

Additional information and form of words—hospital treatment	
Item	Additional information and form of words
9	Note on information relating to contracts between hospitals and insurers The following statement: “The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See ‘Agreement Hospitals’ on privatehealth.gov.au for which hospitals have arrangements with your insurer.”.
10	Other features A statement that indicates any other features of the policy that the insurer wishes to draw attention to. The statement must consist of at most 100 words. Example: Benefits for travel or accommodation, or aged-based or other discounts. Note: This statement (if included) is in addition to the statement (if included) that is referred to in item 9 of Schedule 3.

Schedule 3—Additional information, and form of words, for standard information statement—general treatment

Note: The information and form of words set out in this Schedule are not required if the only general treatment covered by the policy is ambulance cover.

1. Interpretation

In this Schedule, a reference to a *policy* is a reference to a policy that forms part of the relevant product subgroup.

2. Additional information and form of words—general treatment

For paragraph 12 (1) (c) of these Rules, the additional information and form of words are set out in the following table:

Additional information and form of words—general treatment	
Item	Additional information and form of words
1	Information relating to policies that are available only with a hospital policy If the policy is available only with a policy that covers hospital treatment—whichever of the following is applicable: (a) if the policy may be purchased with any policy that covers hospital treatment offered by the insurer—the statement “must be purchased with a hospital policy”; (b) if there is a set range of policies that cover hospital treatment with which the policy may be combined—the statement “must be purchased with certain hospital policies”.

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2	Preferred service provider arrangements Whichever of the following is appropriate: (a) if the private health insurer has preferred service provider arrangements—either: (i) a brief outline of the appropriate arrangements; or (ii) the following statement, with the bracketed text replaced with the appropriate text: “By using [insert name of insurer]’s ‘preferred providers’ you may have lower out of pocket costs on [insert services or use “many allied health”] treatments and have access to more ‘no gap’ treatments. A list of ‘preferred providers’ is available from [insert name of insurer].”; (b) otherwise—the following statement, with the bracketed text replaced with the appropriate text: “[Insert name of insurer] does not operate a preferred provider scheme.”.
3	Treatments covered by the policy A complete list of treatments that are covered by the policy, expressed in terms of the following: (a) general dental; (b) major dental; (c) endodontic; (d) orthodontic; (e) optical; (f) non PBS pharmaceuticals; (g) physiotherapy; (h) chiropractic; (i) podiatry; (j) psychology; (k) acupuncture; (l) remedial massage; (m) hearing aids; (n) blood glucose monitors; (o) for any treatment that cannot be classified as any of the above—the name of the treatment. Note: Insurers may cover additional treatments, for example, exercise physiology and occupational therapy.
4	Treatments not covered by the policy A list of treatments that are not covered by the policy, expressed in terms of the treatments listed in item 3.
5	Waiting period (months) For each treatment that is covered by the policy—whichever of the following is applicable, with the bracketed text replaced with the appropriate text: (a) if there is a waiting period—“[Number] months”;

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(b) if there is no waiting period for the treatment—"None".

Note: If an insured person has already served all applicable waiting periods, this item does not limit the information that a private health insurer may provide with regard to the individual's policy.

6 Benefit limits (per 12 months)

For each treatment that is covered by the policy—if there is no annual limit on the benefits that can be paid, the statement "No annual limit".

Otherwise—the following statements, as applicable, with the bracketed text replaced with the appropriate figures or text:

- (a) either:
 - (i) any of the following statements:
 - (A) "\$[number] per person";
 - (B) "\$[number] per treatment";
 - (C) "\$[number] per policy"; or
 - (ii) any combination of the statements set out in subparagraph (a) (i), linked by the words "up to";
- (b) if there is a limit on claims per specified number of years—whichever of the following is applicable:
 - (i) "[number] appliance(s) every [specified number] years";
 - (ii) "[number] service(s) every [specified number] years";
- (c) in the case of combined limits:
 - (i) for the treatment against which the combined limit is listed—“(combined limit for [list treatments listed in item 3 in relation to which limit is combined])”; and
 - (ii) for the other treatments in relation to which the limit is combined—“(combined limit – see [treatment against which the combined limit is listed])”;
- (d) in the case of limits for individually grouped treatments—whichever of the following statements is applicable:
 - (i) "\$[number] per person (combined limit for [whichever of general dental, major dental, endodontic & orthodontic is applicable])";
 - (ii) "\$[number] lifetime limit for [whichever of general dental, major dental, endodontic & orthodontic is applicable]";
- (e) if a sub-limit applies on any treatment—the statement "**Sub-limits apply**" (in bold font);
- (f) if:
 - (i) there is a limit on general dental; but
 - (ii) there is no limit on preventative dental;
 the statement "(no limit on preventative dental)";
- (g) if none of paragraphs (a) to (f) apply—a brief outline of the applicable limits.

Note 1: If an insured person has used a portion of lifetime limits, this item does not limit the information that a private health insurer may provide with regard to the individual's usage of lifetime limit amounts.

Note 2: This item does not limit the information that a private health insurer may give to an insured person. For example, if limits apply to the policy other

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than those listed in this item, private health insurers may provide information about those other benefit limits to insured persons.

