

Product ID :

in

Hi!

Thanks for comparing with Health Insurance Comparison.

Our product brochure outlines key benefits and limits for the product. Take a look in more detail to understand if it's right for you, and remember, we are here to answer any questions you may have. Our advisers are fully trained in a broad range of health insurance products and are more than happy to answer your questions.

2018
Trusted Service
Awards

OUR
CURRENT
SCORE*

Provided by

feefo^{eo}

4.6 /5



*score as of 17th of October, 2019



1300 421 154



insurance@healthinsurancecomparison.com.au



Quote Summary

This health insurance is provided by:

+ excess

Your selected income tier:

To make private health insurance more affordable the Federal Government provides many Australians with a Health Insurance Rebate, which is income tested and is based on the age of the oldest person on the membership. Your quote is based on your nominated income tier and includes the rebate as a premium reduction. The applicable income and age tiers for the Australian Government Rebate from 1 April 2019 to 31 March 2020 are as follows:

Tier 0	Single	—	\$90,000 or less
	Family	—	\$180,000 or less
	Couples	—	\$180,000 or less
	Single parents	—	\$180,000 or less
	Under 65	—	25.059%
	70 Plus	—	33.413%
	65 to 69	—	29.236%

Tier 1	Single	—	\$90,001 - \$105,000
	Family	—	\$180,001 - \$210,000
	Couples	—	\$180,001 - \$210,000
	Single parents	—	\$180,001 - \$210,000
	70 Plus	—	25.059%
	65 to 69	—	20.883%
	Under 65	—	16.706%

Tier 2	Single	—	\$105,001 - \$140,000
	Family	—	\$210,001 - \$280,000
	Couples	—	\$210,001 - \$280,000
	Single parents	—	\$210,001 - \$280,000
	70 Plus	—	16.706%
	65 to 69	—	12.529%
	Under 65	—	8.352%

Tier 3	Single	—	\$140,001 or more
	Family	—	\$280,001 or more
	Couples	—	\$280,001 or more
	Single parents	—	\$280,001 or more
	65 to 69	—	0%
	Under 65	—	0%
	70 Plus	—	0%

Please note that all prices do not include the lifetime health cover loadings. These loadings are calculated based on the number of years that you have not had appropriate hospital cover since 31 years old. [Click here](#)



Why Choose This

Waiting Periods

Waiting periods refer to the amount of time you'll need to wait before you can begin claiming on your health insurance policy.

About Waiting Periods

You will only have to serve a waiting period when you first take out a private health insurance policy, have held cover for less than 12 months, or increased your level of cover.

When you transfer from one fund to another at the same level of cover there are no new waiting periods although the balance of any waiting periods not yet completed will most likely need to be served.

The following information is provided as a general guide only and may include reference to waiting periods for services not covered by your particular policy. You should ask your Health Insurance Comparison adviser about waiting periods for specific benefits.



I'm new to health insurance or held hospital cover for less than 12 months

The government sets the maximum waiting periods that funds can impose for hospital treatment:

12 months for pre-existing conditions	12 months for pregnancy	2 months for psychiatric care, rehabilitation or palliative care, even for a pre-existing condition
0-2 day for accidents (depending on your fund)	2 months in all other circumstances	

People who are new to Extras cover or who upgrade their cover may need to serve waiting periods. The standard waiting period for most Extras services is usually 2 months. For some services, like glasses, contact lenses, major dental, orthodontics and hearing aids, the waiting period can range between 6 - 34 months. For your convenience, your quote includes information about waiting periods for each service.

I'm upgrading my cover

In most cases, you will have waiting periods (including 12 months for pre-existing conditions and pregnancy) on those services that are included on the new cover but weren't on the old policy.

For example if you add pregnancy to the cover, you will need to wait 12 months to claim on pregnancy, but all other services that were on the old cover can be claimed immediately providing you have already fully served the waiting period for those services.



I've had my old cover for less than 12 months, and I wasn't previously insured

Any time spent with the old fund will be recognised by the new fund, and the time spent with the old fund will be deducted from the waiting periods that would otherwise apply. For example, if you held the old cover for 9 months, you'd only need to wait the remaining 3 months for pre-existing conditions when you switch to an equivalent cover.

I'm reducing my hospital excess

When you reduce your hospital excess you will need to serve waiting periods before your new lower hospital excess can apply. The waiting periods will be:

12 months for pre-existing conditions	12 months for pregnancy
2 months for psychiatric care, rehabilitation or palliative care, even for a pre-existing condition	
0-2 months for accidents (depending on your fund)	2 months in all other circumstances



I have Extras cover and have claimed some services from my old fund this year

If you have used part or all of your annual benefits with your previous health fund, your new fund will adjust your benefit limit accordingly. For example, if your annual benefit for optical is \$200 and you have claimed \$150 with your previous health insurer, this claimed amount will be carried across to your new fund. Annual limits are reset on either 1 January or 1 July each year. Please check with your Health Insurance Comparison Consultant when your new fund resets annual Extras limits.

This quote contains important information relating to this policy which you should read and retain. All premiums quoted are subject to variation and/or rounding. A slight variation may be expected. Please contact us on **1300 421 154** or email us at **insurance@healthinsurancecomparison.com.au** if you require any further information. If you change your mind and choose to cancel within 30 days, you can receive a full refund on your Hospital and/or Extras premiums if you haven't made a claim. Health Insurance Comparison prides itself on high quality customer service, but in the event that you need to make a complaint, please read our [complaints and dispute resolution](#) information located on our website. For information regarding the complaint resolution process for the funds that Health Insurance Comparison represents, please visit: [AHM](#), [Australian Unity](#), [HCF](#), [GMHBA](#), [myOwn](#), [NIB](#), [Peoplecare](#), [Bupa](#).

Need Help

Our advisers are fully trained in all our fund's products. This means they can explain the differences between funds and your current product. If there is something that frustrates you with this quote or your current fund, let us know and we guarantee that we can find you a better product that will meet your needs.



1300 478 218

Mon - Friday 9am to 7pm AEST,



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