Silver Hospital and Comprehensive Extras

$500 / $750 excess

Peoplecare™ health insurance

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Silver Hospital Cover

As at 1 January 2024

CLINICAL CATEGORIES	WAITING PERIOD	SILVER
Rehabilitation	2 months	R
Hospital psychiatric services	2 months	R
Palliative care	2 months	R
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	SILVER
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	✘
Common services	2 months	✔
Support services	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 means you're covered in a public hospital as a private patient. If you have restricted services on your cover and you're admitted to a private hospital for one of these services, you'll have large out-of-pocket costs.

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.
- ✘ Prostheses that aren't listed on the Government's Prostheses List. (A prosthesis 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.

Comprehensive Extras Cover*

***This Extras product is closed to new members**

As at 1 January 2024

			COMPREHENSIVE EXTRAS	
SERVICE		**WAITS**	**BENEFIT**	**ANNUAL LIMIT**
General Dental	Basic restoration (fillings)	2 months	Set benefits per dental item	No annual limit
	Diagnostic services			
	Extractions			
	Oral surgery			
	Periodontics			
	Endodontics (root canal therapy)			
High Cost Dental	Crowns & bridges	12 months	Set benefits per dental item	$1,000 ($1,500 loyalty limit) per person
	Dentures			$650 ($840 loyalty limit)
	Implants			$1,000 per person
	Orthodontics		80% of cost	Lifetime Limit - $2,100 ($2,600 loyalty limit
Optical	Glasses & contact lenses	6 months	100% of cost	$300
	Laser eye surgery	24 months	80% of cost	$500 per eye every 2 years per person
Pharmacy*	Prescriptions only	2 months	100% of the cost $65 per script	$500 per person $1,000 per family
Physiotherapy & other therapies	Physiotherapy	2 months	Initial consult $50† Standard consult (first 10) $30 Standard consult (11+) $20	$550 per person/ $1,100 per family
	Occupational therapy		Initial consult $60† Standard consults $35	
	Hydrotherapy		80% of cost to $10 Limit - $200 per person/ $400 per family	
Chiropractic	Chiropractic & Osteopathy	2 months	Initial consult $45† Standard consult (first 10) $25 Standard consult (11+) $15	$550 per person $1,100 per family
	Chiropractic x-ray		80% of cost	
Complementary Therapies	Remedial massage	2 months	Initial consult $35† Standard consult (first 10) $25 Standard consult (11+) $15	$435 per person $870 per family
	Myotherapy			
	Chinese herbal consults			
	Acupuncture			
	Podiatry			
	Dietetics			
Other benefits	Orthotics (Custom made) (every 2 years)	2 months	80% of cost	$250 per person $500 per family every 2 years
	Pre/post natal classes		80% of cost	$150
	Home nursing		80% of cost up to $45 per visit/ $90 per day	$1,000
	Speech therapy		80% of cost	$800
	Hearing aids	24 months	80% of cost	$1,500 every 5 years
	Psychology	2 months	Initial consul 80% up to $120† Standard consult 80% up to $60	$500 per person $650 per family
	Allergy treatment		80% of cost	$100
	Surgical equipment/ health aids Sub-limits apply. Contact us for more info.		Year 1 50% of cost Year 2 50% of cost Year 3 60% of cost Year 4 70% of cost Year 5+ 80% of cost	$400 $625 $750 $875 $1,000
	Health management programs	6 months	100% of cost	$150 per person $300 per family
Ambulance	National Ambulance cover	1 day	100% of cost	No annual limit

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

†1 initial consult per year per service except physiotherapy which has 2 initial consults per year.

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 & services

✗ received within your waiting period

✗ received outside Australia

✗ covered by compensation or another type of insurance (like third party or sports club insurance)

✗ received more than 2 years ago

✗ 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

and:

✗ Pharmaceutical Benefits Scheme (PBS) prescriptions under the standard PBS amount, contraceptives or over-the-counter medicine

✗ Naturopathic & 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.

•Smiles all 'round - We've teamed up with the smile.com.au network of quality dentists. You can now visit any of the friendly smile.com.au dentists around the country and you'll get at least 15% off their usual fee for all treatments - just for having extras cover with Peoplecare! This offer is seperate to your extras limits and waiting periods, so you'll get savings all year round.

•Health management - We pay benefits for approved programs to manage or treat a specific health condition. Health screening services such as blood pressure testing, cholesterol checks. mammograms and hearing tests can be claimed if Medicare don't pay a benefit. Please call us for details. 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 (like gym memberships). You'll need to send us a Declaration of Condition Form found at **peoplecare.com.au/Members/Forms.**

•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. 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 24x7, 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 here - 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-insurancepolicies. 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 periods still apply.

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 recieve 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.*

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**.

Download our app today

HERE IS WHAT YOU CAN DO WHEREVER AND WHENEVER YOU LIKE

- Claim quickly with easy photo or PDF claiming
- Upload supporting claim documents and 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

And more! Downloading is quick and easy. Head to **peoplecare.com.au/help-centre/mobile/**

Download on the App Store

GET IT ON Google Play

Member Perks

Member perks are exclusive offers for Peoplecare members. Our core member perks are an extensive range of optical discounts, along with some valuable dental discounts from smile.com.au, a great travel insurance discount, Elite Energy multi-sport event discounts and a Hello Fresh deal to freshen up your cooking repertoire.

Keep up-to-date with the latest member perks on our website or in the Peoplecare Member News, delivered to your email inbox.

Refer a friend

Our members love Peoplecare so much that almost a third of our new members are friends or family who joined because they know we have great offers and personal service.^

Feel free to spread the word to your friends and relatives. Just tell them to give us your name and member number when they join through the Peoplecare website or by phone on 1800 608 195.

To say thank you, we'll send you an EFTPOS gift card just for referring (per new membership) and put you into the draw to WIN a $500 EFTPOS gift card.*

^ Data from the 2022 financial year.
* T&Cs apply – visit peoplecare.com.au/referafriend for more details

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.

Members Health
FUND ALLIANCE

Peoplecare health insurance

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