

**We are
Peoplecare
Health
Insurance**





Proudly not-for-profit

Peoplecare is a not-for-profit and member-owned health fund.

We work for you, not corporate shareholders. We'll always put your needs ahead of profits so we can better look after you and your health.

Members Health Fund Alliance

Peoplecare is proud to be part of Members Health Fund Alliance, the peak industry body for not-for-profit health funds that all share a common value of putting our members' health and wellbeing before profit.



Join Peoplecare

 peoplecare.com.au

 1800 808 700

 info@peoplecare.com.au

Download an application form from our website and email it to us or post it to the following address: Locked Bag 33, Wollongong, NSW 2500.

Switching is easy

Switching is simpler than you think. It takes around five minutes and you can switch online, over the phone or by sending in your application.

To switch, just join Peoplecare from the same day you stop your cover with your old health fund. You won't spend any time without cover that way. We'll send them a request for details of your cover (this is called a Transfer Certificate) and then we'll recognise the waiting periods you've already served, as long as you switch within 30 days.

Sometimes if you've used all of your annual limits with your old fund, you'll have to wait for the new financial year to renew your limits. More details about waiting periods are on pages 9-11.

14 ways we're committed to you...

- 1 Reliable, friendly and easy to deal with**
Those are the top three things our members say about us.
- 2 Not-for-profit**
We only charge what it costs us to pay claims and run the fund.
- 3 Member-owned**
We don't have shareholders. In fact, we are 100% owned by our members.
- 4 Healthier together**
Access programs at no cost to you to help you stay healthy, get out of hospital faster and recover at home.¹
- 5 Care for kids**
You won't pay any hospital excess for kids under 21.
- 6 Family Plus cover options**
Keep your kids covered until they're 31.
- 7 National coverage**
Feel assured with more than 37,000 doctors and 540 private hospitals around Australia.
- 8 Easy claiming**
We topped the latest survey for claiming on our app, online and offline versus similar health funds.²
- 9 Half-price excess**
When you have day admission
- 10 Unlimited ambulance**
Protect yourself from expensive ambulance trips. See page 19
- 11 Access Gap**
We pay more towards your medical services so you might not have to. See page 13
- 12 Stay satisfied**
Like 97% of our members.³
- 13 Personal service**
Our team of health cover experts are available to help you before and after you join.
- 14 Save 10% on extras**
when you take out hospital and extras cover (combination cover)

1. Availability depends on your type of cover and whether you've served your waiting periods for those services. Read the full T&Cs at peoplecare.com.au/hospitalathome. 2 & 3. Discovery Research: 2023 Member Satisfaction Survey results.



Member Perks

Member perks are exclusive offers for Peoplecare members. Our core member perks are an extensive range of optical discounts, along with some valuable dental discounts from smile.com.au, a great travel insurance discount, Elite Energy multi-sport event discounts and a Hello Fresh deal to freshen up your cooking repertoire.

Keep up-to-date with the latest member perks on our website or in the Peoplecare Member News, delivered to your email inbox.

Refer a friend

Our members love Peoplecare so much that almost a third of our new members are friends or family who joined because they know we have great offers and personal service.[^]

Feel free to spread the word to your friends and relatives. Just tell them to give us your name and member number when they join through the Peoplecare website or by phone on 1800 608 195.

To say thank you, we'll send you an EFTPOS gift card just for referring (per new membership) and put you into the draw to WIN a \$500 EFTPOS gift card.*

[^] Data from the 2022 financial year.

* T&Cs apply – visit peoplecare.com.au/referafriend for more details



Why have private health insurance?

LESS TIME WAITING

If you rely on the public system, you'll be put onto the public hospital waiting list, which could mean waiting months (or more) for your procedure. On the day of your planned surgery, you could be bumped if there are any emergency admissions that need your theatre room.

You could be waiting:

- 74 days for a hysterectomy
- 158 days for cataract surgery
- 208 to have varicose veins stripped
- 153 days for total hip replacement
- 168 days to have tonsils removed
- 293 days for total knee replacement

And 50% of people will wait even longer than that.

With private hospital cover, you'll be in hospital as soon as your doctor's ready, provided your waiting periods have already been served.

*Source: Australian Institute of Health and Welfare, Elective surgery waiting times 2021-22: data tables, Table 4.6

CHOOSE YOUR OWN DOCTOR

It's important to feel comfortable with your doctor, and private hospital cover lets you choose who treats you.

In a public hospital, you'll be treated by the doctor on duty, unless you go in as a private patient (when you can choose).