7 Examples of maximum benefits—general dental, major dental, endodontic and orthodontic

For each treatment listed in paragraphs (a) to (d) of item 3 (whether or not covered by the policy):

- (a) the following treatments, broken down into the following dental item numbers:
 - (i) for general dental:
 - (A) “Periodic oral examination”—012; and
 - (B) “Scale & clean”—114; and
 - (C) “Fluoride treatment”—121; and
 - (D) if covered under general dental—“Surgical tooth extraction”—322;
 - (ii) for major dental treatment:
 - (A) if covered under major dental—“Surgical tooth extraction”—322; and
 - (B) “Full crown veneered”—615;
 - (iii) for endodontic treatment—“Filling of one root canal”—417;
 - (iv) for orthodontic treatment—“Braces for upper and lower teeth, including removal plus fitting of retainer”—881; and
- (b) if the dental item number is covered by the policy—an example of the maximum benefit that is payable when an insured person visits a practitioner who is not a preferred service provider, expressed using whichever of the following is applicable:
 - (i) “\$[number]”, with the bracketed text replaced by the appropriate figure, if:
 - (A) the benefit is a dollar figure; or
 - (B) the insurer pays a benefit that is a percentage of the charge up to a dollar limit that is specified for the item separately from an annual limit;
 - (ii) if the only benefit limit for the item is an annual limit— “[number]% of charge”, with the bracketed text replaced by the appropriate figure; and
- (c) if the dental item number is not covered by the policy—the statement “n/a”.

For paragraph (b) of this item:

- (d) if:
 - (i) the dental item number is provided by orthodontists and general dentists; and
 - (ii) different benefits are offered for orthodontists and general dentists; the lower of:
 - (iii) the benefit for the orthodontist; and
 - (iv) the benefit for the general dentist;
- must be used; and
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Item	Additional information and form of words
	(e) if examples are given for initial and subsequent visits, examples must be for individual sessions.
8	Examples of maximum benefits—other For each treatment covered by the policy, other than the treatments covered by item 7—examples of the maximum benefits that are payable when an insured person visits a practitioner who is not a preferred service provider, expressed using whichever of subparagraphs (b)(i) and (ii) of item 7 is applicable. For this item: (a) if examples are given for initial and subsequent visits, examples must be for individual sessions; and (b) if: (i) optical treatment is covered; and (ii) benefits for frames and lenses are paid separately; the example must be expressed as the sum of the benefit for each component. Note 1: If treatments are listed for the purposes of paragraph (o) of item 3, examples of maximum benefits for those treatments must be given. Note 2: This item does not limit the information that a private health insurer may give to an insured person. Note 3: The insurer may provide information about the benefits that apply if treatment is through a preferred provider.
9	Other features A statement that indicates any other features of the policy that the insurer wishes to draw attention to. The statement must consist of at most 100 words. Example: Benefits for travel or accommodation, or discounts. Note: This statement (if included) is in addition to the statement (if included) that is referred to in item 10 of Schedule 2.

Part 2—Amendments commencing on 1 April 2019

Private Health Insurance (Complying Product) Rules 2015

[6] After rule 14

Insert:

15. Information provided to insured persons

- (1) This rule is made for the purposes of section 96-25 of the Act.
- (2) When giving an insured person a copy of a private health information statement in accordance with section 93-15 or subsection 93-20 (1) of the Act, the private health insurer must inform the person of the following:
 - (a) the name of each person who is covered by the policy;
 - (b) if the product subgroup to which the policy belongs covers hospital treatment—the following statements for each adult who is covered by the policy and to whom a lifetime health cover loading applies, with the bracketed text replaced with the appropriate amounts:
 - (i) “Your Lifetime Health Cover Loading is [Number]%.”;
 - (ii) “You have [Number] years remaining until you have reached 10 continuous years of cover and your loading is removed.”.
- (3) However, the insurer does not need to inform the person of the information referred to in subrule (2) more than once in any 12 month period.
- (4) The information referred to in subrule (2) may be accompanied by either or both of the following:
 - (a) information additional to the information and form of words that are required by subrule 12 (1);
 - (b) other information about the policy and how it pertains to the person.

Example for paragraph (4) (b): An insurer may also inform an insured person of:

- the premium for hospital treatment and for general treatment that applies in relation to each adult insured under the policy, taking account of matters such as loadings, rebates and discounts; and
- the remaining portion (if any) of the waiting period for any or each treatment covered by the policy.

- (5) If the private health information statement and the additional information referred to in subrule (2) and paragraphs (4)(a) and (b) are set out in the same document, the additional information must not obscure or contradict the information and form of words that that are required by subrule 12 (1).

Example: The document on which a private health information statement is provided might include information about the monthly premium that is payable by the insured person under the policy that is additional to the information required by item 6 of the table to clause 2 of Schedule 1. That additional information could be included adjacent to the required information, so long as the additional information did not obscure or contradict the required information.

