

Hospital Cover GoldStar

Phone 1300 13 40 60

Visit hif.com.au/hospital



GoldStar is our premium hospital cover option for singles, couples and families. As our most comprehensive cover, it includes private hospital rooms, theatre fees and accommodation charges. No worries. Just total peace of mind. You'll even have access to our 'HIF Second Opinion' service, giving you a free second opinion on any diagnosis, condition or treatment.

What's covered?

In short, all inpatient services that attract 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)

With GoldStar, you'll enjoy:

- ✓ Full cover for a private room in a contracted private hospital
- ✓ Cover for a shared or private room in a public hospital
- ✓ Your choice of treating doctor or specialist
- ✓ AccessGap Cover for eligible services
- ✓ Free access to HIF Second Opinion
- ✓ Benefits for surgically implanted prostheses and other items on the Federal Government's Prosthesis 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 GoldStar, you can choose an excess to reduce your premiums. 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.

- **200/400:** \$200 per person to a max of \$400
- **400/800:** \$400 per person to a max of \$800
- **500/1000:** \$500 per person to a max of \$1000

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.

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**
- **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.

Access HIF Second Opinion, FREE!

Available exclusively to members with GoldStar Hospital and/or Premium Options Extras, HIF Second Opinion provides free, unlimited access to the global *Best Doctors* medical support and advice network, putting the combined expertise of over 50,000 of the world's leading medical experts at your disposal.

With HIF Second Opinion, you can get a FREE second opinion on any diagnosis, on any treatment plan and for any medical or health issue, from minor everyday complaints and concerns, through to life threatening diseases.*

To access HIF Second Opinion, simply call the hotline on 1800 117 092 and our dedicated case management team will ensure you get the medical advice and guidance you need.

For more information on HIF Second Opinion, visit hif.com.au/secondopinion

Consultation with *Best Doctors'* network led to a change in diagnosis in 10% and improved treatment plans in 27% of Australian cases