Hospital Cover
Gold

Phone 1300 13 40 60

Visit hif.com.au/hospital

Welcome to our award-winning shared-room hospital cover for singles, couples and families. With Gold Hospital, you're covered for thousands of medical procedures including most common ones listed below. It's especially great if you're planning on having a baby, because our maternity cover includes up to five days in a private room at no extra cost for childbirth.

What's covered?

Take out Gold Hospital cover and you can claim benefits for a whole host of services that are eligible for a Medicare benefit, including:

- ✓ *Pregnancy and birth related services (maternity)*
- ✓ *Assisted reproductive technology (e.g. IVF)*
- ✓ *Joint replacement*
- ✓ *Cardiac (heart) conditions, procedures or monitoring*
- ✓ *Eye surgery (non-cosmetic)*
- ✓ *Gastric banding and obesity surgery*
- ✓ *Psychiatric care and treatment*
- ✓ *Palliative care*
- ✓ *All services not listed as restricted or not covered (see over the page)*

Gold cover also provides:

- ✓ *Full cover for a shared room in a contracted private hospital.* If you'd like a private room, you simply pay the difference between the cost of a shared and a private room.
- ✓ *Cover for a shared or private room in a public hospital*
- ✓ *Cover for up to 5 days in a private room for childbirth*
- ✓ *Your choice of treating doctor or specialist*
- ✓ *AccessGap Cover for eligible services*
- ✓ *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**

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.

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** to learn more.

Choose your excess

With Gold, you can choose to apply an excess to reduce your hospital premium. Excesses are paid once per person, per calendar year, up to the maximum, and don't apply to same-day surgery or to dependants under the age of 18.

- *100/200:* $100 per person to a max of $200
- *200/400:* $200 per person to a max of $400
- *400/800:* $400 per person to a max of $800

This information is correct as at 01/09/17

Restricted services

- ***Podiatry.*** Surgery performed in a hospital by registered podiatrists is not eligible for Medicare rebates, but we will pay limited benefits towards your podiatrist's charges. Hospital accommodation and theatre charges will also be limited.

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.

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** to download your copy.

Anything else to note?

- ***Maternity.*** You get five days' cover in a private room for childbirth in an HIF-contracted private hospital. The cost of additional days will be covered up to the hospital charge for a shared room – you will be required to meet the balance of the accommodation charge.

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).***
- ***All obstetric related services: 12 months***
- ***Pre-existing ailments or conditions: 12 months***

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*** to get started.

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