[7] After rule 15**16. Information provided to persons about product subgroups**

For subsection 93-5 (2) of the Act, if a person asks an insurer for information about a complying health insurance product, the insurer must give the person a copy of the private health information statement for a product subgroup of that product:

- (a) by post; or
- (b) if the person has requested that the information be provided in another manner—if reasonably practicable, in the manner requested by the person.

Example: If requested by an insured person, a private health information statement may be provided in an electronic format, including via a web page.

[8] Before subrule 20(1)

Insert:

(1A) This rule does not apply in relation to an insurance policy that:

- (a) covers hospital treatment (whether or not the policy also covers general treatment); and
- (b) has “gold”, “silver”, “bronze” or “basic” in its name.

[9] Subrule 20(3)

Repeal the subrule, substitute:

- (3) For this rule, a private health information statement is in the *old form* if it contains the information, and is in the form, for a standard information statement set out in these Rules as in force immediately before the commencement of Part 1 of Schedule 2 to the *Private Health Insurance (Reforms) Amendment Rules 2018*.

Note: Part 1 of Schedule 2 to the *Private Health Insurance (Reforms) Amendment Rules 2018* commenced on 1 January 2019.

[10] Clause 2 of Schedule 1 (table item 1)

Repeal the item, substitute:

1 Policy name

The name of the policy.

Note 1: See rules 11H and 11J for rules governing the naming of policies that cover hospital treatment and the naming of policies that cover general treatment.

Note 2: See rule 21 for a transitional provision relating to this item.

[11] Clause 2 of Schedule 2 (table item 3)

Repeal the item, substitute:

3 What’s included and what’s not included in the policy

An indication of:

- (a) treatments that are covered by the policy, consisting of the words: “This policy includes cover for”; and

- (b) treatments that are not covered by the policy, consisting of the words:
“This policy does not include cover for”;
followed, in each case, by:
- (c) the relevant clinical categories; and
 - (d) whichever of the following (if any) is appropriate:
 - (i) accident cover;
 - (ii) benefits for travel or accommodation.

Note: See rule 21 for a transitional provision relating to this item.

[12] Clause 2 of Schedule 2 (table item 4)

Repeal the item, substitute:

4 Restrictions

A list of all clinical categories (if any) that have restricted cover.

Note: See rule 21 for a transitional provision relating to this item.

[13] Clause 2 of Schedule 2 (table item 5, column headed “Additional information and form of words”, paragraph (b))

Omit “treatments”, substitute “clinical categories”.

[14] Clause 2 of Schedule 2 (table item 5, column headed “Additional information and form of words”, after note 2)

Insert:

Note 3: See rule 21 for a transitional provision relating to this item.

[15] Amendments of listed provisions—private health information statements

Further amendments			
Item	Provision	Omit	Substitute
1	Rule 4 (note at the end of the rule)	standard information statement	private health information statement
2	Paragraph 9AA(2)(a)	standard information statement	private health information statement
3	Part 3 (heading)	Standard information statements	Private health information statements
4	Part 3 (note to the Part heading, first bullet point)	standard information statements	private health information statements
5	Rule 12 (heading)	Standard information statements	Private health information statements
6	Subrule 12 (1)	standard information statement	private health information statement
7	Rule 13 (heading)	standard information statements	private health information statements

Further amendments			
Item	Provision	Omit	Substitute
8	Paragraph 13 (2) (a)	standard information statement	private health information statement
9	Paragraph 13 (2) (b)	standard information statement	private health information statement
10	Subrule 13 (2) (example)	standard information statement	private health information statement
11	Rule 20 (heading)	standard information statements	private health information statements
12	Subrule 20(2)	standard information statement	private health information statement
13	Schedule 1 (heading)	standard information statement	private health information statement
14	Schedule 1, clause 2 (heading)	standard information statement	private health information statement
15	Schedule 1, clause 2 (table heading)	standard information statement	private health information statement
16	Schedule 1, clause 2, table item 13	standard information statement	private health information statement
17	Schedule 2 (heading)	standard information statement	private health information statement
18	Schedule 3 (heading)	standard information statement	private health information statement

Part 3—Amendments commencing on 1 April 2020

Private Health Insurance (Complying Product) Rules 2015

[16] Rule 20

Repeal the rule.

[17] Clause 2 of Schedule 1 (table item 1)

Repeal the item, substitute:

1 Policy name

The name of the policy.

Note: See rules 11H and 11J for rules governing the naming of policies that cover hospital treatment and the naming of policies that cover general treatment.

[18] Clause 2 of Schedule 2 (table item 3, column headed “Additional information and form of words”, note)

Repeal the note.

[19] Clause 2 of Schedule 2 (table item 4, column headed “Additional information and form of words”, note)

Repeal the note.

[20] Clause 2 of Schedule 2 (table item 5, column headed “Additional information and form of words”, note 3)

Repeal the note.