ACCESS TO MORE HEALTHCARE OPTIONS

Your choice of both public and private hospitals so that you can have access to the latest and greatest facilities and technology when you need them most.

SAVE ON TAX

High income earners could save tax by taking out hospital cover. See information on the Medicare Levy Surcharge on page 24 for more information.

AVOID PAYING A LOADING

Lifetime Health Cover Loading is a government-imposed charge for not taking out hospital cover by 1 July after your 31st birthday. See page 24 for details.

AUSTRALIAN GOVERNMENT REBATE

The Government offers people a rebate to help you cover the cost of your private hospital and extras cover. See page 23 to see if you're eligible.

AVOID PAINFUL FULL-COST PRIVATE HOSPITAL BILLS

You might be surprised by how much it costs to pay for a private hospital procedure without private hospital insurance. To give you an idea, these are the highest hospital costs for individual Peoplecare members we paid in the 2022 financial year:

ADMISSION REASON	TOTAL BENEFIT PAID
Digestive system	\$132,339
Heart and vascular system	\$117,168
Heart and vascular system	\$96,586
Heart and vascular system	\$95,477
Back, neck and spine	\$87,459



Our hospital covers

We love keeping our hospital cover simple with five types of private hospital cover to best suit your needs.

Please keep in mind that waiting periods (including those for pre-existing conditions), excesses, restrictions and exclusions might apply. Our Australia-wide covers include agreements with around 37,000 doctors and 540 private hospitals across Australia.

Choose your hospital cover

SILVER PLUS HOSPITAL \$500 excess; or \$750 excess

SILVER PLUS GROW# \$500 excess; or \$750 excess

SILVER HOSPITAL \$500 excess; or \$750 excess

BRONZE PLUS HOSPITAL* \$500 excess; or \$750 excess

BASIC PLUS HOSPITAL* \$500 excess; or \$750 excess

You can take hospital cover on its own but most people add extras cover to give them broader coverage. You can read more about this on pages 9-18.

*The age-based discount is available on this cover; see page 14.
#Silver Plus Grow is only available in combination with an extras product.

Choose your extras cover

Extras cover gives you benefits for things that aren't covered by Medicare, like dental, optical, physiotherapy and more.

- Premium Extras
- High Extras
- Mid Extras
- Simple Extras

You can take extras cover on its own however adding hospital cover will cover you for hospital and medical costs.

You can read more about this on pages 17-18.

Take 10% off your extras

When you combine Hospital and Extras covers, we take 10% off your extras premiums.

You can read more about this on pages 9-18.

CLINICAL CATEGORIES	WAITS*	BASIC PLUS	BRONZE PLUS	SILVER	SILVER PLUS	SILVER PLUS GROW
Rehabilitation	2 months	R	R	R	✓	✓
Hospital psychiatric services	2 months	R	R	R	R	R
Palliative care	2 months	R	✓	R	✓	✓
Brain and nervous system	2 months	✗	✓	✓	✓	✓
Eye (not cataracts)	2 months	✗	✓	✓	✓	✓
Ear, nose and throat	2 months	✗	✓	✓	✓	✓
Tonsils, adenoids and grommets	2 months	✓	✓	✓	✓	✓
Bone, joint and muscle	2 months	✗	✓	✓	✓	✓
Joint reconstructions	2 months	✓	✓	✓	✓	✓
Kidney and bladder	2 months	✗	✓	✓	✓	✓
Male reproductive system	2 months	✗	✓	✓	✓	✓
Digestive system	2 months	✗	✓	✓	✓	✓
Hernia and appendix	2 months	✓	✓	✓	✓	✓
Gastrointestinal endoscopy	2 months	✗	✓	✓	✓	✓
Gynaecology	2 months	✓	✓	✓	✓	✓
Miscarriage and termination of pregnancy	2 months	✓	✓	✓	✓	✓
Chemotherapy, radiotherapy and immunotherapy for cancer	2 months	✗	✓	✓	✓	✓
Pain management	2 months	✗	✓	✓	✓	✓
Skin	2 months	✗	✓	✓	✓	✓
Breast surgery (medically necessary)	2 months	✗	✓	✓	✓	✓
Diabetes management (excluding insulin pumps)	2 months	✗	✓	✓	✓	✓
Heart and vascular system	2 months	✗	✗	✓	✓	✓
Lung and chest	2 months	✗	✓	✓	✓	✓
Blood	2 months	✗	✓	✓	✓	✓
Back, neck and spine	2 months	✗	✗	✓	✓	✓
Plastic and reconstructive surgery (medically necessary)	2 months	✗	✗	✓	✓	✓
Dental surgery (surgeon fees excluded)	2 months	✓	✓	✓	✓	✓
Podiatric surgery (provided by a registered podiatric surgeon)	2 months	✗	✓	✓	✓	✓
Implantation of hearing devices	2 months	✗	✗	✓	✓	✓
Cataracts	2 months	✗	✗	✗	✓	✗
Joint replacements	2 months	✗	✗	✗	✓	✗
Dialysis for chronic kidney failure	2 months	✗	✗	✗	✓	✗
Pregnancy and birth	12 months	✗	✗	✗	✗	✓
Assisted reproductive services	2 months	✗	✗	✗	✗	✓
Weight loss surgery	2 months	✗	✗	✗	✗	✗
Insulin pumps	2 months	✗	✗	✗	✓	✗
Pain management with device	2 months	✗	✗	✗	✓	✗
Sleep studies	2 months	✗	✓	✗	✓	✓
Common services	2 months	✓	✓	✓	✓	✓
Support services	2 months	✓	✓	✓	✓	✓
Ambulance	1 day	✓	✓	✓	✓	✓

