

**Fund Name:** Health Partners  
**Address:** GPO Box 1493  
ADELAIDE SA 5001

**Telephone:** 1300 113 113  
**Facsimile:** (08) 8113 2259

**Chief Executive:** Jon Goodgame

**Claims Enquiries:** Hospital Claims  
Ph: 1300 113 113  
Fax: (08) 8113 2281  
[hospitalclaims@healthpartners.com.au](mailto:hospitalclaims@healthpartners.com.au)

**Membership Enquiries:** Member Services  
Ph: 1300 113 113

Fax: (08) 8113 2259

[ask@healthpartners.com.au](mailto:ask@healthpartners.com.au)

To confirm patient eligibility and membership level of cover prior to admission, please use Eclipse or our web-based system at:

<https://webserv.healthpartners.com.au/HelperOnline>

<b>Product name:</b>	<b>Gold Hospital Advantage</b>
Description:	Top cover that includes pregnancy and birth related procedures and no exclusions.
Excess:	Excess of \$750 - no excess for dependants
Co-payment	Nil
Exclusions	Nil
Restrictions	Nil
Important notes	No exclusions for all recognised Medicare procedures. Significant out-of-pocket costs may apply for persons who do not have full Medicare eligibility. For private patient in a public hospital for services included on the members cover, we will pay the Default Benefit as set by the Government for a shared room only.

<b>Product name:</b>	<b>Silver Hospital Plus Advantage</b>
Description:	Cover that excludes pregnancy and birth related procedures, weight loss surgery and restricts Hospital psychiatric services.
Excess:	Choice of excess \$250, \$500 or \$750 - no excess for dependants
Co-payment	Nil
Exclusions	Excludes Weight loss surgery, Pregnancy & birth and Assisted reproductive services as defined by Clinical Definitions. All other recognised Medicare procedures included.
Restrictions	Restricted benefit for Hospital psychiatric services - minimum default benefits apply, this could lead to large out of pocket costs.
Important notes	Significant out-of-pocket costs may apply for persons who do not have full Medicare eligibility. For private patient in a public hospital for services included on the members cover, we will pay the Default Benefit as set by the Government for a shared room only.

<b>Product name:</b>	<b>Silver Hospital Plus Lite</b>
----------------------	----------------------------------

Description:	Provides a good level of protection with some exclusions to keep costs down.
Excess:	Choice of excess \$500 or \$750 - no excess for dependants
Co-payment Exclusions	Nil Excludes Cataracts, Joint replacements, Dialysis for chronic kidney failure, Weight loss surgery, Pain management with device, Pregnancy & birth and Assisted reproductive services as defined by Clinical Definitions. All other recognised Medicare procedures included.
Restrictions	Restricted benefit for Hospital psychiatric services - minimum default benefits apply, this could lead to large out of pocket costs.
Important notes	Significant out-of-pocket costs may apply for persons who do not have full Medicare eligibility. This cover includes Accident Cover, meaning excluded clinical categories are included as a result of an accident - contact Health Partners for details. For private patient in a public hospital for services included on the members cover, we will pay the Default Benefit as set by the Government for a shared room only.

<b>Product name:</b>	<b>Bronze Hospital Plus</b>
----------------------	-----------------------------

Description:	Great starter cover for a range of common procedures.
Excess:	Choice of excess \$500 or \$750 - no excess for accidents
Co-payment Exclusions	Nil Excludes Heart & vascular system, Back, neck & spine, Podiatric surgery, Implantation of hearing devices, Cataracts, Joint replacements, Dialysis for chronic kidney failure, Weight loss surgery, Insulin pumps, Pain management with device, sleep studies, Pregnancy & birth and Assisted reproductive services as defined by Clinical Definitions. All other recognised Medicare procedures included.
Restrictions	Restricted benefit for Rehabilitation, Palliative care & Hospital psychiatric services - minimum default benefits apply, this could lead to large out of pocket costs.
Important notes	Significant out-of-pocket costs may apply for persons who do not have full Medicare eligibility. This cover includes Accident Cover, meaning excluded clinical categories are included as a result of an accident - contact Health Partners for details. For private patient in a public hospital for services included on the members cover, we will pay the Default Benefit as set by the Government for a shared room only.