Schedule 3—Product tiers and related amendments

Part 1—Amendments commencing on 1 April 2019

Private Health Insurance (Complying Product) Rules 2015

[1] Rule 4

Insert:

basic policy means an insurance policy that:

- (a) covers hospital treatment; and
- (b) covers at least the treatments in all of the clinical categories indicated for a basic policy in Schedule 4; and
- (c) is not a gold, silver or bronze policy.

bronze policy means an insurance policy that:

- (a) covers hospital treatment; and
- (b) covers at least the treatments in all of the clinical categories indicated for a bronze policy in Schedule 4; and
- (c) is not a gold or silver policy.

clinical category, for hospital treatment, means a clinical category that is set out in Schedule 5.

gold policy means an insurance policy that:

- (a) covers hospital treatment; and
- (b) covers the treatments in all of the clinical categories indicated for a gold policy in Schedule 4.

MBS item means an item in any of the following:

- (a) the general medical services table, made under section 4 of the *Health Insurance Act 1973*, as in force from time to time;
- (b) the diagnostic imaging services table, made under section 4AA of the *Health Insurance Act 1973*, as in force from time to time;
- (c) the pathology services table, made under section 4A of the *Health Insurance Act 1973*, as in force from time to time.

product tier means:

- (a) for a gold policy—“gold”; and
- (b) for a silver policy—“silver”; and
- (c) for a bronze policy—“bronze”; and
- (d) for a basic policy—“basic”.

silver policy means an insurance policy that:

- (a) covers hospital treatment; and
- (b) covers at least the treatments in all of the clinical categories indicated for a silver policy in Schedule 4; and
- (c) is not a gold policy.

[1A] Rule 4 (note at the end of the rule)

Insert, in the appropriate alphabetical position in the list of terms that have the same meaning as in the Act, “medical practitioner”.

[2] After Part 2A

Insert:

Part 2B Requirements relating to product tiers for, and names of, insurance policies

Note 1: This Part specifies additional requirements that an insurance policy must meet in order to be a complying health insurance policy, for the purposes of paragraph 63-10 (g) of the Act.

Note 2: Nothing in this Part affects the operation of Division 72 of the Act (which relates to benefit requirements for policies that cover hospital treatment) or the operation of the Private Health Insurance (Benefit Requirements) Rules for the calculation of minimum benefits where restricted cover is allowed under rule 11G.

11E. Product tiers for insurance policies that cover hospital treatment

Note: See rule 21 for transitional provisions relating to this rule that apply until 31 March 2020.

- (1) For paragraph 63-10 (g) of the Act, this rule applies to an insurance policy that covers hospital treatment (whether or not the policy also covers general treatment).
- (2) The policy must be one of the following:
 - (a) a gold policy;
 - (b) a silver policy;
 - (c) a bronze policy;
 - (d) a basic policy.

11F. Coverage of treatments for insurance policies that cover hospital treatment

Note: See rule 21 for transitional provisions relating to this rule that apply until 31 March 2020.

Application of rule

- (1) For paragraph 63-10 (g) of the Act, this rule applies to an insurance policy that covers hospital treatment (whether or not the policy also covers general treatment).

Treatments that must be covered by policy

- (2) The policy must cover:
 - (a) all hospital treatments that are within the scope of cover that is identified, in Schedule 5, for each clinical category in relation to which the policy provides cover (see subrules (5) and (6)); and
 - (b) all hospital treatments that are not within the scope of cover of such a clinical category, but that are:
 - (i) associated treatments for complications (see subrule (7)); or
 - (ii) associated unplanned treatments (see subrule (8)).

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- (3) However, the policy is not required to cover cosmetic surgery that is not medically necessary.

Treatments that may be covered by policy

- (4) The policy may also provide either or both of the following:
- (a) accident cover;
 - (b) benefits for travel or accommodation relating to a treatment referred to in subrule (2) or paragraph (a).

Interpretation

- (5) For paragraph (2) (a), the scope of cover of a particular clinical category includes, but is not limited to:
- (a) all hospital treatments involving the provision of an MBS item listed in Schedule 5 against that clinical category; and
 - (b) all hospital treatments:
 - (i) that are provided in relation to a treatment of a kind referred to in paragraph (2) (a) or (5) (a); and
 - (ii) involving the provision of an MBS item listed in:
 - (A) the common treatments list in Schedule 6; or
 - (B) the support treatments list in Schedule 7.
- (6) Paragraph (5) (b) does not apply in relation to the clinical category “Podiatric surgery (provided by a registered podiatric surgeon)”.
- (7) For subparagraph (2) (b) (i), a hospital treatment is an ***associated treatment for complications*** if it is:
- (a) provided during an episode in which hospital treatment of a kind described in paragraph (2) (a) is being provided; and
 - (b) provided for a complication that arises during that episode.
- (8) For subparagraph (2) (b) (ii), a hospital treatment is an ***associated unplanned treatment*** if it is:
- (a) provided during an episode in which hospital treatment of a kind described in paragraph (2) (a) is being provided; and
 - (b) an unplanned treatment that:
 - (i) is provided as part of planned surgery performed during that episode; and
 - (ii) is, in the view of the medical practitioner who provides the unplanned treatment, medically necessary and urgent.

11G. Provision of restricted and unrestricted cover

Note: See rule 21 for transitional provisions relating to this rule that apply until 31 March 2020.

Gold policies

- (1) A gold policy must provide unrestricted cover for all hospital treatments in all clinical categories.