✓ - Included ✗ - Excluded R - Restricted (as at 1 January 2023)

^Any restrictions or exclusions on your cover will apply here too. Please see page 12 for more information on restrictions and exclusions.
*Anything within the above table that is a pre-existing condition has a 12-month waiting period except for rehabilitation, hospital psychiatric services and palliative care which have a 2-month waiting period and ambulance which has a 1-day waiting period.

Waiting periods and important information

HOSPITAL SERVICES	WAITING PERIODS
Hospitalisation related to an accident	No waiting period
Ambulance	1 day
<ul style="list-style-type: none"> Upgrading your cover Health programs (see page 15) Hospital substitution programs (see page 15) Rehabilitation, psychiatric services and palliative care (even for pre-existing conditions) All other services, except for those listed below 	2 months
<ul style="list-style-type: none"> Pregnancy and birth Pre-existing conditions (except for rehabilitation, hospital psychiatric services and palliative care) 	12 months

WAITING PERIODS

Waiting periods might not apply when transferring from a similar level of cover within 30 days, provided you join Peoplecare within 30 days, we'll recognise any waiting periods you've already served when upgrading your cover. When upgrading your cover, waiting periods still apply. Please see the above table for all hospital waiting periods, or call us on 1800 808 690.

PRE-EXISTING CONDITION

A pre-existing condition is any ailment, illness, or condition that you had signs or symptoms of (in the opinion of a medical practitioner appointed by the health insurer) that existed during the 6 months before you joined a hospital cover or upgraded to a higher hospital cover. It is not necessary that you or your doctor knew what your condition was or that the condition had been diagnosed. A condition can still be classed as pre-existing even if you hadn't seen your doctor about it before joining the hospital cover or upgrading to a higher hospital cover. Please contact us before any hospital admission to confirm your cover.

EXCESS

- An excess is the amount you pay up front if you go to hospital
- If you want to change your excess, there is a 2-month waiting period (except for pre-existing conditions and pregnancy and birth, which is 12 months)
- No excess for kids under 21
- Day surgery: you only pay half the excess per admission
- Overnight hospital stay: you pay the full excess
- The good news is, no matter how many times someone on your membership goes to hospital during a financial year, the most excess you'll pay is:

WHAT'S YOUR EXCESS	MAXIMUM EXCESS FOR THE YEAR	
	SINGLE	COUPLE / FAMILY
\$500	\$500	\$1,000
\$750	\$750	\$1,500

What is and isn't covered?

HOSPITAL COVER – WHAT'S COVERED

Depending on your level of cover:

- ✓ Public or private hospital bed – shared or private room (if available)
- ✓ Same-day surgery
- ✓ Theatre fees
- ✓ Special unit accommodation
- ✓ In-hospital psychiatric treatment
- ✓ In-hospital rehabilitation treatment
- ✓ In-hospital pharmacy
- ✓ Surgical prostheses, up to the benefit listed on the Government's Prostheses List (a prosthesis is an artificial substitute for a body part)
- ✓ Ambulance services Australia wide (read more on page 19)
- ✓ Emergency ambulance treatment and transport to hospital via road, air and sea by a state ambulance provider
- ✓ Non – emergency road and air ambulance transport
- ✓ Emergency ambulance treatment without transport
- ✓ Emergency ambulance transport between private hospitals
- ✓ Hospital substitution programs (read more on page 15)
- ✓ Health programs (read more on page 15)

