

Premium Hospital (Gold) and Simple Extras

\$750 excess

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Premium Hospital Cover (Gold)*

*This Hospital product is closed to new members

As at 14 September 2026

CLINICAL CATEGORIES	WAITING PERIOD	GOLD
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 reconstructions	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	✓
Diabetes management (excluding insulin pumps)	2 months	✓
Heart and vascular system	2 months	✓
Lung and chest	2 months	✓

CLINICAL CATEGORIES	WAITING PERIOD	GOLD
Blood	2 months	✓
Back, neck and spine	2 months	✓
Plastic and reconstructive surgery (medically necessary)	2 months	✓
Dental surgery (surgeon fees excluded)	2 months	✓
Podiatric surgery (provided by a registered podiatric surgeon)	2 months	✓
Implantation of hearing devices	2 months	✓
Cataracts	2 months	✓
Joint replacements	2 months	✓
Dialysis for chronic kidney failure	2 months	✓
Pregnancy and birth	12 months	✓
Assisted reproductive services	2 months	✓
Weight loss surgery	2 months	✓
Insulin pumps	2 months	✓
Pain management with device	2 months	✓
Sleep studies	2 months	✓
Ambulance	1 day	✓

*Anything within the above table that is a pre-existing condition has a 12-month waiting period except for rehabilitation, hospital psychiatric services, palliative care and ambulance.

✓ - Included ✗ - Excluded R - Restricted

Please keep in mind that this isn't the full list of services covered. If you're planning a trip to hospital, it's always a good idea to call us and check what you're covered for before being admitted.

GOING TO PUBLIC HOSPITAL AS A PRIVATE PATIENT?

Public hospital waiting lists apply whether you are a public or a private patient, so check these with your doctor and the hospital.

RESTRICTIONS & EXCLUSIONS

A Restricted service is a treatment that we'll pay a Limited Benefit towards. This benefit won't cover the full cost of your treatment.

If you are admitted to a private hospital for one of these services, the hospital may, at their discretion, charge you an additional out-of-pocket amount above what Peoplecare pays. Please contact the hospital before your admission as they will need to advise you of any additional charges for your stay.

All of our Hospital products exclude cosmetic surgery and services not covered

by Medicare except for Podiatric Surgery (by a registered Podiatric surgeon).

An excluded service means you have no cover at all.

WHAT'S NOT COVERED

There are a few things that aren't covered by your hospital cover. They include treatments & services that:

- ✗ are received within your waiting periods
- ✗ Medicare doesn't cover (like cosmetic surgery) except for Podiatric Surgery (by a registered Podiatric surgeon)
- ✗ are received outside Australia
- ✗ are covered by compensation or another type of insurance (like third party or sports club insurance)
- ✗ were received more than 2 years ago
- ✗ Outpatient treatment & services (unless there's a special agreement between us and the hospital) and:

- ✗ Some high cost drugs (non PBS/TGA approved)
- ✗ Pharmacy – most pharmacy items that you're given while you're in hospital are covered by your hospital bill. The hospital may charge you extra for pharmacy items that you take home with you and this isn't covered by your hospital cover.
- ✗ Medical devices and human tissue products that aren't listed on the Government's Medical Devices and Human Tissue Products List. (A medical device and human tissue product is an artificial substitute for a body part.)
- ✗ Some medical devices and consumables
- ✗ Experimental treatments

Please get in touch with us if you're planning a hospital admission so we can talk you through your cover and any out-of-pocket costs you might have.

