

Hospital Cover Bronze



Bronze Hospital is our entry-level cover option for singles and couples.

It includes commonly used inpatient hospital services like the surgical removal of tonsils, adenoids and appendix, as well as hernia repairs, joint reconstructions and more.

What's included, not included or restricted?

Rehabilitation	R
Hospital psychiatric services	R
Palliative care	R
Brain and nervous system	✓
Eye (not cataracts)	✓
Ear, nose and throat	✓
Tonsils, adenoids and grommets	✓
Bone, joint and muscle	✓
Joint reconstructions	✓
Kidney and bladder	✓
Male reproductive system	✓
Digestive system	✓
Hernia and appendix	✓
Gastrointestinal endoscopy	✓
Gynaecology	✓
Miscarriage and termination of pregnancy	✓
Chemotherapy, radiotherapy and immunotherapy for cancer	✓
Pain management	✓
Skin	✓
Breast surgery (medically necessary)	✓
Diabetes (excluding insulin pumps)	✓
Heart and vascular systems	x
Lung and chest	x
Blood	x
Back, neck and spine	x
Plastic and reconstructive surgery (medically necessary)	x

Dental surgery	x
Podiatric surgery (provided by a registered podiatric surgeon)	x
Implantation of hearing devices	x
Cataracts	x
Joint replacements	x
Dialysis for chronic kidney failure	x
Pregnancy and birth	x
Assisted reproductive services	x
Weight loss surgery	x
Insulin pumps	x
Pain management with device	x
Sleep studies	x

Key

- ✓ = included
- x = not included
- R = restricted



Want cover for more inpatient hospital services?

Visit [hif.com.au/hospital](https://www.hif.com.au/hospital) to view and compare all our private hospital insurance options.

Phone 1300 13 40 60 Visit [hif.com.au/hospital](https://www.hif.com.au/hospital)

Also included on this policy:

- Your choice of treating doctor or specialist
- Shared room accommodation in a HIF-contracted private hospital (if you'd like a private room though, you can simply pay the difference between the cost of a shared and private room)
- Private and shared room accommodation in a public hospital
- AccessGap Cover for eligible inpatient medical services
- Benefits for surgically implanted prostheses and other items on the Federal Government's Prostheses Schedule
- Inpatient pharmacy drugs – charges vary between hospitals depending on the contract that's in place. Please check with the hospital or HIF.

What does restricted mean?

The term 'restricted' means that you can claim benefits for accommodation at basic public hospital rate only for the services listed as restricted. However, full AccessGap coverage applies for inpatient medical procedures, and benefits will be paid towards prostheses in accordance with the Commonwealth Prostheses List. Items on the list (excluding human tissue) may be subject to a patient co-payment.

What about excluded benefits?

No benefits will be payable for services that are not included in your cover.

Other situations where you may not be covered by HIF include for cosmetic surgery, your membership is not financial or waiting periods not served. For a more comprehensive list please read our Health Cover Guide.

Does a hospital excess apply?

For Bronze Hospital, a standard excess of \$200 applies to overnight and same day admissions, but you only have to pay it once per calendar year (regardless of how many times you're admitted to hospital).

For couples, an excess of \$200 applies per person, up to a maximum annual limit of \$400.

Hospital waiting periods

A waiting period refers to the period of time you have to wait (after purchasing or upgrading Hospital Cover) before you're entitled to received benefits for services or items included on your chosen level of cover.

For Bronze Hospital, the applicable waiting periods are:

- General hospitalisation: 2 months
- Psychiatric care, rehabilitation and palliative care: 2 months
- Pre-existing Conditions: 12 months

Please note: In order to access higher benefits for specialist psychiatric care, Members are entitled to upgrade their cover without serving a two-month waiting period for psychiatric treatment. This waiting period upgrade is only available once in a life time.

What's a pre-existing condition?

A pre-existing condition is defined as "Any ailment, illness, or condition where, in the opinion of a medical advisor appointed by the health insurer, the signs or symptoms of the illness, ailment or condition existed at any time in the period of six months ending on the day on which the person became insured under the policy."

A pre-existing condition can be identified by the presence of signs or symptoms of the illness, ailment or condition (i.e. it's not necessary for the Member or their doctor to know what their condition is, or for it to be diagnosed).

In assessing whether a condition is pre-existing or not, an HIF appointed medical practitioner will take into account information provided by the Member's treating doctor.

Make sure you read our Health Cover Guide

Our Health Cover Guide is your need-to-know resource for all things about health insurance.

The Health Cover Guide also details other situations where you may not be covered by HIF (e.g. cosmetic surgery or respite care), so please read the guide carefully and retain a copy for your records.

Visit [hif.com.au/guide](https://www.hif.com.au/guide) to access a copy online.