HOSPITAL COVER – WHAT'S NOT COVERED

There are a few things that aren't covered by your hospital cover. They include treatments and services that

- ✗ are received within your waiting periods (see pages 9-12)
- ✗ Medicare doesn't cover (like cosmetic surgery)
- ✗ are received outside Australia
- ✗ are covered by compensation or another type of insurance (like third party or sports club insurance)
- ✗ were received more than 2 years ago
- ✗ Outpatient treatment and services (unless there's a special agreement between us and the hospital)

and:

- ✗ High cost (non PBS/TGA approved) drugs.
- ✗ Pharmacy – most pharmacy items that you're given while you're in hospital are covered by your hospital bill. The hospital may charge you extra for pharmacy items that you take home with you and this isn't covered by your hospital cover. See our Extras covers on pages 15-18 for pharmacy benefits
- ✗ Prostheses that aren't listed on the Government's Prostheses List. (A prosthesis is an artificial substitute for a body part)
- ✗ General patient transport, e.g. hospital to home, nursing home, medical appointments
- ✗ Ambulance subscriptions, fees and state-based levies
- ✗ Ambulance services that are paid for by the Government, compensation or other kinds of insurance
- ✗ Any transport provided by a non-recognised state ambulance provider
- ✗ Some medical devices and consumables
- ✗ Experimental treatments
- ✗ Incidental fees such as Foxtel and newspapers

Some more important information

There are some restricted or excluded services under our Hospital covers. All of our Hospital products exclude cosmetic surgery and services not covered by Medicare.

A restricted service means you'll get a public hospital benefit (as a private patient). If you have restricted services on your cover and you're admitted to a private hospital for one of these services, you'll have large out-of-pocket costs.

An excluded service means you have no cover at all.

GOING TO PUBLIC HOSPITAL AS A PRIVATE PATIENT?

If you have Hospital cover, you can choose to go into a public hospital as either a public patient or a private patient for services included in your hospital cover.

Having private hospital cover doesn't mean that you can't or shouldn't ever go publicly. You have the right to be fully covered by Medicare as a public patient if that's what you choose. Whatever you choose, the hospital and your doctor should tell you what your out-of-pocket costs will be before you're admitted (this is called Informed Financial Consent). If you go to a public hospital, you'll be asked to sign a Patient Election Form, which tells the hospital whether you want to be admitted as a private or public patient.

Public hospital waiting lists apply whether you are a public or a private patient, so check these with your doctor and the hospital.

TAKE ADVANTAGE OF ACCESS GAP

Access Gap

Hospital gaps come when specialist doctors charge more than the Medicare Benefits Schedule Fee.

Access Gap is an agreement with specialists that limits or eliminates your hospital gap.

Note: Specialists can choose to take part in Access Gap on a case-by-case basis.

Visit peoplecare.com.au/findaprovider to find specialists who've taken part in Access Gap in the past.

HOW TO MAKE A HOSPITAL CLAIM

Hospitals usually check your cover with us before you're admitted (hospitals can check online 24/7, so you won't need to wait for business hours) and let you know of anything you need to pay them up front.

When you're discharged, just check their account to make sure it's right and then the hospital will send the claim straight to us. We take care of it all for you and let you know how much we've paid on your behalf later.

MEDICAL CLAIMS

Your doctor should tell you about all of the costs of your treatment before you're admitted to hospital. This is called Informed Financial Consent.

Your doctor will usually send the claim straight to us and we'll take care of it for you, but if they don't, you will need to complete two Medicare forms (their claim form and their Two-way claim form) and send it to Medicare with your accounts. Once Medicare have paid their portion, we'll take care of our part.

We know that Medicare can be confusing and difficult to navigate, that's why we have a team of experts to help you do just that. If you need help at any time, just call us on **1800 808 690**.

AGE-BASED DISCOUNT

Under 30s can get an age-based discount on Peoplecare's **Basic Plus Hospital cover and Bronze Plus Hospital covers**. The discount ranges from 2 to 10%, depending on your age. See peoplecare.com.au/agediscount for all the details.

AGREEMENT HOSPITALS

We have agreements with most private hospitals in Australia.

If you're admitted to one of the few private hospitals that we don't have an agreement with, we may not cover the full cost of your hospitalisation.

You can search our agreement hospital list at peoplecare.com.au/findahospital, and we recommend that you call us if you're planning a hospital admission to discuss exactly what you'll be covered for.

Please make sure you read the information about this on pages 8-12 because it's important that you know what you're covered for, what's restricted and what's excluded.