Simple Extras Cover

As at 1 July 2026

As at 1 July 2026

			SIMPLE EXTRAS	
SERVICE		WAITS	BENEFIT	ANNUAL LIMIT
Ambulance	National Ambulance cover	1 day	100%	No limit
Dental	General dental (preventative, x-rays, basic restorations, basic surgery and extractions)	2 months	50%^	\$500 per person
	Major dental (periodontics, endodontics, crowns and bridges, implants & dentures)	12 months	x	x
	Orthodontics	12 months	x	x
Pharmacy#	Prescriptions (after the standard PBS co-payment has been deducted)	2 months	50% to \$50	\$200 per person \$400 per family
Optical	Glasses and contact lenses	6 months	100% of cost	\$150 per person
	Laser eye surgery	24 months	x	x
Physiotherapy and Other Therapies	Physiotherapy	2 months	Initial consult \$40 Standard consult \$40	\$300 per person \$600 per family
	Occupational Therapy		Initial consult \$35* Standard consult \$25	
	Orthoptics (eye therapy)			
	Exercise physiology		50%	
	Hydrotherapy			
Chiropractic and Osteopathic	Chiropractic x-rays	2 months	x	x
	Chiropractic		Initial consult \$40 Standard consult \$40	\$300 per person \$600 per family
	Osteopathy			
Complementary Therapies**	Chinese herbal consults, Remedial massage, Acupuncture, Dietetics, Shiatsu, Naturopathy, Western Herbal Medicine, Alexander Technique	2 months	x	x
Podiatry	Podiatry (chiropody)	2 months	x	x
	Nail Resection			
Psychology	Psych/group therapy	2 months	x	x
Speech Therapy	Speech Therapy	2 months	x	x
Health Management Programs**	Fitness programs, Health Screening, Improvement Programs, Health Equipment	6 months	50%	\$100 per person \$200 per family
Health Aids and Wellness	Equipment (every 3 years)	2 months	x	x
	Health aids and services (Such as home nursing)			
	Orthotics (Custom made) (every 2 years)			
Hearing Aids	Hearing aids	24 months	x	x

#Pharmacy benefits can be claimed for prescription medication that costs more than the current Pharmaceutical Benefit Scheme (PBS) co-payment (for non-PBS medications only). This amount changes on 1 January every year. Further details are available at pbs.gov.au.

*1 initial consult per year per service.

**Benefit only payable to a Peoplecare recognised provider, contact us. Health management programs may require a declaration of condition form.

^100% benefit will be paid for selected No-Gap Preventative Dental if services are received at Peoplecare Optical and Dental or through the smile.com.au dental network. See more about No-Gap Preventative Dental on the member perks page.

Please note: Annual limits are per person, per financial year (unless otherwise stated). This isn't the full list of services covered. It's always best to give us a call before having any treatment to check exactly what you're covered for.

If you're transferring from another fund, we'll recognise any waiting periods you've already served if you switch to us within 30 days. Plus, if you've only served part of a waiting period, say, 2 months of a 6-month waiting period, you'll only need to serve the remaining 4 months when you transfer to Peoplecare.

If you're upgrading your cover, waiting periods still apply for the services that you weren't previously covered for.

Important Information

WHAT'S NOT COVERED

There are a few things that aren't covered by your extras cover. They are treatments and services:

- ✗ Received within your waiting period
- ✗ Received outside Australia
- ✗ We do not pay benefits for treatment, goods, or services rendered overseas
- ✗ Covered by compensation or another type of insurance (like third party or sports club insurance)
- ✗ Received more than 2 years ago
- ✗ Provided by a company without an Australian ABN or rendered by a provider located outside of Australia. This ensures the quality of the goods and warranties are valid, maintaining legitimacy and protection for our members
- ✗ Medications that are non TGA approved
- ✗ Received from providers that aren't registered or recognised by Peoplecare
- ✗ Received from a family member, relative, business partner or yourself
- ✗ You weren't charged for
- ✗ Sport, recreation or entertainment
- ✗ Pharmaceutical Benefits Scheme (PBS) prescriptions, any non-PBS prescriptions under the standard PBS co-payment, contraceptives or over-the-counter medicine
- ✗ Naturopathic & prescribed herbal medicines
- ✗ First-aid kits & courses
- ✗ Non-prescription glasses, contacts & sunglasses
- ✗ Receipts issued by a third party, like group buying websites or group deals
- ✗ If you're using a gift voucher, we can't pay the difference between the cost of the service and the value of the voucher. For example, if you use a \$60 voucher to pay for a \$40 service, you can only claim back the \$40 as the official fee for that service
- ✗ Benefits higher than the amount you paid for the service. For example, if you receive treatment that's discounted from \$65 to \$30, we only pay a benefit towards the fee you paid (i.e. \$30)
- ✗ Surcharges, delivery costs and credit card processing fees