Silver policies and bronze policies

- (2) A silver policy or a bronze policy:
 - (a) must provide restricted cover or unrestricted cover for all hospital treatments in the following clinical categories:
 - (i) rehabilitation;
 - (ii) hospital psychiatric services;
 - (iii) palliative care; and
 - (b) must provide unrestricted cover for all hospital treatments in:
 - (i) the other clinical categories that a silver policy or a bronze policy, as appropriate, is required to cover; and
 - (ii) any other clinical categories that the policy covers.

Basic policies

- (3) A basic policy must provide restricted cover or unrestricted cover for all hospital treatments in:
 - (a) all of the clinical categories that a basic policy is required to cover; and
 - (b) any other clinical categories that the policy covers.

11H. Naming of insurance policies that cover hospital treatment

Note: See rule 21 for transitional provisions relating to this rule that apply until 31 March 2020.

- (1) For paragraph 63-10 (g) of the Act, this rule applies to an insurance policy that covers hospital treatment (whether or not the policy also covers general treatment).
- (2) The policy must include a name that contains the policy's product tier.
- (3) If the policy covers one or more clinical categories additional to those required for a policy of that product tier in Schedule 4, the name may also contain "plus" or "+".
- (4) The name must not contain:
 - (a) the name of any other metal; or
 - (b) the name of any gemstone or any semi-precious stone; or
 - (c) unless permitted by subrule (3)—either "plus" or "+".

11J. Naming of insurance policies that cover general treatment only

- (1) For paragraph 63-10 (g) of the Act, this rule applies to an insurance policy that covers general treatment only.
- (2) The policy must include a name that does not contain:
 - (a) the name of any metal; or
 - (b) the name of any gemstone or any semi-precious stone; or
 - (c) either "plus" or "+".

[3] After rule 20

Insert:

21. Transitional provisions relating to the *Private Health Insurance (Reforms) Amendment Rules 2018*—product tiers*Application of rule*

- (1) This rule applies to an insurance policy that covers hospital treatment (whether or not the policy also covers general treatment).
- (2) This rule applies until 31 March 2020.

Transitional provisions

- (3) If the policy does not have any of the following:
 - (a) “gold”, “silver”, “bronze” or “basic”;
 - (b) the name of any other metal;
 - (c) the name of any gemstone or semi-precious stone;
 in its name, the policy need not comply with Part 2B.
- (4) If the policy:
 - (a) does not have any of the words referred to in subrule (3) in its name; and
 - (b) does not use the clinical categories to indicate the treatments it covers;
 each of the following:
 - (c) item 1 of clause 2 of Schedule 1;
 - (d) item 3 of clause 2 of Schedule 2;
 - (e) item 4 of clause 2 of Schedule 2;
 - (f) item 5 of clause 2 of Schedule 2;
 as in force immediately before the commencement of Part 2 of Schedule 2 to the *Private Health Insurance (Reforms) Amendment Rules 2018* applies in relation to the policy.

Note: Part 2 of Schedule 2 to the *Private Health Insurance (Reforms) Amendment Rules 2018* commenced on 1 April 2019.

[4] After Schedule 3

Add:

Schedule 4—Product tiers and clinical categories

Note: See rule 4 and Part 2B.

1. Product tiers and clinical categories

For the definition of *gold policy*, *silver policy*, *bronze policy* and *basic policy* in rule 4, and for rule 11H, the following table sets out the clinical categories that are indicated for policies of each product tier.

Clinical category	Basic	Bronze	Silver	Gold
Rehabilitation	✓R	✓R	✓R	✓
Hospital psychiatric services	✓R	✓R	✓R	✓
Palliative care	✓R	✓R	✓R	✓

Clinical category	Basic	Bronze	Silver	Gold
Brain and nervous system	RCP	✓	✓	✓
Eye (not cataracts)	RCP	✓	✓	✓
Ear, nose and throat	RCP	✓	✓	✓
Tonsils, adenoids and grommets	RCP	✓	✓	✓
Bone, joint and muscle	RCP	✓	✓	✓
Joint reconstructions	RCP	✓	✓	✓
Kidney and bladder	RCP	✓	✓	✓
Male reproductive system	RCP	✓	✓	✓
Digestive system	RCP	✓	✓	✓
Hernia and appendix	RCP	✓	✓	✓
Gastrointestinal endoscopy	RCP	✓	✓	✓
Gynaecology	RCP	✓	✓	✓
Miscarriage and termination of pregnancy	RCP	✓	✓	✓
Chemotherapy, radiotherapy and immunotherapy for cancer	RCP	✓	✓	✓
Pain management	RCP	✓	✓	✓
Skin	RCP	✓	✓	✓
Breast surgery (medically necessary)	RCP	✓	✓	✓
Diabetes management (excluding insulin pumps)	RCP	✓	✓	✓
Heart and vascular system	RCP		✓	✓
Lung and chest	RCP		✓	✓
Blood	RCP		✓	✓
Back, neck and spine	RCP		✓	✓
Plastic and reconstructive surgery (medically necessary)	RCP		✓	✓
Dental surgery	RCP		✓	✓
Podiatric surgery (provided by a registered podiatric surgeon)	RCP		✓	✓
Implantation of hearing devices	RCP		✓	✓
Cataracts	RCP			✓
Joint replacements	RCP			✓
Dialysis for chronic kidney failure	RCP			✓
Pregnancy and birth	RCP			✓
Assisted reproductive services	RCP			✓
Weight loss surgery	RCP			✓
Insulin pumps	RCP			✓
Pain management with device	RCP			✓
Sleep studies	RCP			✓