Health Programs & Support

Our Health and Hospital Substitution programs are designed to support our members on their health journey or on their road to recovery.

We have a number of programs to suit a variety of health and recovery needs.

HEALTH PROGRAMS

Our health programs are designed to help you keep on top of your health and live a healthier life. We have a range of health programs to help you manage a number of different health conditions.

HOSPITAL SUBSTITUTION PROGRAMS*

Our Hospital substitution programs allow you and your family members to recover in the comfort of your own home with a range of in-home hospital treatments.

You'll need to have served your 2-month waiting period and have a referral from your treating doctor to be eligible. Please note, anything that is a pre-existing condition will have a 12-month waiting period.

*Hospital substitution programs can ONLY substitute hospital treatments you are covered for. Exclusions and restrictions apply. Please contact us on 1800 808 690 for more information.

Choosing an extras cover

We have four options: Premium, High, Mid and Simple. Choose the best one for your needs and budget.

To get all the details, contact us or download a cover description from peoplecare.com.au.

Please keep in mind that most services have an annual limit and waiting periods might apply.

Don't worry, if you transfer from another fund within 30 days, we'll make sure we recognise any waiting periods you've already served.

EXTRAS COVER - MORE INFORMATION

Annual limits

Are for a financial year (1 July – 30 June) and are usually per person (unless it says otherwise).

Optical benefits (glasses and contacts)

Are paid when glasses or contacts are prescribed by a registered optometrist. They have to be for sight correction and we don't pay on non-prescription sunglasses.

More dental discounts

Visit any smile.com.au dentist around the country and get at least 15% off their usual fee for all treatments – just for having extras cover with Peoplecare. This offer is separate to your extras limits and waiting periods, so you'll get savings all year round.

Health management

We pay benefits for approved programs to manage or treat specific health conditions. Health screening services such as blood pressure testing, cholesterol checks, mammograms and hearing tests can be claimed if Medicare don't pay a benefit. Please contact us for details.

Under the Private Health Insurance Act, we can't pay benefits for goods and services that are for the purposes of sport, recreation or entertainment (like gym memberships). You'll need to send us a Declaration of Condition Form found at peoplecare.com.au/Members/Forms.

Please see your cover description for more information.

Already a member? Please call us on 1800 808 690 before having any treatment so we can tell you how much you'll get back.

WHAT'S NOT COVERED (EXTRAS)

There are a few things that aren't covered by your extras cover. They are treatments and services

- ✗ received within your waiting periods (see pages 17-18)
- ✗ received outside Australia
- ✗ covered by compensation or another type of insurance (like third party or sports club insurance)
- ✗ received more than 2 years ago
- ✗ received from providers that aren't registered or recognised by Peoplecare
- ✗ received from a family member, relative, business partner or yourself
- ✗ you weren't charged for
- ✗ for sport, recreation or entertainment

and:

- ✗ Pharmaceutical Benefits Scheme (PBS) prescriptions under the standard PBS amount, contraceptives or over-the-counter medicine
- ✗ Natural therapies and Western herbal medicine
- ✗ First-aid kits and courses
- ✗ Non-prescription glasses, contacts and sunglasses
- ✗ Ambulance subscriptions, fees and state-based levies
- ✗ Ambulance services that are paid for by the Government, compensation or other kinds of insurance
- ✗ Any transport provided by a non-recognised state ambulance provider
- ✗ Non-Government Ambulance services
- ✗ Receipts issued by a third party, like group buying websites or group deals
- ✗ If you're using a gift voucher, we can't pay the difference between the cost of the service and the value of the voucher. For example, if you use a \$60 voucher to pay for a \$40 service, you can only claim back the \$40 as the official fee for that service
- ✗ Benefits higher than the amount you paid for the service. For example, if you receive treatment that's discounted from \$65 to \$30, we only pay a benefit towards the fee you paid (i.e. \$30)
- ✗ Surcharges, delivery costs and credit card processing fees

REGISTERED PROVIDERS

Extras providers need to be registered with Medicare or recognised by Peoplecare before benefits will be paid.

We reserve the right to refuse payment for services rendered by a provider who does not satisfy the fund criteria. If you wish to ensure that the provider you are attending is covered by the fund you can search for registered providers on our website.

How to make an extras claim?

1 Swipe your card to claim instantly

Swipe your membership card at health providers like dentists, optometrists and physiotherapists. You just pay the difference between their fee and your fund benefit.

2 Claim with the mobile app

The Peoplecare app is all about making claiming easy. Simply take a photo of your receipt on your smart phone or tablet and submit in the app.