EXTRAS COVER

- Annual limits are for a financial year (1 July - 30 June) and are usually per person (unless it says otherwise).
- Optical benefits (glasses and contacts) are paid when glasses or contacts are prescribed by a registered optometrist. They have to be for sight correction and we don't pay on non-prescription sunglasses.
- Health management* - We pay benefits for approved programs to manage or treat a specific health condition. For more information about health management programs, please contact us. Under the Private Health Insurance Act, we can't pay benefits for goods and services that are for the purposes of sport, recreation or entertainment.

You may need to send us a Declaration of Condition Form found at peoplecare.com.au/Members/Forms.

**Health management programs are not included in our Flex Essentials Extras product.*

• Extras providers need to be registered with Medicare or recognised by Peoplecare before benefits will be paid. We reserve the right to refuse payment for services rendered by a provider who does not satisfy the fund criteria. If you wish to ensure that the provider you are attending is covered by the fund you can search for registered providers on our website peoplecare.com.au/findaprovider or call us before you go.

HOW TO MAKE A EXTRAS CLAIM

Swipe your card- claim instantly

Swipe your membership card at most health providers like dentists, optometrists, physios, chiros and more. You just pay the difference between the fee and your fund benefit- no claim form needed.

Claim with our mobile app

Our mobile app makes claiming a breeze. Simply take a photo of your receipt on your smart phone or table, open our app, submit your picture - your claim is on its way to us. Download the app by searching 'Peoplecare' on the Google Play store or App Store.

Claim Online

Claiming online is easy. Just like our app, all you need to do is upload a photo of your receipt to our Online Member Services and you're done. To register for our Online Member Services, just visit peoplecare.com.au.

PRE-EXISTING CONDITION

A pre-existing condition is any ailment, illness, or condition that you had signs or symptoms of (in the opinion of a medical practitioner appointed by the health insurer) that existed during the 6 months before you joined a hospital cover or upgraded to a higher hospital cover. It is not necessary that you or your doctor knew what your condition was or that the condition had been diagnosed. A condition can still be classed as pre-existing even if you hadn't seen your doctor about it before joining the hospital cover or upgrading to a higher hospital cover.

EXCESS

The excess applies to each person on your cover and there is a maximum amount for each person per financial year. There are different excess options, depending on the product.

These include:

- Nil excess
- \$150 per person or \$300
- \$250 per person or \$500
- \$500 per person or \$1,000 per couple/family per financial year.
- \$750 per person or \$1,500 per couple/family per financial year.

Please note: If the charge for your first admission is less than the excess amount, any remaining excess must be paid if you're admitted again in the same Membership Year. Peoplecare will recognise excess paid in the preceding 12 months from join date for new members. If you have any questions about your excess call us on 1800 808 690.

Important Information

ACCESS GAP

Access Gap is a scheme to reduce your out-of-pocket expenses for specialist treatment in a hospital or day surgery (also known as inpatient treatment).^{*} First you need to ask your specialist if they participate. If they do, we pay them more than the Medicare Benefit Schedule fee – resulting in lower or no out-of-pocket expenses for you. *Note: Doctors can choose to take part in Access Gap on a case-by-case basis.*

To find specialists who participate in Access Gap services, use our search tool here peoplecare.com.au/findaprovider.

^{*}Consultations, for instance, are only claimable through Medicare. Procedures (aka treatment, operation, surgery) may be claimed from a health fund.

