

Hospital Cover

Total Care Hospital Budget Hospital



Effective 3 October 2017

Please carefully read and retain this brochure.
Please read in conjunction with the Important Information Guide.
Information in this brochure is correct at time of printing, and may be subject to change.

All together better.

Waiting periods

Waiting periods apply if you are new to private health insurance, if you have not had cover for more than 60 days or if you are upgrading to a higher level of cover. If you have transferred from another health fund on a comparable level of cover and have served waiting periods you will be able to claim straight away.

Immediate cover

- Accidents

2 Months

- All hospital and general services (unless specified otherwise)
- Palliative care
- Psychiatric services¹
- Rehabilitation
- Home care programs²

6 Months

- Disease management programs

12 Months

- Obstetrics (pregnancy and birth related treatment)
- Pre-existing conditions (excluding palliative care, psychiatric services and rehabilitation)

Total Care Hospital

Total Care Hospital gives you premium hospital cover in the event of a planned procedure or for an accident. There are no exclusions or restrictions on conditions eligible for Medicare benefits. TUH offers you a choice of having Total Care Hospital without or with an excess.

- No excess
- \$300 excess per adult on the policy
- \$500 excess per adult on the policy

Our hospital covers provide hospital benefits at the contracted rate, for medically necessary treatments that are eligible for a Medicare benefit.

Includes:

- Private room (when available) or shared overnight accommodation
- Intensive care
- Theatre fees
- Same day accommodation
- Coronary care
- Surgically implanted prostheses (industry approved)
- Hospital medication charges as per our hospital contract
- Pharmaceutical Benefit Scheme (PBS) co-payment where a hospital medication is related to your hospital treatment
- Your choice of doctor or specialist
- Medical Gap Cover (for inpatient medical services)
- Access Gap³

For hospitals TUH does not have a contract with, default benefits will apply.

No benefit is payable for hospital procedures that are not listed in the Medicare Benefit Schedule and/or do not meet the eligibility criteria for the payment of Medicare benefits.⁴

Any excess applicable to your cover will be charged even where a default benefit only is paid.

TUH may also provide benefits for alternatives to hospital treatment (see home care programs on tuh.com.au for details).

Please refer to the Important Information Guide for more information.

Excess

By paying an excess towards the cost of your in-patient hospital services the amount of annual premium you pay is reduced.

The excess is paid on admission into hospital, and only applies once per adult on the policy in any calendar year, regardless of how many times they are admitted into hospital or a day facility. **The excess does not apply to dependent children, including full-time students and extended dependants.**

Benefit Limitation Period (BLP)

A benefit limitation period of the first 24 months of membership applies for members who are new to private health insurance and those upgrading from a hospital cover which excludes or restricts benefits for the below services.

Total Care Hospital (no excess or \$300 excess)

- Psychiatric services
- Gastric banding and bariatric/obesity surgery, including reversal

Total Care Hospital (\$500 excess)

- Psychiatric services
- Gastric banding and bariatric/obesity surgery, including reversal
- Obstetrics (pregnancy and birth-related treatment)
- Newborn/neonatal care

During the BLP, we pay the public hospital default benefits as per the law, which means you may have significant out-of-pocket costs to pay for the treatment. Waiting periods still apply for services with a BLP. For example, after serving the 2 months waiting period for psychiatric services, your benefit will be limited to a default benefit for the following 22 months. After 24 months, you are entitled to the full benefit claimable for the treatment.

Budget Hospital

Budget Hospital is our basic hospital cover with restrictions and exclusions as below.

Restrictions

- Psychiatric services
- Rehabilitation
- Surgery by podiatrist
- Plastic and reconstructive surgery

Exclusions

- Infertility investigations, assisted reproductive services
- Sterility reversals
- Obstetrics (pregnancy and birth related treatment)
- Labour ward
- Hip, knee and joint replacements
- Eye surgery — cataracts and eyelens procedures
- Glaucoma and macular degeneration treatment
- Dialysis for chronic renal failure
- Gastric banding and bariatric/obesity surgery, including reversal
- Newborn/neo natal care
- Spinal surgery¹ (except as the result of an accident)
- Cochlear implants, related admissions and replacements
- Insulin pumps, related admissions and replacements
- Robotic surgery

Excess

\$250 excess per adult on the policy

Our hospital covers provide hospital benefits at the contracted rate, for medically necessary treatments that are eligible for a Medicare benefit.

Includes:

- Private room (when available) or shared overnight accommodation
- Intensive care
- Theatre fees
- Same day accommodation
- Coronary care
- Surgically implanted prostheses (industry approved)
- Hospital medication charges as per our hospital contract
- Pharmaceutical Benefit Scheme (PBS) co-payment where a hospital medication is related to your hospital treatment
- Your choice of doctor or specialist
- Medical Gap Cover (for inpatient medical services)
- Access Gap²

For hospitals TUH does not have a contract with, default benefits will apply.

No benefit is payable for hospital procedures that are not listed in the Medicare Benefit Schedule and/or do not meet the eligibility criteria for the payment of Medicare benefits.³

Any excess applicable to your cover will be charged even where a default benefit only is paid.

TUH may also provide benefits for alternatives to hospital treatment (see home care programs on tuh.com.au for details).

Please refer to the Important Information Guide for more information.

Excess

By paying an excess towards the cost of your in-patient hospital services the amount of annual premium you pay is reduced.

The excess is paid on admission into hospital, and only applies once per adult on the policy in any calendar year, regardless of how many times they are admitted into hospital or a day facility. **The excess does not apply to dependent children, including full-time students and extended dependants.**

Restrictions

For services listed as restrictions we will pay the default benefit for accommodation as determined by the Government.

The default benefit covers the cost of:

- a. Shared accommodation at a public hospital; or
- b. A reduced level of accommodation benefits; plus
- c. Surgically implanted prostheses – we will cover the full cost of any no gap prostheses and the minimum benefit for gap permitted prostheses.

The default benefit does not cover theatre or labour ward fees.

Exclusions

For services listed as exclusions no benefit is payable, including for accommodation and medical fees.

1. Benefit limitation period of 24 months applies for Total Care Hospital, please refer to Important Information Guide.

2. Visit tuh.com.au for more information.

3. Access gap is an agreement between you and your doctor where you may have no or reduced out-of-pocket to pay for your medical service.

4. Subject to TUH paying benefits as required by legislation.



438 St Pauls Terrace
Fortitude Valley
Queensland 4006
PO Box 265
Fortitude Valley
Queensland 4006
Phone: 1300 360 701
Email: enquiries@tuh.com.au

For more information about:

- Products and services
- Government initiatives
- Privacy Policy
- Complaints process
- Private Health Insurance Code of Conduct
- Fund Rules

... please visit tuh.com.au
or contact us on 1300 360 701.