

This is the highest level of hospital insurance currently available and is designed for the person who would like to be fully covered for the cost of a private room, theatre and labour ward fees. Details for this cover were last updated 1st November 2009

For In-Hospital Procedures for covered services		☑ = Covered ☒ = Not covered			
	<u>GoldStar</u>	Gold	GoldSaver	GoldStarter	
Shared room	☑	☑	☑	☑	
Private room	☑	☒	☒	☒	
Choice of Excess	☑	☑	☒	☒	
Intensive Care	☑	☑	☑	☑	
Theatre Fees	☑	☑	☑	☑	
Same-day Accommodation	☑	☑	☑	☑	
Same-day Theatre	☑	☑	☑	☑	
AccesGap (Medical Bill Payment Scheme)	☑	☑	☑	☑	

Your chosen level of hospital insurance will cover the following in a public hospital or contracted private hospital subject to any waiting periods or restrictions, which may apply under the Fund's Pre-existing ailment rule. Rebates for non-contracted private hospitals are available from HIF. It is advisable to check with the Fund prior to admission to ensure that the hospital is an HIF contracted facility.

The Fund has negotiated contractual arrangements with most hospitals and Day Hospital facilities throughout Australia. The mentioned benefits are offered to members who are admitted to those hospitals.

Accommodation charges including Day patient, Intensive Care and Neonatal Care	Public Hospital	Full cover in a shared or private room
	Private Hospital	Full cover in a shared or private room
Theatre fee and Labour Ward charges	Public Hospital	Charges are not raised for this service
	Private Hospital	Full cover for Theatre and Labour ward charges
Pharmaceutical Drugs (does not include discharge drugs)	Public Hospital	Charges are not raised for this service
	Private Hospital	Charges vary between hospitals depending on the contract, which is in place. Please check with the Hospital or Fund. Benefits may not apply to, or be restricted for non TGA approved, experimental or high cost drugs.
Artificial appliances and prostheses, non approved medical treatments and consumables e.g. joints, heart valves, trial and/or or non approved prostheses, treatments and consumables	Public Hospital	Benefits will be paid towards prostheses in accordance with the Commonwealth Prostheses List. Items listed (excluding Human Tissue) on the prostheses list may be subject to a patient moiety (gap)
	Private Hospital	Benefits will be paid towards prostheses in accordance with the Commonwealth Prostheses List. Items listed (excluding Human Tissue) on the prostheses list may be subject to a patient moiety (gap). Benefits may not apply or be restricted for <u>non hospital contract</u> medical treatments or consumables
Outpatient Theatre fees	Public Hospital	No charge raised
	Private Hospital	Full cover for outpatient theatre fees
Medical "Gap" For more details please refer to the section titled "AccessGap Medical Payment Scheme" contained in the HIF brochure	All Hospitals and Approved Day Care facilities	"Admitted" patients are entitled to the difference between the Medicare rebate and the Commonwealth Medical Benefits Schedule fee for all medical services performed whilst the patient is admitted as an inpatient is in hospital and may be entitled to a further refund of the AccessGap cover amount. (See "AccessGap"). Funds are not permitted to pay Gap cover if the patient is treated as an "out-patient" or when the patient is not formally admitted to hospital.
Excluded Services These include services deemed cosmetic by Medicare and services that do not attract a Medicare rebate	Public Hospital	No benefits payable for any charges raised for these services
	Private Hospital	No benefits payable for any charges raised for these services

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<p>Optional Excess An optional excess may be taken with this cover to reduce your premiums. The benefits payable are the same as for GoldStar Hospital except you agree to forego an excess at the level detailed below. The excess is deducted from the hospital benefits normally payable under your level of cover. Note: an excess will not apply to day surgery or in any circumstance for child dependants under the age of 18.</p>	<p>Public Hospital</p>	<ul style="list-style-type: none"> • \$200/400 - \$200 per person in a calendar year to a maximum of \$400 per policy • \$400/800 - \$400 per person in a calendar year to a maximum of \$800 per policy • \$1000/500 - \$500 per person in a calendar year to a maximum of \$1000 per policy
	<p>Private Hospital</p>	<ul style="list-style-type: none"> • \$200/400 - \$200 per person in a calendar year to a maximum of \$400 per policy • \$400/800 - \$400 per person in a calendar year to a maximum of \$800 per policy • \$1000/500 - \$500 per person in a calendar year to a maximum of \$1000 per policy

Waiting Periods, Benefit Periods and Pre-existing Ailment Rule



The following Waiting Periods, Benefit Limitations and the Pre-existing Ailment rule apply to all members who join the Fund, or upgrade their level of hospital cover. Members who transfer to HIF from another registered health fund will not be subject to these restrictions if they have already served the waiting periods on an equivalent level of cover.