AGREEMENT HOSPITALS

We have agreements with most private hospitals in Australia. If you're admitted to one of the few private hospitals that we don't have an agreement with, we may not cover the full cost of your hospitalisation. You can search our agreement hospital list at peoplecare.com.au/findahospital, and we recommend that you contact us if you're planning a hospital admission to discuss exactly what you'll be covered for.

HOW TO MAKE A HOSPITAL CLAIM

Hospitals usually check your cover with us before you're admitted (hospitals can check online 24/7, so you won't need to wait for business hours) and let you know of anything you need to pay them up front. When you're discharged, just check their account to make sure it's right and then the hospital will send the claim straight to us. We take care of it all for you and let you know how much we've paid on your behalf later.

MEDICAL CLAIMS

Your Doctor should discuss with you all of the costs of your treatment before you're admitted to hospital. This is called Informed Financial Consent. Your Doctor will usually send the claim straight to us and we'll take care of it for you, but if they don't, you will need to complete two Medicare forms (their claim form and their two-way claim form) and send it to Medicare with your accounts. Once Medicare have paid their bit, we'll take care of our part.

We know that Medicare can be confusing and difficult to navigate, that's why we have a team of experts to help you do just that. So if you need help at any time, just give us a call on 1800 808 690.

YOUR PRIVACY

We're committed to the Privacy Act and Australian Privacy Principles, which means we only collect the information we need to give you access to health services. We won't collect any personal information unless we've asked first. We only collect information that we need to give you access to health services, and we don't collect personal information unless we ask you first. We protect your personal details and we'll only share your information if it's needed to provide our services. You can read our full Privacy Policy at peoplecare.com.au/privacy or give us a call on 1800 808 690.

IF YOU CHANGE YOUR MIND...

Changed your mind about your cover? Just let us know within 30 days of joining or upgrading your cover and you'll get a full refund of any premiums paid (as long as you haven't made any claims in that time).

WHAT TO DO IF YOU'RE NOT HAPPY

At Peoplecare, if you have any problems with your cover, give us a call on **1800 808 690**.

If you'd rather write to us, you can email info@peoplecare.com.au or write to **Locked Bag 33, Wollongong, NSW 2500**.

If you're still not happy after contacting us, you can contact the Private Health Insurance Ombudsman (PHIO).

PHIO is free, independent and protects the rights of private health fund members. You can call PHIO on **1300 362 072**, visit ombudsman.gov.au or send mail to:

**Private Health Insurance Ombudsman
Commonwealth Ombudsman
GPO Box 442
Canberra, ACT 2601**

For general information on private health insurance, visit privatehealth.gov.au. To get a copy of our full complaints policy, go to peoplecare.com.au or contact us and we'll send you a copy.

POLICY INFORMATION

This document provides information to help you understand what you will and will not be covered for under your policy. These details are in conjunction with the fund rules which can be found at peoplecare.com.au/fund-rules. It is important that you read this document carefully and retain a copy for your reference. For more information about your specific needs, please contact us or visit our website.

CODE OF CONDUCT



The Private Health Insurance Code of Conduct is a voluntary industry code. It sets standards for health funds to make sure they do the right thing by consumers in having great staff training, clear policy documentation, watertight privacy and easy

dispute resolution. Each health fund has a short summary of every product in a standard format to help you compare them side by side. They are called Private Health Information Statements (PHIS) and you can easily get them from the Private Health Insurance Ombudsman's website by visiting health.gov.au/resources/apps-and-tools/compare-health-insurance-policies. Peoplecare is proud that we meet 100% of the standards in the Code of Conduct. This means we can display the Code of Conduct tick on our materials to show you we're doing the right thing.



Ambulance Cover

Without ambulance cover, an ambulance ride could cost you thousands. Our ambulance cover is included at no cost to you with any of our Hospital and Extras, Hospital Only or Extras Only covers. Queensland and Tasmania residents don't need to worry about ambulance travel in their states, as it's free. Queensland residents are also covered by their state when travelling around Australia.

