

1 February 2023

Silver Plus Grow

\$500/\$750 excess

Extras Cover

 **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.

Your Hospital Cover

(as at 1 February 2023)

***This product is only available in combination with an Extras product.**

Silver Plus Grow*

Here's what you're covered for:

✓ = Included
 ✗ = Excluded
 R = Restricted

Clinical Categories	Waiting Period	Silver Plus Grow
Rehabilitation	2 months	✓
Hospital psychiatric services	2 months	R
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	✓
Blood	2 months	✓
Back, neck and spine	2 months	✓
Plastic and reconstructive surgery (medically necessary)	2 months	✓
Dental surgery	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	✓

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.

You will need to choose an Extras cover as this Silver Plus Grow Hospital product is only available in combination with an Extras product.

Choose your Extras cover

Extras cover gives you benefits for things that aren't covered by Medicare. Like your teeth, glasses, chiro, physio and more.

- Premium Extras
- High Extras
- Mid Extras
- Simple Extras

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.



Our Extras Covers (as at 1 February 2023)

Please note:
Annual Limits are per person, per financial year (unless otherwise stated)

			Simple Extras	
Service		Waiting periods	Benefit	Annual limit
Ambulance	Ambulance	1 day	100%	No limit
Dental	General dental (preventative, x-rays, basic restorations, basic surgery & extractions)	2 months	50%	\$500 per person
	Major dental (periodontics, endodontics, crowns & bridges, implants & dentures)	12 months	x	x
	Orthodontics	12 months	x	x
Pharmacy*	Prescriptions (after the standard PBS amount has been deducted)	2 months	50% to \$50	\$200 per person \$400 per family
Optical	Glasses & contact lenses	6 months	100%	\$150 per person
	Laser eye surgery	24 months	x	x
Physiotherapy & other therapies	Physiotherapy	2 months	Initial: \$35 [†] Standard: \$25	\$300 per person
	Occupational Therapy			
	Orthoptics (eye therapy)		50%	\$600 per family
	Exercise physiology			
	Hydrotherapy			
Chiropractic & osteopathic	Chiropractic	2 months	Initial: \$35 [†] Standard: \$25	\$300 per person \$600 per family
	Osteopathic			
Complementary therapies	Chinese herbal consults	2 months	x	x
	Remedial massage			
	Acupuncture			
	Dietetics			
Podiatry	Podiatry (chiroprody)	2 months	x	x
Psychology	Psych/group therapy	2 months	x	x
Speech Therapy	Speech therapy	2 months	x	x
Health management programs	Preventative health	6 months	50%	\$100 per person \$200 per family
Health aids & wellness	Equipment (every 3 years)	2 months	x	x
	Health aids & services (Such as home nursing)	2 months		
	Orthotics (Custom made or heat moulded) (every 2 years)	2 months		
Hearing aids	Hearing & audiology	24 months	x	x

*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.



Mid Extras		High Extras		Premium Extras	
Benefit	Annual limit	Benefit	Annual limit	Benefit	Annual limit
100%	No limit	100%	No limit	100%	No limit
60%	\$750 per person	70%	\$1,000 per person	80%	\$1,500 per person
60%	\$500 per person	70%	\$1,000 per person	80%	\$1,500 per person
x	x	70%	\$800 per person \$2,400 lifetime limit	80%	\$1,000 per person \$3,000 lifetime limit
60% to \$60	\$300 per person \$600 per family	70% to \$70	\$400 per person \$800 per family	80% to \$80	\$500 per person \$1,000 per family
100%	\$200 per person	100%	\$250 per person	100%	\$300 per person
x	x	70%	\$500 per eye every 2 years	80%	\$600 per eye every 2 years
Initial: \$43 [†] Standard: \$33	\$350 per person	Initial: \$51 [†] Standard: \$41	\$500 per person	Initial: \$59 [†] Standard: \$49	\$600 per person
60%	\$700 per family	70%	\$1,000 per family	80%	\$1,200 per family
Initial: \$40 [†] Standard: \$30	\$350 per person \$700 per family	Initial: \$45 [†] Standard: \$35	\$500 per person \$1,000 per family	Initial: \$50 [†] Standard: \$40	\$600 per person \$1,200 per family
Initial: \$40 [†] Standard: \$30	\$300 per person \$600 per family	Initial: \$45 [†] Standard: \$35	\$350 per person \$700 per family	Initial: \$50 [†] Standard: \$40	\$400 per person \$800 per family
Initial: \$40 [†] Standard: \$30	\$200 per person \$400 per family	Initial: \$45 [†] Standard: \$35	\$400 per person \$800 per family	Initial: \$50 [†] Standard: \$40	\$500 per person \$1,000 per family
x	x	Initial: \$90 [†] Standard: \$70	\$400 per person \$800 per family	Initial: \$110 [†] Standard: \$90	\$500 per person \$1,000 per family
x	x	70%	\$400 per person \$800 per family	80%	\$500 per person \$1,000 per family
60%	\$150 per person \$300 per family	70%	\$200 per person \$400 per family	80%	\$250 per person \$500 per family
x	x	70%	\$500 per person \$1,000 per family	80%	\$700 per person \$1,400 per family
x	x	70% up to \$150 per person		80% up to \$200 per person	
x	x	70%	\$1,000 per person every 5 years	80%	\$1,500 per person every 5 years

