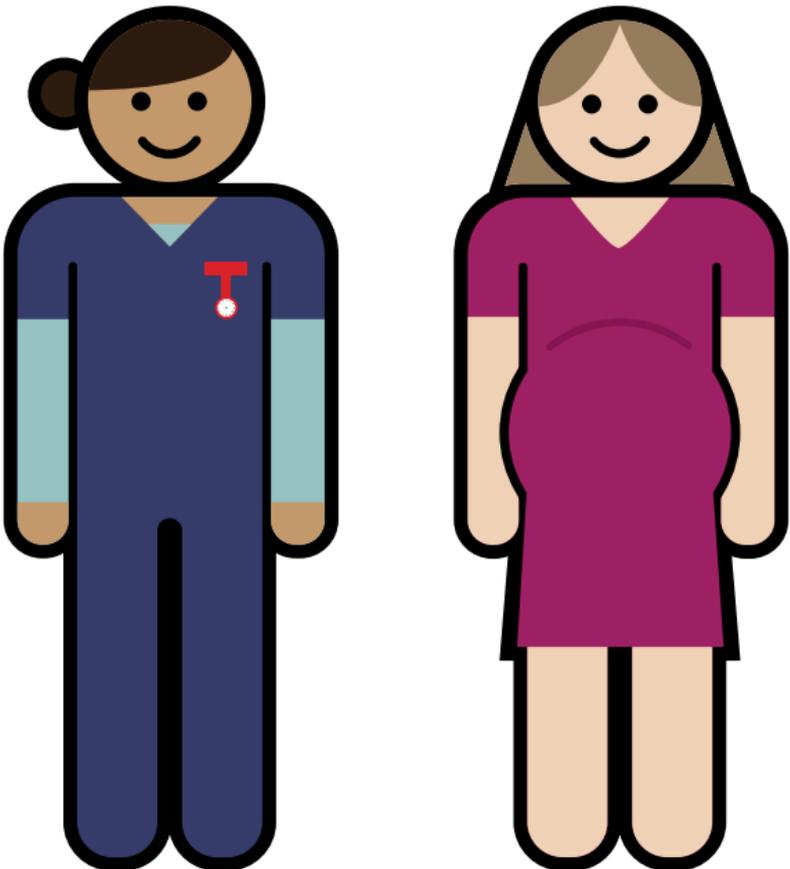


# What to expect when you're expecting.

Frequently asked questions about  
maternity and obstetrics cover at TUH.



# Congratulations!

Adding a new member to your family is exciting, but can raise many questions about your health cover. If this is your first pregnancy, you may need to look at your current health insurance policy to make sure it suits the needs of your growing family. Following is a summary of common questions that we receive from prospective parents.

## What maternity services am I covered for?

**Hospital.** Depending on your cover you're fully covered for accommodation, theatre and labour ward charges at our contracted hospitals (search function at [tuh.com.au](http://tuh.com.au)) or a public hospital. Restrictions and exclusions apply to some covers, (see page 5 or refer to your product brochure). Services provided in hospital by other medical practitioners are generally included in your hospital fees.

You will be out-of-pocket for incidental services such as medications not directly related to your hospitalisation, phone calls, meals for your partner and television hire.

**Inpatient medical services.** These include services provided by your obstetrician (exclusions apply to some covers), gynaecologist, anaesthetist etc., while you are admitted into hospital. Medicare pays 75% of the Medicare Benefits Schedule (MBS) fee and we pay the remaining 25%. If you are charged more than the schedule fee, you will be out-of-pocket for this additional amount unless the practitioner bills you under Access Gap Cover (see page 3).

## Are there any waiting periods?

There is a twelve month waiting period on all pregnancy and pregnancy related services for new memberships and upgrades. This includes transfers from another fund, if these services were not included on the previous cover, or waiting periods were not served.

## Will I have to pay an excess?

Depending on your cover you may have to pay an excess when you are admitted into hospital. See your product brochure for details.

## **How can Access Gap Cover help reduce my out-of-pocket expenses?**

Access Gap Cover allows patients with hospital cover to eliminate or reduce out-of-pocket expenses charged above the MBS fee for private hospital services.

Participation in the scheme is entirely the personal choice of the medical practitioners who'll provide services to you while you're an inpatient. If the doctor bills you under Access Gap Cover, they will provide you with written advice of costs involved and how much you'll be out-of-pocket, if at all. If your doctor doesn't participate in Access Gap Cover, you should ask if they charge more than the Medicare schedule fee.