WHAT'S COVERED:

- ✓ Emergency ambulance treatment and transport to hospital via road, air and sea by a state-approved ambulance provider
- ✓ Non – emergency road and air ambulance transport by a state-approved ambulance provider
- ✓ Emergency ambulance treatment without transport
- ✓ Emergency ambulance transport between private hospitals
- ✓ Unlimited nationwide
- ✓ 1 day waiting period
- ✓ No annual limit

WHAT'S NOT COVERED:

- ✗ General patient transport, e.g. hospital to home, nursing home, medical appointments
- ✗ Ambulance subscriptions, fees and state-based levies
- ✗ Ambulance services that are paid for by the Government, compensation or other kinds of insurance
- ✗ Any transport provided by a non-recognised state ambulance provider

Health Programs & Support

Our Health and Hospital Substitution programs are designed to support our members on their health journey or on their road to recovery.

We have a number of programs to suit a variety of health and recovery needs.

HEALTH PROGRAMS

Our health programs are designed to help you keep on top of your health and live a healthier life. We have a range of health programs to help you manage a number of different health conditions. The waiting period to receive health programs is 2 months of continuous cover.

HOSPITAL SUBSTITUTION PROGRAMS*

Our Hospital substitution programs allow you and/or your family members to recover in the comfort of your own home with a range of in home hospital treatments, so you can have the choice of treatments that suit your needs.

You'll need to have served your 2-month waiting period and have a referral from your treating doctor to be eligible. Please note, anything that is a pre-existing condition will have a 12-month waiting period.

*Hospital substitution programs Hospital at Home and Rehab at Home can ONLY substitute hospital treatments you are covered for. Exclusions and restrictions apply. Please contact us on 1800 808 690 for more information.

Mental Health Programs

Peoplecare is committed to supporting both your mental health and wellbeing through tailored programs available under all levels of hospital cover[^]. We understand that mental wellbeing is about feeling balanced, resilient, and supported in everyday life. That's why we cover a number of programs to meet a wide range of our member needs.

Whether you're managing mild anxiety, dealing with stress, or navigating more complex mental health challenges, these programs provide expert support and compassionate care. More information can be found at peoplecare.com.au/mental-health-support or call the fund on 1800 808 690.

MENTAL HEALTH AND WELLBEING SERVICE

In partnership with  **Talked**

We're proud to offer Peoplecare Health Insurance members^{^^} and their family access to a mental health and wellbeing service in partnership with Talked, one of Australia's leading online therapy providers. Explore expert advice, practical tools, and personalised resources to support your mental health journey.

[^]Waiting periods apply. ^{^^}This service is available to Peoplecare members with an active and financial policy at the date the service is received. Not available on Ambulance Only cover.

HOSPITAL AT HOME

Going to hospital and want to be back in your own home as soon as possible? Hospital at Home is a program that lets you receive short-term therapy services such as IV antibiotics and wound care at home. A referral is required from your treating doctor to be eligible. Please note that anything that is a pre-existing condition will have a 12-month waiting period.

REHAB AT HOME

Rehab at Home is a hospital substitute treatment program that covers you for rehab services such as physiotherapy and occupational therapy in the comfort of your home rather than staying in hospital.

CHEMO AT HOME

Did you know that if you are covered on Peoplecare's hospital cover for chemotherapy, you can receive your chemo treatment at home? Our trusted providers have a program called Chemo at Home that allows you to get the treatment you need (if it's covered by Medicare) delivered in your home including chemotherapy, targeted cancer therapies and targeted therapies for inflammatory bowel disease.

WANT EXPERT HELP?

Ask our friendly team of experts! Our resident health program experts love a chat. They know you don't need any extra stress and make our health programs & hospital options easy. If you're a member who would like to know more about our health programs or hospital treatment options, we're here to help. Ask one of our experts on our website at peoplecare.com.au/askourexperts or call us on **1800 808 690**.

