Gold Hospital

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Want comprehensive hospital cover, including maternity services? Choose Gold Hospital.

Gold Hospital is HIF's top shared-room hospital insurance option, complete with maternity cover. It offers total peace of mind for you and your family, plus a choice of optional excesses.

Who is Gold Hospital for?

Gold Hospital is for anyone who wants full hospital cover for all Medicare-approved items. You're covered for theatre fees, ward fees and all other services, including maternity, with a private room for maternity (up to five days) for the management of labour and delivery.

We're all about choice

Unlike some health insurance funds, HIF believes in your right to choose your own healthcare providers. We say you're free to seek treatment wherever you like, anywhere in Australia, and we'll never penalise you for doing so.

- Choose your preferred private or public hospital
- Choose your preferred doctor or specialist
- Choose your preferred excess amount
- Feel safe in the knowledge you're covered for things like accommodation, in-patient services and theatre room fees.

What's included?

- ✓ Shared room in a private or public hospital
- Private room in hospital when a small co-payment is paid
- Private room in hospital for maternity (up to five days)
- Maternity services and boarder accommodation
- Intensive care
- Theatre care
- Same-day accommodation
- ✓ Same-day theatre
- Appliances
- Prostheses
- Pharmacy drugs
- ✓ Palliative care (disease)
- Cardio thoracic (heart/chest)

Important, please note: This factsheet provides a summary and overview of HIF's Gold Hospital product. For full details of product inclusions, exclusions, restrictions, waiting periods, benefit limitation periods, the pre-existing condition rule, co-payments, excesses, annual limits, FAQs and other important information, please visit hif.com.au/pds to download a Product Disclosure Statement or call 1300 13 40 60 to request a copy to be mailed to you.

- ✓ Psychiatric care and treatment
- 🖌 Joint replacement
- ✓ Assisted reproductive technology (e.g. IVF)
- Eye surgery (non-cosmetic)
- Gastric banding and obesity surgery
- AccessGap Cover
- ✓ Choice of excess

What's AccessGap Cover?

Doctors can charge more than the Medicare Benefits Schedule (MBS). And if they do, their patients without gap cover insurance will incur an out-of-pocket expense for the difference between the fee charged and the MBS.

The good news is that AccessGap Cover, our medical gap arrangement, minimises or even eliminates these out-of-pocket expenses for medical services you receive as an in-patient in a registered overnight hospital or day facility.

That said, you need to bear in mind that Australian doctors can nominate to opt in or out of AccessGap, so it makes sense to check in advance. You'll find a list of registered participating specialists on HIF's website – hif.com.au - or simply ask your doctor or specialist if they will treat you under the AccessGap Cover arrangement.

What about waiting periods and pre-existing conditions?

All health funds have to enforce waiting periods. It's the only way we can protect our members from people who simply join our fund to claim large amounts and then leave. However, we try to keep waiting periods to a minimum.

That's why, if you switch to HIF from another health fund, we'll honour your full length of membership with your previous fund, (meaning you won't have to re-serve any unnecessary waiting periods).

If you aren't switching from another fund, the waiting periods with Gold Hospital are:

- 2 months for general hospitalisation claims
- 12 months for all obstetric-related services
- 12 months for all treatments related to a pre-existing ailment or condition.*

*Not including pre-existing conditions for psychiatric care, rehabilitation of palliative care.

A Pre-existing Condition (also sometimes referred to as a Pre-existing Ailment) is defined by law as any ailment, illness, or condition that you had signs or symptoms in the opinion of a medical practitioner appointed by the fund existed of during the six months before you joined a hospital table or upgraded to a higher hospital table. This rule applies whether the ailment, illness or condition was known to the member or not.

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What excess applies for Gold?

An excess is the amount you pay towards your eligible hospital treatment, after which we take care of the rest. Your excess only applies to overnight hospital admissions however, and no excess is applicable to dependents under the age of 18.

With Gold Hospital, you can choose to apply no excess to your policy or select from a \$100, \$200 or \$400 excess per person per admission (up to a maximum of \$200, \$400 and \$800 respectively per year).

What's excluded from Gold?

- X Cosmetic services*
- X Services not covered by Medicare
- Ambulance (except for emergency services applicable under NSW & ACT legislation).

* 'Cosmetic Services' refers to any treatment that's deemed to be cosmetic by Medicare and does not attract a Medicare rebate.

Are there any restrictions?

Just the one, and it relates to surgery by podiatrists. With Gold Hospital, we will pay a basic benefit (known as the public hospital rate) towards accommodation charges associated with surgery by a podiatrist. All other charges raised by the hospital are then paid by the member.

Want more information?

No problem – the information here is just a quick overview of our Gold cover, so HIF recommends that you read the complete Product Disclosure Statement (PDS) to ensure you're fully informed. Head over to hif.com.au/pds to download a PDS or call HIF on 1300 13 40 60 for more info. Join HIF and they'll do all the paperwork for you, including lodging your Medicare rebate application form.

Visit hif.com.au to find out more.

This product information is intended as a summary only and should be read in conjunction with your Product Disclosure Statement (PDS) The information is correct as at 1 July 2014. Minor changes may occur after that date. HIF members are encouraged to regularly download the latest copy of the PDS from hif.com.au/pds

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