Please note: 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.



Waiting Periods

Important info: Hospital waiting periods

Hospital services	Waiting period
<ul style="list-style-type: none"> Hospitalisation related to an accident 	No waiting period
<ul style="list-style-type: none"> Ambulance 	1 day
<ul style="list-style-type: none"> All other services, except for those listed below Health programs Hospital substitution programs Rehabilitation, psychiatric services and palliative care (even for pre-existing conditions) 	2 months
<ul style="list-style-type: none"> Pregnancy and birth Pre-existing conditions (except rehab, psych and palliative) 	12 months

Note: not all covers include these services. Please check page 2 to see if you're covered.

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

Excess is the amount you pay towards your hospital admission directly to the hospital. Excess levels available on this product are \$500 per person (up to a maximum of \$1,000 per couple / family) and \$750 per person (up to a maximum of \$1,500 per couple / family). Excess applies per member, per financial year.

Save money with Peoplecare

- You won't pay an excess for dependants under 21 on your cover
- Day surgeries are half the excess per admission (overnight hospital stays are the full excess).

Important info: Extras waiting periods

Extras services	Waiting period
<ul style="list-style-type: none"> Ambulance 	1 day
<ul style="list-style-type: none"> All other services except those listed General dental, pharmacy, physio, chiro & podiatry 	2 months
<ul style="list-style-type: none"> Optical Health management programs 	6 months
<ul style="list-style-type: none"> High-cost dentistry Pre/post natal services (including midwifery) 	12 months
<ul style="list-style-type: none"> Laser eye surgery & hearing aids 	24 months

Note: not all covers include these services. Please check page 2 to see if you're covered.



Ambulance cover

Without ambulance cover, an ambulance ride could cost you thousands. Our ambulance cover is included free with any of our Combo, Hospital or Extras 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 limits

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.

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? Want to be back in your own home recovering 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's keen 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**.

Things to know about

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 & 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 separate 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. 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 an extras claim

Swipe your card – claim instantly!

EFTPOS-style claiming is easy. Swipe your membership card and claim paid! On-the-spot claiming, called HICAPS, is available at most health providers like dentists, optometrists, physios, chiro's and more. You just pay the difference between their fee and your fund benefit – no claim form needed.

Claim with Larry, our mobile app

Larry is all about making claiming a breeze! Simply take a photo of your receipt on your smart phone or tablet, open our app, submit your pic and hey presto – 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 super easy! Just like with our app, all you need to do is upload a photo of your receipt. Upload it on Online Member Services and you're done. To register for our Online Member Services, just visit peoplecare.com.au/oms It only takes a few minutes.

Email us

Just scan your completed claim form with your receipts and email us at info@peoplecare.com.au

Access Gap

Going to hospital? It can be a stressful time. The last thing you need is to worry about excessive out-of-pocket expenses. That's why we have Access Gap.

Access Gap is a scheme to reduce your out-of-pocket expenses for specialist treatment in a hospital or day surgery (aka called 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 make it easier to find specialists with a track record of providing 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 call 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 tell you about 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, call us on 1800 808 690.

Your privacy

We're 100% 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, and we protect the information we do have with everything we've got. 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? No worries! 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, of course).

What to do if you're not happy

At Peoplecare, it's all about you. We love happy members, and if you're not happy we want to hear about it so we can make things even better. If you have any problems with your cover, give us a call on **1800 808 690**. Most of the time we can sort things out on the spot, but you can always ask to speak to a manager if you'd prefer. 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 www.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 and policy rules at the date of this guide. 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.



Download our app

Get your health cover happening by downloading our app on the iTunes App store or Google Play store.

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

And more! Downloading is quick and easy, so head to peoplecare.com.au/help-centre/mobile/.





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info@peoplecare.com.au



peoplecare.com.au

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