Waiting Period	Condition
2 Months*	General hospitalisation (not associated with a pre-existing ailment)
12 Months*	All obstetric related services All treatment in relation to a pre-existing ailment or condition

Pre-Existing Ailment Rule

The Pre-Existing Ailment Rule is an industry standard rule designed to ensure that long-term members are not financially disadvantaged by new members who join a table and seek to claim for conditions of which signs or symptoms would have been in place at the time the cover was commenced.

The rule states; "The Fund may not be required to pay benefits for a period of 12-months if the pre-existing ailment rule is applicable. A pre-existing ailment is an ailment or condition of which the signs or symptoms were in evidence at any time during the six months prior to when the member joins the Fund or upgrades to a higher level of cover".

If the Fund considers that the pre-existing ailment rule may be applicable, benefits will not be paid until the fund has been satisfied, through the production of suitable medical evidence, that the condition or signs or symptoms relating to the condition were not in place at the time the cover was commenced. HIF will appoint a medical adviser to determine, from the information provided by the patient and the treating/referring practitioner, if the claim will be revoked.

*Benefit Limitations

Benefit limitations apply to some types of treatment. Where a benefit limitation applies, the level of rebate payable will be the equivalent that is payable under our basic hospital cover. This level of cover is for the cost of a shared room in a public hospital and benefits towards the cost of surgically implanted prostheses in accordance with the Commonwealth Prostheses List. It does not cover theatre fee charges or any other charges raised by the hospital.

Benefit Limitation Period	Condition
12 Months	Psychiatric care and treatment Sterilisation or reversal of sterilisation Surgical removal of teeth
24 months	Joint Replacement
36 Months	Assisted Reproductive Technology (ART) programs

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General Information

Contracted Private Hospitals

If you wish to find a Contracted Hospital with HIF you can do so in the following three ways:

- Refer to our website – www.hif.com.au
- Email HIF directly at info@hif.com.au
- Contact a HIF Customer Service Representative on 1300 13 40 60.

Medical Providers

Further information regarding medical coverage can be obtained from our AccessGap Cover leaflet which can be obtained in the following ways:

- Refer to our website – www.hif.com.au
- Email HIF directly at info@hif.com.au
- Contact a HIF Customer Service Representative on 1300 13 40 60.

Privacy Policy

HIF recognises the importance of keeping the personal information that you entrust to us private and confidential. HIF's 'Privacy Policy' has been compiled to outline how your personal information is handled and the steps taken by HIF to ensure your privacy. If you would like to find out more about HIF's 'Privacy Policy' you can:

- Refer to our website – www.hif.com.au
- Email HIF directly at info@hif.com.au
- Contact a HIF Customer Service Representative on 1300 13 40 60 to request a copy of our Privacy Policy brochure

Providing Feedback or Making a complaint

HIF is committed to providing our members with access to the highest possible level of service and we value the feedback that our members provide. As part of HIF's commitment to continuous improvement if you have a concern regarding your HIF membership, our products, benefits or our service we would be happy to hear from you.

If you have a complaint or concerns, you can:

- Discuss this with one our Customer Service Representatives on **1300 13 40 60**. HIF's internal complaint handling process ensures where our people are unable to assist you with your concerns or complaint they will escalate your issue to a senior manager.
- Access the Internal Complaint Handling process by addressing your complaint in writing to:

**Operations Manager
Health Insurance Fund of WA
GPO Box X2221
PERTH WA 6847**

Or

Email your complaint to info@hif.com.au

If after discussing your concerns with us, and you believe the outcome or decision is not appropriate and you wish to take the matter further you can:

Contact the Private Health Ombudsman

- Via the website www.phio.org.au or
- By ringing toll free on 1800 640 695, or
- Write to Level 7, 362 Kent Street, Sydney NSW 2000
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