✓	Indicates the clinical category is a minimum requirement of the product tier. The clinical category must be covered on an unrestricted basis.
✓R	Indicates the clinical category is a minimum requirement of the product tier. The clinical category may be offered on a restricted cover basis in Basic, Bronze and Silver product tiers only.
RCP	Restricted cover permitted: indicates the clinical category is not a minimum requirement of the product tier. Insurers may choose to offer these as additional clinical categories on a restricted or unrestricted basis.
	A blank cell indicates that the clinical category is not a minimum requirement of the product tier. Insurers may choose to offer these as additional clinical categories; however it must be on an unrestricted basis.

Schedule 5—Clinical categories

Note 1: Rule 11F is the principal provision that deals with what must be covered by an insurance policy that covers hospital treatment. The operation of rule 11F relies on this Schedule, as well as Schedule 6 and Schedule 7.

Note 2: The treatments that must be covered are any hospital treatments that are in the scope of cover of a clinical category in relation to which the policy provides cover. The scope of cover includes, without limitation:

- any hospital treatment involving the provision of an MBS item number listed in column 3 below; and
- except for the clinical category “Podiatric surgery (provided by a registered podiatric surgeon)” — any hospital treatment:
 - that is provided in relation to a treatment within the scope of cover of a particular clinical category or that involves the provision of an MBS item number listed in column 3 below; and
 - that involves the provision of an MBS item number listed in Schedule 6 (common treatments) or Schedule 7 (support treatments).

Note 3: MBS items are mentioned in the table below against a clinical category, or in the common treatments or support treatments lists in Schedules 6 and 7. Where an MBS item is mentioned for a clinical category in column 3 in the table below, the treatment including that MBS item is most likely to be provided under that clinical category, or a clinical category in the same or a higher product tier (according to Schedule 4). However, the mention of an MBS item against a particular category does not mean it is only covered under that clinical category.

1 Interpretation

In this Schedule, the scope of cover of a particular clinical category is taken not to include any treatment that is, or treatments that are, expressly stated to be listed separately under another clinical category.

2 Clinical categories

For rule 4, and Part 2B, the clinical categories are set out in the following table.

Clinical category	Scope of cover (see Note 1)	Treatments that must be covered (MBS Items) (see Notes 1, 2 and 3)									
Rehabilitation	Hospital treatment for physical rehabilitation for a patient related to surgery or illness. For example: inpatient and admitted day patient rehabilitation, stroke recovery, cardiac rehabilitation.										
Hospital psychiatric services	Hospital treatment for the treatment and care of patients with psychiatric, mental, addiction or behavioural disorders. For example: psychoses such as schizophrenia, mood disorders such as depression, eating disorders and addiction therapy.	Treatments involving the provision of the following MBS items:							170	171	
		172	289	297	320	322	324	326	328	342	
		344	346	348	350	352	364	366	367	369	
		370	855	857	858	861	864	866	2700	2701	
		2712	2713	2715	2717	2721	2723	2725	2727	6018	
		6019	6023	6024	6025	6026	6028	6029	6031	6032	
		6034	6035	6037	6038	6042	14224	80000	80001	80005	
		80010	80011	80015	80020	80021	80100	80101	80105	80110	
		80111	80115	80120	80121	80125	80126	80130	80135	80136	
		80140	80145	80146	80150	80151	80155	80160	80161	80165	
		80170	80171	82000	82015						
Palliative care	Hospital treatment for care where the intent is primarily providing quality of life for a patient with a terminal illness, including treatment to alleviate and manage pain.	Treatments involving the provision of the following MBS items:							3003	3005	
		3010	3014	3015	3018	3023	3028	3032	3040	3044	
		3051	3055	3062	3069	3074	3078	3083	3088	3093	
Assisted reproductive services	Hospital treatment for fertility treatments or procedures. For example: retrieval of eggs or sperm, <i>In vitro</i> Fertilisation (IVF), and Gamete Intra-fallopian Transfer (GIFT).	Treatments involving the provision of the following MBS items:							13200	13201	
		13202	13203	13206	13209	13212	13215	13218	13221	13251	
		13290	13292	14203	14206	37605	37606				