<b>Product name:</b>	<b>Basic Hospital Plus</b>
----------------------	----------------------------

Description:	Cover designed to meet the needs of the young and healthy, covers Dental Surgery, Hernia and Appendix, Joint reconstructions, Tonsils, adenoids and grommets & includes Accident Cover.
Excess:	Choice of excess \$500 or \$750
Co-payment	Nil

Exclusions	Excludes Brain and nervous system, Eye (not cataracts), Ear, nose & throat, Bone, joint and muscle, Kidney and bladder, Male reproductive system, Digestive system, Gastrointestinal endoscopy, Gynaecology, Miscarriage and termination of pregnancy, Chemotherapy, radiotherapy and immunotherapy for cancer, Pain management, Skin, Breast surgery (medically necessary), Diabetes management, Heart & vascular system, Lung & chest, Blood, Back, neck & spine, Plastic and reconstructive surgery, Podiatric surgery, Implantation of hearing devices, Cataracts, Joint replacements, Dialysis for chronic kidney failure, Weight loss surgery, Insulin pumps, Pain management with device, sleep studies, Pregnancy & birth and Assisted reproductive services as defined by Clinical Definitions. All other recognised Medicare procedures included.
Restrictions	Restricted benefit for Rehabilitation, Palliative care & Hospital psychiatric services - minimum default benefits apply, this could lead to large out of pocket costs.
Important notes	Significant out-of-pocket costs may apply for persons who do not have full Medicare eligibility. This cover includes Accident Cover, meaning excluded clinical categories are included as a result of an accident - contact Health Partners for details. For private patient in a public hospital for services included on the members cover, we will pay the Default Benefit as set by the Government for a shared room only.

---

**Grandfathered Products - closed to new memberships**

<b>Product name:</b>	<b>Gold Hospital Complete</b>
Description:	Top cover that includes pregnancy and birth related procedures and no exclusions.
Excess:	Choice of excess \$250, \$500 or \$750 - no excess for dependants
Co-payment	Nil
Exclusions	Nil
Restrictions	Nil
Important notes	No exclusions for all recognised Medicare procedures. Significant out-of-pocket costs may apply for persons who do not have full Medicare eligibility. For private patient in a public hospital for services included on the members cover, we will pay the Default Benefit as set by the Government for a shared room only.

<b>Product name:</b>	<b>Gold Hospital</b>
Description:	Top cover that includes pregnancy and birth related procedures and no exclusions.
Excess:	Choice of excess \$0, \$250, \$500 or \$750 - no excess for dependants
Co-payment	Nil
Exclusions	Nil
Restrictions	Nil
Important notes	No exclusions for all recognised Medicare procedures. Significant out-of-pocket costs may apply for persons who do not have full Medicare eligibility. For private patient in a public hospital for services included on the members cover, we will pay the Default Benefit as set by the Government for a shared room only.

<b>Product name:</b>	<b>Classic Hospital Gold</b>
Description:	Full cover
Excess:	Nil
Co-payment	Nil
Exclusions	Nil
Restrictions	Nil

Important notes Significant out-of-pocket costs may apply for persons who do not have full Medicare eligibility. For private patient in a public hospital for services included on the members cover, we will pay the Default Benefit as set by the Government for a shared room only.

**Product name: Classic Hospital Gold 25**

Description: Full cover  
Excess: Nil  
Co-payment Co-payment amount: \$25 per day  
Co-payment description: Maximum 5 days per person (\$125 per year or \$250 per membership), waived for dependants

Exclusions Nil

Restrictions Nil

Important notes Significant out-of-pocket costs may apply for persons who do not have full Medicare eligibility. For private patient in a public hospital for services included on the members cover, we will pay the Default Benefit as set by the Government for a shared room only.

**Product name: Classic Hospital Gold 50**

Description: Full cover  
Excess: Nil  
Co-payment Co-payment amount: \$50 per day  
Co-payment description: Maximum 5 days per person (\$250 per year or \$500 per membership), waived for dependants

Exclusions Nil

Restrictions Nil

Important notes Significant out-of-pocket costs may apply for persons who do not have full Medicare eligibility. For private patient in a public hospital for services included on the members cover, we will pay the Default Benefit as set by the Government for a shared room only.