## **What about visits before or after I'm hospitalised?**

Due to legislation we are unable to pay any expenses relating to visits to your obstetrician, gynaecologist or other doctors (including scans and doctor's management fees) either before you are hospitalised or after you are discharged. Medicare will usually pay a benefit on these services.

## **How long can I stay in hospital after the birth of my baby?**

Our contracted hospitals set out a standard length of stay for each type of hospitalisation, which may vary between hospitals. Just check with the hospital you are attending. If you need to stay longer for valid medical reasons, we will pay benefits for your accommodation.

## **Will my baby be covered if they need to be hospitalised?**

If you have a single parent or family policy, the baby will be covered from birth.

Newborn babies added to an existing policy will be deemed to have already served the waiting periods served by the adult member with the longest period of cover.

If you're on a couples or single policy you must transfer to family or single parent membership within three months of the baby's birth and ensure that the additional premium is paid from the date of the baby's birth.

Remember to contact us to add the baby to your policy.

## **Am I covered for multiple births?**

Hospitals charge an accommodation fee for the second and subsequent babies and we will pay a benefit for these admissions.

## **Am I covered for home births?**

As you are not admitted into hospital, home births are not included under your hospital cover. Some levels of extras cover provide a benefit for pre-natal consultations with a registered midwife in private practice. See your product brochure for details.

## **Am I covered for paediatrician fees?**

Normally your baby is not admitted as an inpatient at the time of birth. Therefore we are unable to pay benefits for paediatricians including the pre-release checkup or other medical services while your baby is in hospital with you. If there is a medical reason for your baby to be admitted as an inpatient at the time of birth, you can claim benefits for any services, including paediatrics while your baby is admitted. We do not pay a benefit for visits to the paediatrician after discharge. Medicare will usually pay a benefit on these services.

## **Can I claim for ante and postnatal physiotherapy?**

Depending on your cover (see page 5) you can access a benefit for ante or postnatal classes, which are conducted by a registered physiotherapist in private practice.

## **Can I claim for childbirth education classes?**

Depending on your cover, childbirth education classes may attract a benefit from the Health and Wellbeing benefit (see table on page 5). Many private and public hospitals run these classes.

## **My daughter is pregnant and she is a dependant on my membership. Is she covered?**

Your daughter will be covered for obstetric benefits as outlined above, provided she has served the appropriate waiting periods on your cover. However, your daughter's baby will not be eligible for benefits under your cover.

Should your daughter wish to have her baby covered from the date of birth, she must transfer to family or single parent membership in her own name within three months of the baby's birth and ensure that the additional premium is paid from the date of the baby's birth.

**Please read this flyer in conjunction with the product brochure that applies to your cover and the Important Information Guide - both are available on [tuh.com.au](http://tuh.com.au) or by contacting us.**

## Hospital cover comparison for pregnancy related services

Cover	Service	
	Obstetrics (Pregnancy and birth related treatment)	Assisted reproductive services
Ultimate Choice	✓	✓
Easy Choice	✓	✓
Young Choice	X	X
Active Choice	Restricted <sup>†</sup>	X
Total Care Hospital	✓	✓
Mid Range Hospital	Restricted <sup>†</sup>	X
Budget Hospital	X	X

<sup>†</sup>We will pay the default benefit for hospital accommodation as determined by the Government for restricted services.

## Extras cover comparison for pregnancy related services

Cover	Service			
	Ante and postnatal physiotherapy	Childbirth education classes	Midwife services*	Home nursing and lactation nurse
Ultimate Choice	✓	✓	✓	✓
Easy Choice	✓	✓	X	X
Active Choice	✓	✓	X	X
Young Choice	X	X	X	X
Comprehensive Extras	✓	✓	✓	✓
Healthy Options (60%) Extras	✓	✓	X	X
Family Extras	✓	✓	✓	✓
Mid Range Extras	✓	✓	X	X
Basic Extras	✓	X	X	X

\*Outpatient not covered by Medicare



Have more questions about pregnancy cover? Give us a call and we'll work through it together.

 **1300 360 701**  
Monday to Thursday 8am to 7pm  
Friday 8am to 5pm

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 [tuh.com.au](http://tuh.com.au)

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