Clinical category	Scope of cover (see Note 1)	Treatments that must be covered (MBS Items) (see Notes 1, 2 and 3)									
	Treatment of the female reproductive system is listed separately under <i>Gynaecology</i> . Pregnancy and birth-related services are listed separately under <i>Pregnancy and birth</i> .										
Back, neck and spine	Hospital treatment for the investigation and treatment of the back, neck and spinal column, including spinal fusion.	Treatments involving the provision of the following MBS items:								30672	40300
		40301	40309	40312	40315	40316	40318	40321	40324	40327	
		40330	40333	40336	40339	44133	47681	47684	47687	47690	
		47693	47696	47699	47702	47705	47708	47711	47714	47717	
	For example: sciatica, prolapsed or herniated disc, and spine curvature disorders such as scoliosis, kyphosis and lordosis.	47720	47723	48600	48603	48606	48612	48613	48615	48618	
		48621	48624	48627	48632	48636	48639	48640	48642	48645	
		48648	48651	48654	48657	48660	48663	48666	48669	48672	
	Joint replacements are listed separately under <i>Joint replacements</i> .	48675	48678	48681	48684	48687	48690	48691	48692	48693	
		48694	50600	50604	50608	50612	50616	50620	50624	50628	
	Joint fusions are listed separately under <i>Bone, joint and muscle</i> .	50632	50636	50640	50644						
	Spinal cord conditions are listed separately under <i>Brain and nervous system</i> .										
	Management of back pain is listed separately under <i>Pain management</i> . Pain management that requires a device is listed separately under <i>Pain management with device</i> .										
	Chemotherapy and radiotherapy for cancer is listed separately under <i>Chemotherapy, radiotherapy and immunotherapy for cancer</i> .										

Clinical category	Scope of cover (see Note 1)	Treatments that must be covered (MBS Items) (see Notes 1, 2 and 3)																																																																																																																																																																																																															
Blood	Hospital treatment for the investigation and treatment of blood and blood-related conditions. For example: blood clotting disorders and bone marrow transplants. Treatment for cancers of the blood is listed separately under <i>Chemotherapy, radiotherapy and immunotherapy for cancer</i>.	Treatments involving the provision of the following MBS item: 13700																																																																																																																																																																																																															
Bone, joint and muscle	Hospital treatment for the investigation and treatment of diseases, disorders and injuries of the musculoskeletal system. For example: carpal tunnel, fractures, hand surgery, joint fusion, bone spurs, osteomyelitis and bone cancer. Chest surgery is listed separately under <i>Lung and chest</i>. Spinal cord conditions are listed separately under <i>Brain and nervous system</i>. Spinal column conditions are listed separately under <i>Back, neck and spine</i>. Joint reconstructions are listed separately under <i>Joint reconstructions</i>. Joint replacements are listed separately under <i>Joint replacements</i>. Podiatric surgery performed by a registered podiatric surgeon is listed separately under	Treatments involving the provision of the following MBS items: <table><tr><td>18353</td><td>18354</td><td>18360</td><td>18361</td><td>18365</td><td>30103</td><td>30107</td><td>30111</td><td>30114</td><td>18350</td><td>18351</td></tr><tr><td>30226</td><td>30229</td><td>30232</td><td>30235</td><td>30238</td><td>30241</td><td>30244</td><td>32036</td><td>39331</td><td></td><td></td></tr><tr><td>43500</td><td>43503</td><td>43506</td><td>43509</td><td>43512</td><td>43515</td><td>43518</td><td>43521</td><td>43524</td><td></td><td></td></tr><tr><td>43876</td><td>43879</td><td>44325</td><td>44328</td><td>44331</td><td>44334</td><td>44338</td><td>44342</td><td>44346</td><td></td><td></td></tr><tr><td>44350</td><td>44354</td><td>44358</td><td>44359</td><td>44361</td><td>44364</td><td>44367</td><td>44370</td><td>44373</td><td></td><td></td></tr><tr><td>44376</td><td>45605</td><td>45788</td><td>45851</td><td>45855</td><td>45857</td><td>45859</td><td>45861</td><td>45863</td><td></td><td></td></tr><tr><td>45867</td><td>45869</td><td>45871</td><td>45873</td><td>45875</td><td>45945</td><td>45978</td><td>45981</td><td>45987</td><td></td><td></td></tr><tr><td>45993</td><td>45996</td><td>46300</td><td>46303</td><td>46306</td><td>46307</td><td>46327</td><td>46330</td><td>46333</td><td></td><td></td></tr><tr><td>46336</td><td>46339</td><td>46342</td><td>46348</td><td>46351</td><td>46354</td><td>46357</td><td>46360</td><td>46363</td><td></td><td></td></tr><tr><td>46366</td><td>46369</td><td>46372</td><td>46375</td><td>46378</td><td>46381</td><td>46384</td><td>46387</td><td>46390</td><td></td><td></td></tr><tr><td>46393</td><td>46396</td><td>46399</td><td>46402</td><td>46405</td><td>46459</td><td>46462</td><td>46464</td><td>46465</td><td></td><td></td></tr><tr><td>46468</td><td>46471</td><td>46474</td><td>46477</td><td>46480</td><td>46483</td><td>47000</td><td>47003</td><td>47006</td><td></td><td></td></tr><tr><td>47009</td><td>47012</td><td>47015</td><td>47018</td><td>47021</td><td>47024</td><td>47027</td><td>47030</td><td>47033</td><td></td><td></td></tr><tr><td>47036</td><td>47039</td><td>47042</td><td>47045</td><td>47048</td><td>47051</td><td>47054</td><td>47057</td><td>47060</td><td></td><td></td></tr><tr><td>47063</td><td>47066</td><td>47069</td><td>47072</td><td>47301</td><td>47304</td><td>47307</td><td>47310</td><td>47313</td><td></td><td></td></tr><tr><td>47316</td><td>47319</td><td>47348</td><td>47351</td><td>47354</td><td>47357</td><td>47361</td><td>47362</td><td>47364</td><td></td><td></td></tr><tr><td>47367</td><td>47370</td><td>47373</td><td>47378</td><td>47381</td><td>47384</td><td>47385</td><td>47386</td><td>47387</td><td></td><td></td></tr><tr><td>47390</td><td>47393</td><td>47396</td><td>47399</td><td>47402</td><td>47405</td><td>47408</td><td>47411</td><td>47414</td><td></td><td></td></tr></table>										18353	18354	18360	18361	18365	30103	30107	30111	30114	18350	18351	30226	30229	30232	30235	30238	30241	30244	32036	39331			43500	43503	43506	43509	43512	43515	43518	43521	43524			43876	43879	44325	44328	44331	44334	44338	44342	44346			44350	44354	44358	44359	44361	44364	44367	44370	44373			44376	45605	45788	45851	45855	45857	45859	45861	45863			45867	45869	45871	45873	45875	45945	45978	45981	45987			45993	45996	46300	46303	46306	46307	46327	46330	46333			46336	46339	46342	46348	46351	46354	46357	46360	46363			46366	46369	46372	46375	46378	46381	46384	46387	46390			46393	46396	46399	46402	46405	46459	46462	46464	46465			46468	46471	46474	46477	46480	46483	47000	47003	47006			47009	47012	47015	47018	47021	47024	47027	47030	47033			47036	47039	47042	47045	47048	47051	47054	47057	47060			47063	47066	47069	47072	47301	47304	47307	47310	47313			47316	47319	47348	47351	47354	47357	47361	47362	47364			47367	47370	47373	47378	47381	47384	47385	47386	47387			47390	47393	47396	47399	47402	47405	47408	47411	47414		
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47063	47066	47069	47072	47301	47304	47307	47310	47313																																																																																																																																																																																																									
47316	47319	47348	47351	47354	47357	47361	47362	47364																																																																																																																																																																																																									
47367	47370	47373	47378	47381	47384	47385	47386	47387																																																																																																																																																																																																									
47390	47393	47396	47399	47402	47405	47408	47411	47414																																																																																																																																																																																																									