Download the app by searching 'Peoplecare' on the Google Play store or App Store

3 Claim online

Claiming online is simple. Just like with our app, all you need to do is upload and submit a photo of your receipt on Online Member Services. To register for our Online Member Services, visit peoplecare.com.au.

4 Email us

Scan your completed claim form with your receipts and email us at info@peoplecare.com.au

Our extras covers

As at 1 July 2023

			SIMPLE EXTRAS		MID EXTRAS		HIGH EXTRAS		PREMIUM EXTRAS	
SERVICE		WAITS	BENEFIT	ANNUAL LIMIT	BENEFIT	ANNUAL LIMIT	BENEFIT	ANNUAL LIMIT	BENEFIT	ANNUAL LIMIT
Ambulance	National Ambulance cover	1 day	100%	No limit	100%	No limit	100%	No limit	100%	No limit
Dental	General dental (preventative, x-rays, basic restorations, basic surgery and extractions)	2 months	50%	\$500 per person	60%	\$750 per person	70%	\$1,000 per person	80%	\$1,500 per person
	Major dental (periodontics, endodontics, crowns and bridges, implants and dentures)	12 months	x	x	60%	\$500 per person	70%	\$1,000 per person	80%	\$1,500 per person
	Orthodontics	12 months	x	x	x	x	70%	\$800 per person \$2,400 lifetime limit	80%	\$1,000 per person \$3,000 lifetime limit
Pharmacy*	Prescriptions (after the standard PBS amount has been deducted)	2 months	50% to \$50	\$200 per person \$400 per family	60% to \$60	\$300 per person \$600 per family	70% to \$70	\$400 per person \$800 per family	80% to \$80	\$500 per person \$1,000 per family
Optical	Glasses and contact lenses	6 months	100% of cost	\$150 per person	100% of cost	\$200 per person	100% of cost	\$250 per person	100% of cost	\$300 per person
	Laser eye surgery (vision correction)	24 months	x	x	x	x	70%	\$500 per eye every 2 years	80%	\$600 per eye every 2 years
Physiotherapy and other therapies	Physiotherapy	2 months	Initial consult \$35 [†] Standard consult \$25	\$300 per person \$600 per family	Initial consult \$43 [†] Standard consult \$33	\$350 per person \$700 per family	Initial consult \$51 [†] Standard consult \$41	\$500 per person \$1,000 per family	Initial consult \$59 [†] Standard consult \$49	\$600 per person \$1,200 per family
	Occupational Therapy									
	Orthoptics (eye therapy)									
	Exercise physiology									
	Hydrotherapy									
Chiropractic and Osteopathic	Chiropractic	2 months	Initial consult \$35 [†] Standard consult \$25	\$300 per person \$600 per family	Initial consult \$40 [†] Standard consult \$30	\$350 per person \$700 per family	Initial consult \$45 [†] Standard consult \$35	\$500 per person \$1,000 per family	Initial consult \$50 [†] Standard consult \$40	\$600 per person \$1,200 per family
	Osteopathy									
Complementary Therapies	Chinese herbal consults	2 months	x	x	Initial consult \$40 [†] Standard consult \$30	\$300 per person \$600 per family	Initial consult \$45 [†] Standard consult \$35	\$350 per person \$700 per family	Initial consult \$50 [†] Standard consult \$40	\$400 per person \$800 per family
	Remedial massage									
	Acupuncture									
	Dietetics									
Podiatry	Podiatry (chiropody)	2 months	x	x	Initial consult \$40 [†] Standard consult \$30	\$200 per person \$400 per family	Initial consult \$45 [†] Standard consult \$35	\$400 per person \$800 per family	Initial consult \$50 [†] Standard consult \$40	\$500 per person \$1,000 per family
Psychology	Psych/group therapy	2 months	x	x	x	x	Initial consult \$90 [†] Standard consult \$70	\$400 per person \$800 per family	Initial consult \$110 [†] Standard consult \$90	\$500 per person \$1,000 per family
Speech Therapy	Speech Therapy	2 months	x	x	x	x	70%	\$400 per person \$800 per family	80%	\$500 per person \$1,000 per family
Health management programs	Preventative health	6 months	50%	\$100 per person \$200 per family	60%	\$150 per person \$300 per family	70%	\$200 per person \$400 per family	80%	\$250 per person \$500 per family
Health aids and wellness	Equipment (every 3 years)	2 months	x	x	x	x	70%	\$500 per person \$1,000 per family	80%	\$700 per person \$1,400 per family
	Health aids and services (Such as home nursing)									
	Orthotics (Custom made) (every 2 years)									
Hearing aids	Hearing and audiology	24 months	x	x	x	x	70%	\$1,000 per person every 5 years	80%	\$1,500 per person every 5 years

*Pharmacy benefits can be claimed for prescription medication that costs more than the current Pharmaceutical Benefit Scheme (PBS) amount. This amount changes on 1 January every year. Further details are available at pbs.gov.au. † 1 initial consult per year per service except physiotherapy which has 2 initial consults per year.