**Product name: Classic Hospital Gold 500**

Description: Full cover  
Excess: Excess amount: \$500 per person, per year  
Excess description: Maximum \$500 or \$1000 per membership, waived for dependants  
Co-payment Co-payment amount: \$50 per day  
Co-payment description: Maximum 5 days per person (\$250 per year or \$500 per membership), waived for dependants

Exclusions Nil

Restrictions Nil

Important notes Significant out-of-pocket costs may apply for persons who do not have full Medicare eligibility. For private patient in a public hospital for services included on the members cover, we will pay the Default Benefit as set by the Government for a shared room only.

<b>Product name:</b>	<b>Classic Hospital Gold 250</b>
Description:	Full cover
Excess:	Excess amount: \$250 per person, per year Excess description: Maximum \$250 or \$500 per membership, waived for dependants
Co-payment	Co-payment amount: \$50 per day Co-payment description: Maximum 5 days per person (\$250 per year or \$500 per membership), waived for dependants
Exclusions	Nil
Restrictions	Nil
Important notes	Significant out-of-pocket costs may apply for persons who do not have full Medicare eligibility. For private patient in a public hospital for services included on the members cover, we will pay the Default Benefit as set by the Government for a shared room only.

<b>Product name:</b>	<b>Silver Hospital Plus</b>
Description:	Cover that excludes pregnancy and birth related procedures, weight loss surgery and restricts Hospital psychiatric services.
Excess:	Choice of excess \$0, \$250, \$500 or \$750 - no excess for dependants
Co-payment	Nil
Exclusions	Excludes Weight loss surgery, Pregnancy & birth and Assisted reproductive services as defined by Clinical Definitions. All other recognised Medicare procedures included.
Restrictions	Restricted benefit for Hospital psychiatric services - minimum default benefits apply, this could lead to large out of pocket costs.
Important notes	Significant out-of-pocket costs may apply for persons who do not have full Medicare eligibility. For private patient in a public hospital for services included on the members cover, we will pay the Default Benefit as set by the Government for a shared room only.

<b>Product name:</b>	<b>Classic Hospital Silver Plus</b>
Description:	Has some exclusions, restrictions and an excess to keep premiums affordable
Excess:	Excess amount: \$500 per person, per year Excess description: Maximum \$500 or \$1000 per membership
Co-payment	Co-payment amount: \$50 per day Co-payment description: Maximum 5 days per person (\$250 per year or \$500 per membership)
Exclusions	Excludes Joint replacements, Dialysis for chronic kidney failure, Weight loss surgery, Pregnancy & birth and Assisted reproductive services as defined by Clinical Definitions. All other recognised Medicare procedures included.
Restrictions	Restricted benefit for Rehabilitation & Hospital psychiatric services - minimum default benefits apply, this could lead to large out of pocket costs.

Important notes

Significant out-of-pocket costs may apply for persons who do not have full Medicare eligibility. For private patient in a public hospital for services included on the members cover, we will pay the Default Benefit as set by the Government for a shared room only.

**Product name:**

**Classic Hospital Bronze Plus**

Description:

Has some exclusions, restrictions and an excess to keep premiums affordable

Excess:

Excess amount: \$500 per person, per year  
Excess description: Maximum \$500 or \$1000 per membership, waived for surgical removal of wisdom teeth and accidents

Co-payment

Nil

Exclusions

Excludes Implantation of hearing devices, Cataracts, Joint replacements, Dialysis for chronic kidney Failure, Weight loss surgery, Insulin pumps, Pregnancy & birth and Assisted reproductive services as defined by Clinical Definitions. All other recognised Medicare procedures included.

Restrictions

Restricted benefit for Rehabilitation & Hospital psychiatric services - minimum default benefits apply, this could lead to large out of pocket costs.

Important notes

Significant out-of-pocket costs may apply for persons who do not have full Medicare eligibility. For private patient in a public hospital for services included on the members cover, we will pay the Default Benefit as set by the Government for a shared room only.

---