Fund Name:	Peoplecare Health Insurance			
Address:	Locked Bag 33			
	WOLLONGONG NSW 2500			
Telephone:	1800 808 690			
Facsimile:	02 4224 4300			
Email:	info@peoplecare.com.au			
Chief Executive Officer:	Louise Leaver			
Claims Enquiries: Membership Enquiries:	Customer Service team – 1800 808 690 Customer Service team – 1800 808 690			
Eligibility Check:	https://echeck.hambs.com.au			

To confirm patient eligibility and membership level of cover please visit the Eligibility Check website above or contact the fund prior to admission.

Peoplecare Hospital Product Suite - March 2021 Gold Hospital Hospital Treatments & services by clinical categor **Silver Plus Hospital** Silver Hospital **Bronze Hospital Basic Plus Hospital** Rehabilitation 1 \checkmark R R R Hospital Psychiatric Services ~ R R R R Palliative Care 1 R R R 1 Brain & Nervous System \checkmark ~ ~ <u>X</u> X \checkmark Eye (not cataracts) 7 7 ./ 1 Ear, nose and throat X 1 1 1 Tonsils, adenoids and grommets Bone, joint and muscle \checkmark ~ \checkmark Х Joint reconstructions ~ 1 1 \checkmark 1 Kidney and bladder 1 1 \checkmark \checkmark х Male reproductive system ./ J Diaestive system 1 1 ./ X Hernia and appendix \checkmark √ \checkmark √ √ Gastrointestinal endoscopy X Gynaecology \checkmark \checkmark \checkmark \checkmark \checkmark Miscarriage and termination of pregnancy 1 1 1 1 Chemotherapy, radiotherapy and immunotherapy for cancer Pain management 1 1 1 1 Х Skin Х 1 1 1 1 Breats surgery (medically necessary) Diabetes management (excluding insulin pumps) Heart and vascular system 1 < 1 Х Х Lung and chest J 1 х Blood X X 1 1 ./ Back, neck and spine Х Х 1 \checkmark 1 Plastic and reconstructive surgery (medically necessary) J J Х Х Dental surgery \checkmark √ \checkmark Х ~ Podiatric surgery (provided by an accredited podiatric surgeon) x 1 Implantation of hearing devices Х 1 1 1 X Cataracts 1 7 Х Х Х Joint replacements X Dialysis for chronic kidney failure X ~ Х х Pregnancy and birth J) Assisted reproductive services Х Х Х Х \checkmark Weight loss surgery 1 Х Х х х Insulin pumps ./ ./ Pain management with device 1 1 Х Х Х Sleep Studies ~ х х х Excess Options Gold Hospital Silver Plus Hospital Silver Hospital **Bronze Hospital Basic Plus Hospital** Ch

CHOICE OF LACESS	✓	v .	V	v	V		
	\$250						
	\$500	\$500	\$500				
	\$750 (from	\$750 (from	\$750 (from	\$500	\$500		
Excess Amount	1/4/2019)	1/4/2019)	1/4/2019)	\$750 (from 1/4/2019)	\$750		
	Excess is paid once per person per financial year (to a maximum of twice per family policy) no matter how many times a person may be hospitalised. The full excess applies to overnight admissions in public and private hospitals and a half excess applies to day admissions. Excess does not apply to dependant children under the age of 21 years on family policies.						
Overnight Stays				,,			

Peoplecare Closed Hospital Suite - February 2019 Premium Hospital Mid Hospital Basic Hospital Public Hospital Hospital Treatments & services by clinical category Rehabilitation \checkmark R R R Hospital Psychiatric Services 1 R R R Palliative Care 7 R R R Brain & Nervous System √ ~ R 1 Eye (not cataracts) R R √ Х Ear, nose and throat 1 R

Tonsils, adenoids and grommets	√	1	1	R		
Bone, joint and muscle	, ,	↓ ↓	, ,	R		
Joint reconstructions	, ,	, ,	, ,	R		
Kidney and bladder	· √	· ·	, ,	R		
Male reproductive system	· ·	· · ·	, ,	R		
Digestive system	· √	↓ ↓	, ,	R		
Hernia and appendix	√	↓ ↓	1	R		
Gastrointestinal endoscopy	 ✓	↓ ↓	1	R		
Gynaecology	· √	↓ ↓	↓ ↓	R		
	•	•				
Miscarriage and termination of pregnancy	\checkmark	√	√	R		
Chemotherapy, radiotherapy and						
immunotherapy for cancer	\checkmark	√	√	R		
Pain management	✓	√	√	R		
Skin	\checkmark	√	√	R		
Breats surgery (medically necessary)	√	√	√	R		
Diabetes management (excluding insulin						
pumps)	\checkmark	√	√	R		
Heart and vascular system	\checkmark	R	X	R		
Lung and chest	\checkmark	R	X	R		
Blood	√	√	√	R		
Back, neck and spine	√	X	X	R		
Plastic and reconstructive surgery						
(medically necessary)	\checkmark	X	Х	R		
Dental surgery	\checkmark	√	√	R		
Podiatric surgery (provided by an						
accredited podiatric surgeon)	√	√	√	R		
Implantation of hearing devices	√	√	√	R		
Cataracts	√	R	X	R		
Joint replacements	√	R	X	R		
Dialysis for chronic kidney failure	√	R	X	R		
Pregnancy and birth	√	R	X	R		
Assisted reproductive services	√	R	X	R		
Weight loss surgery	√	X	Х	R		
Insulin pumps	√	√	√	R		
Pain management with device	\checkmark	\checkmark	√	R		
Sleep Studies	√	√	√	R		
Excess Options	Premium Hospital	Mid Hospital	Basic Hospital	Public Hospital		
Choice of Excess	√	√	√	✓		
	\$0					
	\$150					
	\$250	* 500	¢500	* 0		
Excess Amount	\$500 \$500 \$500 \$0					
	Excess is paid once per person per financial year (to a maximum of twice per family policy) no matter					
	how many times a person may be hospitalised. The full excess applies to overnight admissions in a private hospital. Half excess applies to public hospital and all day admissions.					
	Excess does not apply to dependant children under the age of 21 years on family polic					
Overnight Stays	Excess does not	apply to dependent chill	aren under the age of 21	years on ranning policies.		

OSHC

Allianz Global Assistance OSHC Essential Policy

ssential Policy

OVHC

Allianz Overseas Visitors Cover Patients are eligible for 100% of the contracted charges for all insurable costs raised by on of our agreement hospitals with a minimum of shared ward accommodation