If you transfer from another fund, we'll recognise any waiting periods you've already served if you switch to us within 30 days. Plus, if you've only served part of a waiting period, say, 2 months of a 6-month waiting period, you'll only need to serve the remaining 4 months when you transfer to Peoplecare. If you're upgrading your cover, waiting periods still apply for the services that you weren't previously covered for.

Ambulance Cover

Did you know that an ambulance ride could cost you thousands?

Our ambulance cover is included free with any of our Hospital, Extras or combined covers.

WHAT'S COVERED

- ✓ Emergency ambulance treatment and transport to hospital via road, air and sea by a state ambulance provider
- ✓ Non – emergency road and air ambulance transport by a state ambulance provider
- ✓ Emergency ambulance treatment without transport
- ✓ Emergency ambulance transport between private hospitals
- ✓ Unlimited nationwide
- ✓ 1 day waiting period
- ✓ No annual limits

WHAT'S NOT COVERED

- ✗ General patient transport, e.g. hospital to home, nursing home, medical appointments
- ✗ Ambulance subscriptions, fees and state-based levies
- ✗ Ambulance services that are paid for by government, compensation or other kinds of insurance
- ✗ Any transport provided by a non-recognised state ambulance provider

How do I...

MAKE A PAYMENT

The easiest way to make your payments is through a regular direct debit from your bank account or credit card. This makes sure your membership is kept up to date and you don't have to remember to make your payments because they happen automatically on the day you choose.

FIND A REGISTERED HEALTHCARE PROVIDER

To find out whether your hospital, Access Gap doctor or extras provider is recognised by Peoplecare, go to peoplecare.com.au/findaprovider email us at info@peoplecare.com.au or call us on 1800 808 690.

CHANGE MY COVER

You can change your cover any time you like. You can do it by calling us on 1800 808 690. If you're upgrading your cover, you may have waiting periods for things you weren't covered for before. More details about waiting periods are on pages 11&12.



Who pays

Between Medicare, private health insurance and out-of-pocket costs, it's important to understand who pays for what

Benefits depend on your level of cover and any restrictions, exclusions or waiting periods you have.

You can check what you're covered for and your waiting periods using our app, or by calling us on **1800 808 690**.

	PEOPLECARE			YOU
	MEDICARE	HOSPITAL	EXTRAS	
Ambulance Emergency and/or non-emergency	✗	✓	✓	✗
Doctors fees outside hospital (outpatient) Things like GP, specialist, radiology and pathology fees	✓	✗	✗	✓
Doctor fees in hospital (inpatient) Things like specialists, radiology and pathology fees.	✓	✓	✗	✓
Public hospital charges If you're admitted as a public patient	✓	✗	✗	✗
Public hospital charges If you're admitted as a private patient	✓	✓	✗	✓
Private hospital charges Like accommodation and theatre fees	✗	✓	✗	✓
Other services Things like dental, optical and physiotherapy	✗	✗	✓	✓



Government incentives

There are a few government rules and incentives that apply to health insurance.

AUSTRALIAN GOVERNMENT REBATE ON PRIVATE HEALTH INSURANCE

The government pays a percentage of your premiums for you. Depending on your income and age, it can be up to a third of your premium. The rebate helps with the cost of private health insurance (so that more people take out private cover), to help take the pressure off the public hospital system.

There are a few things to know about the rebate. They are:

- If you have a Lifetime Health Cover loading, the Rebate isn't applied to that portion of your premium.

- The rebate you get is based on the age of the oldest person of your membership, your taxable household income (for Medicare Levy Surcharge purposes) and CPI (inflation)
- It's up to you to let us know your rebate tier. But don't worry, if you don't tell us (or choose the wrong one) the ATO will work out any difference when you do your tax
- If you aren't sure which tier to choose, head to health.gov.au or ask your tax agent, financial advisor or the ATO
- You don't have to take the rebate as a reduced premium, you can pay the full cost of your health cover and claim any rebate back at tax time.

