

Hospital Cover Silver



Silver Hospital is our mid-level cover option for singles, couples and families.

It includes commonly used services like the surgical removal of tonsils, adenoids and appendix, as well as hernia repairs, joint reconstructions, endoscopies, dental surgery, podiatric surgery, heart, lung and spinal treatment, and more.

What's included, not included or restricted?

Rehabilitation	R	Dental surgery	✓
Hospital psychiatric services	R	Podiatric surgery (provided by a registered podiatric surgeon)	✓
Palliative care	R	Implantation of hearing devices	✓
Brain and nervous system	✓	Cataracts	✗
Eye (not cataracts)	✓	Joint replacements	✗
Ear, nose and throat	✓	Dialysis for chronic kidney failure	✗
Tonsils, adenoids and grommets	✓	Pregnancy and birth	✗
Bone, joint and muscle	✓	Assisted reproductive services	✗
Joint reconstructions	✓	Weight loss surgery	✗
Kidney and bladder	✓	Insulin pumps	✗
Male reproductive system	✓	Pain management with device	✗
Digestive system	✓	Sleep studies	✗
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	✓		
Lung and chest	✓		
Blood	✓		
Back, neck and spine	✓		
Plastic and reconstructive surgery (medically necessary)	✓		

Key

- ✓ = included
- ✗ = 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.

Also included on this policy:

- Your choice of treating doctor or specialist
- Shared room accommodation in an 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 services
- Benefits for surgically implanted prostheses and other items on the Federal Government's Prostheses Schedule
- Inpatient pharmacy drugs (charges vary between hospitals so please check with us or the hospital)

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.

Does a hospital excess apply?

For Silver 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 and families, 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 Silver 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 to access a copy online.