

# Silver Plus Hospital

**\$500 / \$750 excess**



# Silver Plus Hospital Cover

As at 1 July 2024

CLINICAL CATEGORIES	WAITING PERIOD	SILVER PLUS
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	✓

CLINICAL CATEGORIES	WAITING PERIOD	SILVER PLUS
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 or service that we'll pay a Limited Benefit towards your treatment. The 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.**

# 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).<sup>\*</sup> 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](https://peoplecare.com.au/findaprovider).

<sup>\*</sup>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](https://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](https://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](mailto: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](https://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](https://privatehealth.gov.au). To get a copy of our full complaints policy, go to [peoplecare.com.au](https://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](https://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](https://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.



# Important Information

## 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.

# 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
- Plus more!

Downloading is quick and easy.

Head to [peoplecare.com.au/help-centre/mobile/](https://peoplecare.com.au/help-centre/mobile/)

# 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 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.

## 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](https://peoplecare.com.au/askourexperts) or call us on **1800 808 690**.





## Member Perks

We're all about making our members feel special. Our member perks include a range of exclusive dental and optical discounts as well as health, retail, and travel offers just for you.

Keep up to date with the latest member perks on our website or in the Peoplecare Members 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.<sup>^</sup>

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.\*

<sup>^</sup> Data from the 2022 financial year.

\* T&Cs apply – visit [peoplecare.com.au/referafriend](https://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



 **1800 808 690**

 **info@peoplecare.com.au**

 **peoplecare.com.au**

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Please read this document carefully and keep it for future reference. For the most up-to-date information, visit [peoplecare.com.au](http://peoplecare.com.au)

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