HERE'S A TABLE TO HELP YOU WORK OUT YOUR REBATE TIER:

TIER	STEP 1: INCOME THRESHOLD 2023-24 financial year	STEP 2: AGE AND REBATE AMOUNT			MEDICARE LEVY SURCHARGE This will only apply if you don't have private hospital cover
		UNDER 65 YEARS	65-69 YEARS	70+ YEARS	
BASE TIER	Single \$93,000 or less Family* \$186,000 or less	24.608%	28.710%	32.812%	0%
TIER 1	Single \$93,001 - 108,000 Family* \$186,001 - 216,000	16.405%	20.507%	24.608%	1%
TIER 2	Single \$108,001 - 144,000 Family* \$216,001 - 288,000	8.202%	12.303%	16.405%	1.25%
TIER 3	Single \$144,001 or more Family* \$288,001 or more	0%	0%	0%	1.5%

*If you're a family with children, the income threshold for each tier is increased by \$1,500 for every child after your first. Family includes couples and single parent families.

For the most up-to-date info, visit peoplecare.com.au/rebate

MEDICARE LEVY SURCHARGE

The Medicare Levy Surcharge is paid by high income earners (that's singles who earn over \$93,000 and families that earn over \$186,000 in the 2023/24 financial year) who don't hold private hospital cover for the full financial year.

The surcharge is between 1% and 1.5% (depending on your household income) and is paid on top of the 2% Medicare Levy paid by most Australian taxpayers.

LIFETIME HEALTH COVER (LHC) LOADING

Lifetime Health Cover loading is designed by the government to encourage people to take out hospital cover at a young age.

If you have private hospital cover by 1 July after your 31st birthday and keep it, you don't have to worry about it.

If you decide to get hospital cover later, you'll pay 2% more for cover for every year you're over 30. This is called your Lifetime Health Cover loading.

Other things to know about LHC:

- The maximum LHC loading you can have is 70% at 65 years old
- People who were born on or before 1 July 1934 are exempt from the loading
- LHC loadings stay on your cover for 10 years. Once you've had hospital cover for 10 years straight the loading is removed (some conditions apply)

Please visit peoplecare.com.au/LHC for more info about Lifetime Health Cover.



What to do if you're not happy

At Peoplecare, we listen.

If you have any problems with your cover, call us on **1800 808 690**. If you'd rather write to us, you can email info@peoplecare.com.au or write to: **Locked Bag 33, Wollongong, NSW 2500**.

If you're still not happy after contacting us, you can contact the Private Health Insurance Ombudsman (PHIO).

PHIO is free, independent and protects the rights of private health fund members.

You can contact PHIO at: ombudsman.gov.au, called on 1300 362 072, or send mail to:

Private Health Insurance Ombudsman
Commonwealth Ombudsman
GPO Box 442
Canberra, ACT 2601

For more information, visit their website privatehealth.gov.au.

To get a copy of our full complaints policy, go to peoplecare.com.au or contact us and we'll send you a copy.

Cooling off period

If you change your mind...

That's okay. Just let us know within 30 days of joining or upgrading your cover and you'll get a full refund of any premiums paid (as long as you haven't made any claims in that time).

Privacy and Code of Conduct

YOUR PRIVACY

We're committed to the Privacy Act and Australian Privacy Principles, which means we only collect the information we need to give you access to health services. We won't collect any personal information without asking first.

Want more information?

You can read our full Privacy Policy at peoplecare.com.au/privacy or call us on 1800 808 690.

CODE OF CONDUCT

The Private Health Insurance Code of Conduct is a voluntary industry code. It sets standards for health funds to make sure they do the right thing by consumers in having great employee training, clear policy and privacy documentation, and easy dispute resolution.

Each health fund has a short summary of every product in a standard format to help you compare them side by side. They are called Private Health Information Statements (PHIS) and you can easily get them from the Private Health Insurance Ombudsman's website by visiting privatehealth.gov.au

Peoplecare is proud that we meet 100% of the standards in the Code of Conduct. This means we can display the Code of Conduct tick on our materials to show you we're doing the right thing.



Download our app today

Manage your health cover anytime, anywhere

Our digital member services make managing your private health insurance easy. Submit photo and pdf claims, check your extras limits, manage your payments and more.

Manage your membership details including benefit account, payment details and contact information all within our digital member services. You'll also find all your Peoplecare correspondence easily accessible in the secure inbox.

Our digital member services also allows you to check what you're covered for, how much you have remaining on your benefit limits, and where to find a registered healthcare provider or hospital when you need one.





 1800 808 700

 info@peoplecare.com.au

 peoplecare.com.au

Please read this document carefully and keep it for future reference. For the most up-to-date information, visit peoplecare.com.au