Digital Services

Manage your health cover anytime, anywhere

Our digital member services make managing your private health insurance easy. Submit photo and PDF claims, check your extras limits, manage your payments and more.

Manage your membership details including benefit account, payment details and contact information all within our digital member services.

You'll also find all your Peoplecare correspondence easily accessible in the secure inbox.

Our digital member services also allows you to check what you're covered for, how much you have remaining on your benefit limits, and where to find a registered healthcare provider or hospital when you need one.

FEATURES OF OUR APP

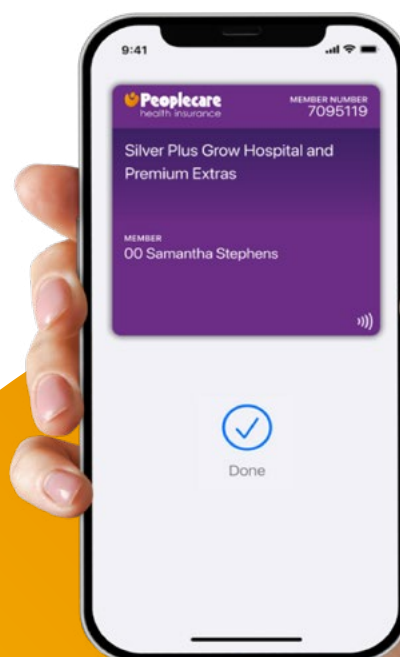
- Claim quickly with easy photo / PDF claiming
- Upload supporting claim documents / forms
- View and search your claims history
- Make a membership payment by credit card, debit card and direct debit
- Find a registered healthcare provider
- Check your benefits, limits, cover and payment details
- Order a new membership card

Download our app via App Store or Google Play

Digital Membership Card

Claim quickly and easily, with a tap

Digital membership cards are a secure, mobile version of your physical card - allowing you to tap and claim on the go, directly from your personal device.





Extra Benefits with **smile.com.au**

Peoplecare partners with the **smile.com.au dental network**, which means Peoplecare members with Extras can visit any of the smile.com.au dentists around the country and receive:

- Access to reduced and capped dental fees
- Up to 2 **No Gap* check-up and cleans** per financial year
- 1 No Gap Mouthguard per financial year[#]

Visit peoplecare.com.au/smile to find out more.



Peoplecare Optical and Dental is your one-stop dental and optical store for the whole family, located at 63 Market Street, Wollongong.

All Peoplecare health fund members get 25% off the entire range of glasses (frames and lenses), contacts and sunglasses, plus Peoplecare members with Extras cover can select from a range of no-gap glasses[^] and can get a no gap* check-up and clean package.

*No gap' means there are no out-of-pocket costs on a selected range of dental treatments (as long as your annual dental limit hasn't been used). Preventative dental covers consultation, scale and clean, X-rays and fluoride as part of a check-up and clean package only. Excludes treatment-only appointments. Waiting periods apply.

[#]Subject to annual limits and waiting periods apply. No-gap mouthguard relates to dental item number 151, one per person per year.

[^]'No-gap' glasses is for Peoplecare members. 'No-gap' means there are no out-of-pocket costs on a selected range of glasses (as long as your annual optical limit hasn't been used). The range of no-gap glasses depends on your level of Peoplecare Extras cover.

Proudly not-for-profit

Peoplecare is a not-for-profit and member-owned health fund.

We work for you, not corporate shareholders. We'll always put your needs ahead of profits so we can better look after you and your health.

Members Health Fund Alliance

Peoplecare is proud to be part of Members Health Fund Alliance, the peak industry body for not-for-profit health funds that all share a common value of putting our members' health and wellbeing before profit.



**For people, not profits
A Members Health Fund**

Peoplecare acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of the land on which we live and work. We pay our respects to their Elders past and present.





 **1800 808 690**

 **info@peoplecare.com.au**

 **peoplecare.com.au**

Please read this document carefully and keep it for future reference. For the most up-to-date information, visit peoplecare.com.au