Clinical category	Scope of cover (see Note 1)	Treatments that must be covered (MBS Items) (see Notes 1, 2 and 3)									
	<i>Podiatric surgery (provided by a registered podiatric surgeon).</i>	47417	47420	47423	47426	47429	47432	47435	47438	47441	
		47444	47447	47450	47451	47453	47456	47459	47462	47465	
		47466	47467	47468	47471	47474	47477	47480	47483	47486	
	Management of back pain is listed separately under <i>Pain management</i> . Pain management that requires a device is listed separately under <i>Pain management with device</i> .	47489	47492	47495	47498	47501	47504	47507	47510	47513	
		47516	47519	47522	47525	47528	47531	47534	47537	47540	
		47543	47546	47549	47552	47555	47558	47561	47564	47565	
		47566	47567	47570	47573	47576	47579	47582	47585	47588	
	Chemotherapy and radiotherapy for cancer is listed separately under <i>Chemotherapy, radiotherapy and immunotherapy for cancer</i> .	47591	47594	47597	47600	47603	47606	47609	47612	47615	
		47618	47621	47624	47627	47630	47633	47636	47639	47642	
		47645	47648	47651	47654	47657	47663	47666	47672	47678	
		47703	47726	47729	47732	47753	47756	47762	47765	47768	
		47771	47774	47777	47780	47783	47786	47789	47900	47903	
		47920	47921	47924	47927	47930	47933	47936	47948	47951	
		47954	47957	47960	47963	47966	47969	47972	47975	47978	
		47981	47982	48200	48203	48206	48209	48212	48215	48218	
		48221	48224	48227	48230	48233	48236	48239	48242	48400	
		48403	48406	48409	48412	48415	48418	48421	48424	48427	
		48500	48503	48506	48509	48512	48912	48936	48939	48942	
		48945	48954	49100	49106	49109	49118	49200	49203	49206	
		49212	49218	49300	49303	49306	49360	49363	49366	49500	
		49509	49512	49545	49566	49569	49700	49712	49718	49721	
		49724	49727	49728	49800	49803	49806	49809	49812	49815	
		49818	49821	49824	49827	49830	49833	49836	49837	49838	
		49845	49848	49851	49854	49860	49863	49866	49878	50100	
		50102	50103	50104	50109	50112	50115	50118	50121	50130	
		50200	50201	50203	50206	50209	50212	50215	50218	50221	
		50224	50227	50230	50233	50236	50239	50300	50303	50306	
		50309	50312	50315	50318	50321	50324	50327	50330	50336	
		50339	50342	50345	50348	50349	50351	50352	50353	50354	