



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 an exciting time in your life. It's a time of great change, so it's only natural that you'll have lots of questions. And some of those questions might be about your health cover.

We hope this list answers all your questions about maternity and obstetrics cover at TUH. But if it doesn't, you can always contact us on 1300 360 701 or enquiries@tuh.com.au.

Will I need a new policy?

That depends on your selected level of hospital and extras cover, so we recommend you review your current policy. Check you're covered for the treatments and services you may need, and whether your cover suits your growing family.

What maternity services am I covered for?

If your hospital cover includes pregnancy and birth-related services, with no restrictions or exclusions, you're fully covered for:

- accommodation charges
- theatre charges
- labour ward charges

when you are admitted as a private patient to any of our [contracted hospitals](#) or a public hospital.

Check the table to the right to see which restrictions and exclusions apply to your cover, or refer to your product guide.

Inpatient medical services provided by your obstetrician, gynaecologist, anaesthetist, or other specialist medical practitioner are covered when you are admitted to hospital, except where exclusions apply. You may be out-of-pocket for pathology and radiology. You will be out-of-pocket for any incidentals. This includes phone calls, meals for your partner, and television hire, as well as any medications not directly related to your hospitalisation.

Medicare pays 75% of the [Medicare Benefits Schedule](#) (MBS) fee for eligible inpatient services, and we pay the remaining 25%. If you are charged more than the MBS fee, you will be out of pocket for this additional amount unless billed under Access Gap Cover.

Do any waiting periods apply?

There is a twelve-month waiting period for all pregnancy and birth-related services if you are:

- joining TUH as a new member
- upgrading your existing policy with TUH
- transferring from another fund, unless you already served the full waiting period for these services under your previous cover.

Will I need to pay an excess?

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

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

Access Gap Cover eliminates or reduces the out-of-pocket expenses you incur if your doctor charges above the [Medicare Benefits Schedule](#) (MBS) fee for eligible inpatient services on your hospital cover.

Hospital cover comparison

Cover	Treatments & services	
	Pregnancy and birth-related	Assisted reproductive
Gold Ultimate Choice	✓	✓
Gold Easy Choice	✓	✓
Silver+ Active Choice	×	×
Bronze+ Young Choice	×	×
Gold Hospital	✓	✓
Silver+ Family Hospital	✓	✓
Silver+ No Pregnancy Hospital	×	×
Silver+ Mid Range Hospital	×	×
Bronze+ Budget Hospital	×	×

Doctors who choose to participate in the scheme will write to advise you of your treatment costs and how much you will 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 MBS fee before you are admitted for treatment.

What about visits before or after I'm hospitalised?

Current legislation prevents us from paying any benefits for appointments with your obstetrician, gynaecologist, or other specialist, including scans and doctors' management fees except while you are a hospital inpatient. Medicare will usually pay a benefit for these services.

How long can I stay in hospital after giving birth?

Each of our contracted hospitals defines its own standard length of stay for admission to give birth, so please check directly with the hospital. If your stay is extended for a valid medical reason, we will pay accommodation benefits.

Is my baby covered by my hospital policy?

Children are covered under a single parent policy or family policy only.

If you already have one of these policies, your newborn child is immediately covered and deemed to have served the same waiting periods as the adult member with the longest period of cover. You'll need to contact us to add the baby to your policy.

If you're on a couples policy or single policy, you'll need to:

- transfer to a family policy or single parent policy within three months of your baby's birth
- pay the additional premium from the date of the baby's birth.

Am I covered for multiple births?

Congratulations! Your theatre charges and labour ward charges are already covered, and we will pay the hospital's additional accommodation charges for your second and subsequent babies.

Am I covered for home births?

We can only pay benefits under your hospital cover when you are admitted to hospital, so home births are not included.

However, depending upon the level of extras cover you've chosen, you may be eligible to receive benefits for some pregnancy and birth-related services, such as pre-natal consultations with a registered midwife in private practice. See your product guide for details.

Am I covered for paediatrician fees?

We hope your baby is born happy and healthy, and so long as that's the case, your newborn won't be admitted as an inpatient. We are therefore unable to pay benefits relating to paediatric services while your baby is in hospital with you, including any charges for the pre-release checkup.

However, if there is a medical reason for your baby to be admitted at the time of birth, you can claim benefits for pediatrics and other eligible services for the duration of your baby's stay in hospital.

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, you may be able to claim a benefit for ante or postnatal classes conducted by a registered physiotherapist in private practice. Check the table to the right to see if your cover qualifies.

Can I claim for childbirth education classes?

Many private and public hospitals run childbirth education classes. You may be able to claim a benefit for these if your cover includes the Health and Wellbeing benefit. Check the table to the right to see if you are eligible.

My daughter is a dependant on my membership. Is her pregnancy covered?

Your daughter is covered for all the obstetric benefits outlined above, depending upon your level of cover and provided she has served the appropriate waiting periods.

However, your daughter's baby will not be eligible for benefits under your cover.

To ensure her baby is covered from birth, your daughter will need to:

- transfer to family policy or single parent policy in her own name within three months of the baby's birth
- pay the additional premium from the date of the baby's birth.

We hope that we've answered all your questions with this FAQ, our Important Information Guide, and our product guide for your level of cover, but if you're still not sure, contact us and we'll be happy to help.

Extras cover comparison

Cover	Services			
	Ante and postnatal physio	Childbirth education classes	Midwife services	Home nursing & lactation nurse
Gold Ultimate Choice	✓	✓	✓	✓
Gold Easy Choice	✓	✓	✗	✗
Silver+ Active Choice	✓	✓	✗	✗
Bronze+ Young Choice	✗	✗	✗	✗
Comprehensive	✓	✓	✓	✓
Family	✓	✓	✓	✓
Healthy Options	✓	✓	✗	✗
Mid Range	✓	✓	✗	✗
Basic	✗	✗	✗	✗