

# Hospital Cover GoldStarter

Phone 1300 13 40 60

Visit [hif.com.au/hospital](http://hif.com.au/hospital)



GoldStarter is our basic-level hospital cover option for singles, couples and families. It's a smart choice if you're younger and not likely to require things like maternity services or cardiac (heart) procedures.

## What's covered?

GoldStarter covers a wide range of services and treatments. This includes:

- ✓ **Full cover for a shared room in a contracted private hospital.**  
If you'd like a private room, you can simply pay the difference between the cost of a shared and a private room.
- ✓ **Full cover for a shared or private room in a public hospital**
- ✓ **Your choice of treating doctor or specialist**
- ✓ **AccessGap cover for eligible services (see below)**
- ✓ **Benefits for surgically implanted prostheses and other items on the Federal Government's Prostheses Schedule.**
- ✓ **Inpatient pharmacy drugs.** Charges vary between private hospitals depending on the contracts in place – please check with us or the hospital.

For a full list of covered services, visit [hif.com.au/hospital](http://hif.com.au/hospital)

## Medical gaps and AccessGap Cover

The 'medical gap' is the difference between the doctor's fee for services provided in hospital and the combined Medicare benefit and health insurance benefit.

As an admitted patient (or inpatient), Medicare will pay a benefit of 75% of the Medicare Benefit Schedule (MBS) fee and we will pay the remaining 25% - that's 100% of the MBS fee covered. For example if the MBS for a procedure is \$100 and your doctor charges \$120, Medicare pays \$75, we will pay \$25 and you would need to pay the extra \$20.

You may also be entitled to a further benefit under HIF's AccessGap Cover, our medical gap cover arrangement which aims to minimise or eliminate out of pocket expenses for inpatient services. Visit [hif.com.au/accessgap](http://hif.com.au/accessgap) to learn more.

## Make sure you read our Product Disclosure Statement

It's important that you read our PDS It's full of information about Hospital cover, from benefits and AccessGap cover through to waiting periods, pre-existing conditions and contracted (or 'agreement') private hospitals. Visit [hif.com.au/domesticpds](http://hif.com.au/domesticpds) to download your copy.



Call us on 1300 13 40 60 whenever you are planning hospital treatment. We are always happy to help and can provide you with a benefit estimate.

## Standard excess

Excesses apply to all hospital treatments, but the \$200 per-person excess is only paid once per calendar year, up to the maximum of \$200 for a single membership and \$400 for couples or families.

## Hospital waiting periods

A waiting period is a period of time you need to wait after taking out your cover before you're entitled to receive benefits for services or items. These waiting periods include:

- **General hospitalisation: 2 months**
- **Psychiatric care, rehabilitation and palliative care: 2 months** (Please note: Members with lower levels of cover for psychiatric care are entitled to upgrade their cover without serving a two month waiting period to access higher benefits for specialist psychiatric treatment. This waiting period free upgrade is only available once in a lifetime).
- **Pre-existing ailments or conditions: 12 months General**

### What's not covered

- Obstetrics and pregnancy related services
- Joint replacement
- Cardiac (heart) conditions, procedures or monitoring
- Eye surgery
- Gastric banding and obesity surgery
- Assisted reproductive technology (e.g. IVF)
- Surgery by podiatrists
- Prostheses items used in relation to excluded services

### Other situations when you will not be covered by HIF include:

- Occasions when you're not admitted to hospital as an inpatient, instead receiving outpatient treatment for services like GP visits and specialist consultations. In those instances, you will only be able to claim a benefit from Medicare.
- When you receive treatment for a service that you're still serving waiting periods for.
- When you receive treatment during a period where your HIF policy is currently suspended, classified as unfinancial (e.g. not paid up-to-date), or has been cancelled.
- Any hospital treatment, service, device or circumstances where Medicare or the Therapeutic Goods Administration (TGA) doesn't pay a benefit. This includes in-hospital services such as experimental treatment and/or procedures, prostheses and technologies.
- Any charges raised by a non-agreement or public hospital which are not covered, or are above the benefit that HIF pays.
- Any charges raised for treatment administered by a provider that's not recognised by HIF.
- Any cosmetic service for which Medicare will not pay a benefit (e.g. cosmetic surgery which is not clinically necessary).
- Any personal expenses not covered by your HIF policy such as newspapers, phone calls, internet access, pay TV or meals ordered for visitors.
- Any inpatient pharmacy benefits for non-intrinsic or discharge drugs. Benefits may be restricted or may not apply to experimental or high-cost drugs or drugs that aren't approved by the Therapeutic Goods Administration (TGA).
- If you're admitted to hospital for more than 35 days and you've been classified as a 'nursing home type' patient. In these situations, patients may receive minimum benefits but will need to personally contribute towards the remaining costs associated with their stay.
- For Respite Care.
- Where compensation, damages or benefits for medical treatment can or have been claimed from a third party; such as workers compensation, public liability sources, your employer or any other insurance policy.
- For any hospital service or medical treatment provided outside Australia.

### Restricted services

- Palliative care
- Psychiatric care and treatment
- Rehabilitation

*Benefits for restricted services include basic public hospital rate (only) for accommodation. However, full AccessGap coverage applies for inpatient medical procedures and benefits will be paid towards prostheses in accordance with the Commonwealth Prostheses List. Items on the list (excluding human tissue) may be subject to a patient co-payment.*

### What's a pre-existing condition?

A pre-existing condition is defined as, 'Any ailment, illness, or condition where, in the opinion of a medical adviser appointed by the health insurer, the signs or symptoms of that illness, ailment or condition existed at any time in the period of six months ending on the day on which the person became insured under the policy.'

A pre-existing condition can be identified by the presence of signs or symptoms of the illness, ailment or condition (i.e. it's not necessary for the member or their doctor to know what their condition is, or for it to be diagnosed). In assessing whether a condition is a pre-existing condition or not, an HIF-appointed medical practitioner will take into account information provided by the member's treating doctor.

Read more about waiting periods and the pre-existing condition rule in our PDS.

**Got a question? Visit our handy  
online knowledge base for 24/7  
access to a wealth of information.  
Visit [hif.com.au/help](https://www.hif.com.au/help) to get started.**