prescriptions benefit 100% with \$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 maximum of \$500 per policy.

**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 Queensland residents (<https://www.ambulance.qld.gov.au>). This includes cover whilst interstate.

**Other features of this ambulance cover:** Ambulance is limited to 1 per person, per year up to \$20,000 - limit 2 per policy per year. You will be covered for the cost of service required on medical grounds (excluding clinic-car type transport) that is deemed or classed as 'emergency' only (emergency classification determined by approved ambulance provider). Additionally, you will be covered for treatment where no transport 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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Private Health Information Statement is available from the Private Health Insurance Ombudsman website at <https://privatehealth.gov.au/dynamic/Premium/PHIS/SPS/H6/QFND2Y>