

Hospital Treatment Product Tiers - Gold, Silver, Bronze and Basic

lospital treatments by clinical category	Basic	Bronze	Silver	Gold
Rehabilitation	√R	√R	√R	~
Hospital psychiatric services	√R	√R	√R	~
Palliative care	√R	√R	√R	~
Brain and nervous system	RCP	\checkmark	\checkmark	\checkmark
Eye (not cataracts)	RCP	\checkmark	\checkmark	~
Ear, nose and throat	RCP	\checkmark	\checkmark	\checkmark
fonsils, adenoids and grommets	RCP	\checkmark	\checkmark	\checkmark
Bone, joint and muscle	RCP	\checkmark	\checkmark	~
loint reconstructions	RCP	\checkmark	\checkmark	\checkmark
Kidney and bladder	RCP	~	\checkmark	~
Iale reproductive system	RCP	~	\checkmark	~
Digestive system	RCP	~	\checkmark	~
lernia and appendix	RCP	~	\checkmark	~
Gastrointestinal endoscopy	RCP	~	\checkmark	~
Gynaecology	RCP	~	\checkmark	~
liscarriage and termination of pregnancy	RCP	~	\checkmark	~
Chemotherapy, radiotherapy and immunotherapy for cancer	RCP	~	\checkmark	~
Pain management	RCP	\checkmark	\checkmark	~
kin	RCP	~	\checkmark	~
Breast surgery (medically necessary)	RCP	~	\checkmark	~
viabetes management (excluding insulin pumps)	RCP	~	\checkmark	~
leart and vascular system	RCP		\checkmark	~
ung and chest	RCP		\checkmark	~
Blood	RCP		\checkmark	~
ack, neck and spine	RCP		\checkmark	~
lastic and reconstructive surgery (medically necessary)	RCP		\checkmark	~
Dental surgery	RCP		\checkmark	~
Podiatric surgery (provided by a registered podiatric surgeon)	RCP		\checkmark	~
nplantation of hearing devices	RCP		\checkmark	~
ataracts	RCP			~
oint replacements	RCP			~
ialysis for chronic kidney failure	RCP			~
regnancy and birth	RCP			\checkmark
ssisted reproductive services	RCP			~
/eight loss surgery	RCP			~
nsulin pumps	RCP			~
ain management with device	RCP			~
Sleep studies	RCP			~

the product tier. The clinical category must be covered on an unrestricted basis. RCP Restr is no may

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.

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.

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.

√R