



Choice of excess



No excess for kids on family covers



Emergency & non-emergency ambulance



Health Partners Support Programs

Your excess options

To help work within your budget and keep your premiums down, we have a range of excess options for you to choose from.

Ambulance	Limit	Benefit
Emergency and non-emergency services, Australia wide coverage, road and air services	1 per person, per year up to \$20,000	100%

What am I covered for when admitted into hospital?

Hospital treatments by clinical category.

Procedures and Services	What you're covered for	Waiting Period*
Rehabilitation	✓	2 months
Hospital psychiatric services	✓	2 months
Palliative care	✓	2 months
Brain and nervous system	✓	2 months
Eye (not cataracts)	✓	2 months
Ear, nose and throat	✓	2 months
Tonsils, adenoids and grommets	✓	2 months
Bone, joint and muscle	✓	2 months
Joint reconstruction	✓	2 months
Kidney and bladder	✓	2 months
Male reproductive system	✓	2 months
Digestive system	✓	2 months
Hernia and appendix	✓	2 months
Gastrointestinal endoscopy	✓	2 months
Gynaecology	✓	2 months
Miscarriage and termination of pregnancy	✓	2 months
Chemotherapy, radiotherapy and immunotherapy for cancer	✓	2 months
Pain management	✓	2 months
Skin	✓	2 months
Breast surgery (medically necessary)	✓	2 months

Continued over.

Reference

- ✓ Included
- ✗ Not included

Excess explained

If you've selected to have an excess, your agreed excess amount will be payable when you're admitted to hospital.

- ✓ The excess is an amount that you agree to pay towards the cost of hospital treatment, limited to once per person per rolling year. A rolling year is defined as 12 months from the commencement of the first day of any admission to an approved hospital.
- ✓ The excess is waived for dependent children on family covers.

Transferring from another fund?

If you have already served your waiting periods for an equivalent level of cover, you will not have to re-serve your waiting periods.



Procedures and Services	What you're covered for	Waiting Period*
Diabetes management (excluding insulin pumps)	✓	2 months
Heart and vascular system	✓	2 months
Lung and chest	✓	2 months
Blood	✓	2 months
Back, neck and spine	✓	2 months
Plastic and reconstruction surgery (medically necessary)	✓	2 months
Dental surgery	✓	2 months
Podiatric surgery (provided by a registered podiatric surgeon)	✓	2 months
Implantation of hearing devices	✓	12 months / 36 months replacement
Cataracts	✓	2 months
Joint replacements	✓	2 months
Dialysis for chronic kidney failure	✓	2 months
Weight loss surgery	✓	2 months
Insulin pumps	✓	12 months / 36 months replacement
Pain management with device	✓	2 months
Sleep studies	✓	2 months
Pregnancy and birth	✗	
Assisted reproductive services	✗	

Loyalty benefits

Loyalty benefits means you can claim more back the longer you remain on your policy for replacement insulin pumps and replacement implantation of hearing devices, when done as an outpatient.

- ✓ 50% benefit after 3 years of continuous membership on this level of cover
- ✓ 70% benefit after 4 years of continuous membership on this level of cover
- ✓ 100% benefit after 5+ years of continuous membership on this level of cover

Additional support directly related to an admission and medically necessary

		Waiting Period*
PBS approved prescriptions	100% benefit, unlimited	2 months
Aids for recovery, for example compression garments and braces	75% benefit and \$100 limit per person	2 months
Non-surgically implanted prostheses	75% benefit and \$150 limit per person	2 months
Surgically implanted prostheses ordered by a medical practitioner in private practice, but not listed on the Commonwealth Prostheses List	100% benefit and \$1500 limit per person	2 months



Health Partners Support Programs		Waiting Period*
Health Management Programs, providing 100% benefit	Health Coaching , provides telephone-based information and support to assist with self-management of chronic disease, complex health or mental health issues. Each case will be assessed by Health Partners to determine eligibility.	2 months
Hospital to Home	Hospital Guide , helping you navigate through your hospital journey with the ultimate goal of getting you home sooner.	2 months
	Hospital in the Home , this program is designed to make your transition from hospital to home easier. A personalised care plan will be developed and reviewed by the hospital before you're discharged. Your plan will be managed by registered nurses at all times, you'll even have phone support at your fingertips - just in case.	2 months
	Rehab in the Home , a great alternative to in-hospital rehab. A tailored, comprehensive rehab program will be designed and delivered by allied health professionals in the comfort of your own home.	2 months

Waiting Periods

12 months	Initial insulin pump and initial implantation of hearing device. *A pre-existing condition is where signs or symptoms of an ailment, illness or condition, in which a medical practitioner appointed by the fund has advised, existed at any time during the six months preceding the date on which you purchased or upgraded your hospital cover. This does not apply to psychiatric conditions, palliative care and rehabilitation which have a 2 month waiting period.
36 months	Replacement insulin pump and replacement implantation of hearing device when done as an outpatient - refer to loyalty benefit for more information.
2 months	All other hospital services, including ambulance, palliative care, psychiatric and rehabilitation services. Members who have held a hospital cover for at least 2 months and upgrade to receive psychiatric treatment as covered services, may not be required to serve the waiting period for psychiatric treatment. This exemption can only be accessed once in a member's lifetime. Waiting periods do not apply to benefits for treatment provided immediately after and related to an accident. Accidents must not have occurred within 1 day of membership commencement. When an accident has occurred within 1 day of membership commencing the accident rule does not apply and waiting periods apply. For more details and conditions relating to this section refer to our Member Guide.

Other things you need to know

You will also find information on our website healthpartners.com.au to help you:

- ✓ Find agreement hospital details
- ✓ Find no gap or known gap doctors for our fund
- ✓ Find details on our exclusive member discounts



Health Partners is a signatory to the Private Health Insurance Code of Conduct. Go to privatehealthcareaustralia.org.au/codeofconduct

Benefits vary according to cover level. Benefits are subject to the rules, conditions and eligibility criteria as set out in the Member Guide. It is the policyholder's responsibility to understand what is and what is not covered by their health insurance policy, therefore this information should be read in its entirety and retained in conjunction with the Health Partners Member Guide. Information about our Dispute Resolution Process and Health Partners' Privacy Policy can be found in the Member Guide. A Definition & Interpretation section is located in the Member Guide to assist in understanding key terms. If you are requiring treatment, you can call us on 1300 113 113 to check if you are covered and if your provider or chosen hospital is recognised by us.