Hospital Cover
GoldVital

Phone 1300 13 40 60

Visit hif.com.au/hospital

GoldVital is our lowest priced hospital cover for singles and couples. It covers treatment after an accident, intensive care and theatre fees, plus other essential services, such as surgery to remove your tonsils, adenoids, appendix and wisdom teeth. This level of cover also allows you to avoid the Government's Medicare Levy Surcharge (MLS) if you're likely to earn over $90,000 next year as a single, or $180,000+ as a couple.

What's covered?

With GoldVital, you're covered for:

- ✓ *Emergency treatment in hospital resulting from an accidental injury*
- ✓ *Hospital accommodation and theatre fees for the surgical removal of wisdom teeth* *
- ✓ *Surgical removal of appendix*
- ✓ *Removal of tonsils and adenoids*
- ✓ *Minor (same-day) gynaecological procedures* ^
- ✓ *Joint reconstruction and investigation*

Also included:

- ✓ *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.

What is an 'accidental injury'?

For the purposes of this policy, an accident is an unforeseen event, occurring by chance and caused by an external force or object which results in an injury to the body requiring immediate medical treatment in hospital within 24 hours of the accident. If you have an accident that requires immediate medical treatment and then require further hospital treatment as an admitted patient (or inpatient), you must be re-admitted to hospital within 90 days of the initial hospital treatment.

* *Please note: You'll need to hold a suitable level of Extras Cover in order to claim a benefit towards the dentist fees.*

^ *Benefits will be paid for same-day procedures only for minor gynaecological procedures. Minor gynaecological procedures include items such as the 'Removal of cervical polyp or polypi'- (MBS item number 35611) or 'Hysteroscopy with dilation' - (MBS item number 35627). Important, please note: Major surgery items or procedures requiring overnight admission are excluded. To confirm the applicable benefits payable prior to hospital admission, please contact us.*

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.

What about restrictions and exclusions?

GoldVital provides basic cover – you're only covered for the services listed above. There's more information about restrictions and what's not covered over the page.

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.

Standard excess

Excesses apply to all hospital treatments, but the per-person excess is only paid once per calendar year, up to the maximum of $500 for a single membership and $1,000 for couples.

This information is correct as at 01/09/17

What's not covered

GoldVital provides basic cover for a limited range of vital medical services and emergency treatment following an accidental injury. All other non-emergency and hospital care services are excluded.

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.

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.

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:

- *Treatment received as the result of an accident:* ***1 day***
- *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***

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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