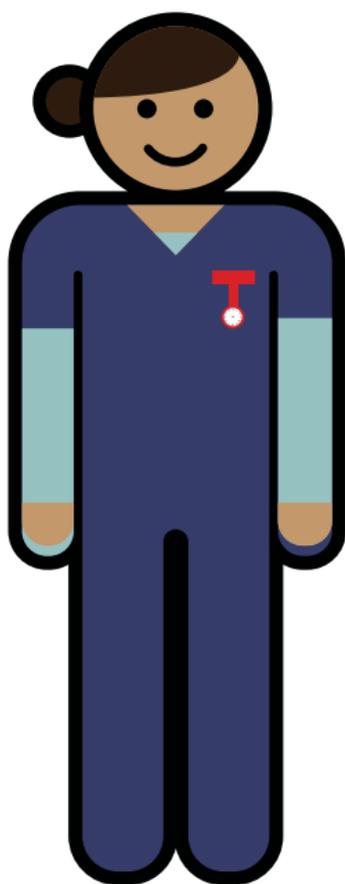
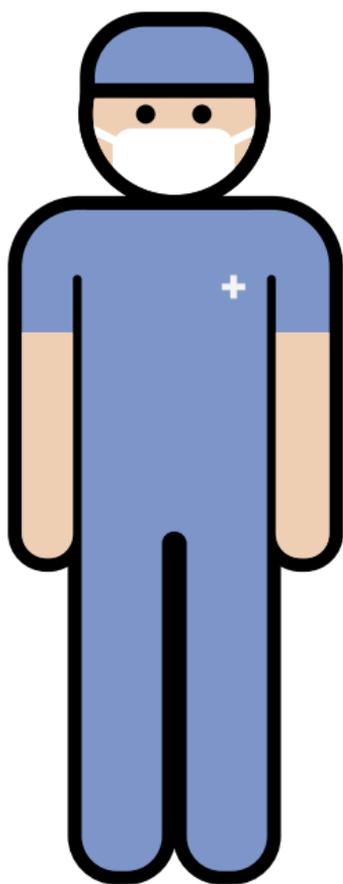


# Going into hospital?



## Going into hospital?

Being admitted into hospital can create uncertainty for you and your family. Private hospital cover is designed to give you peace of mind, but you may have questions about your entitlements. We've put together answers to some of our members' most commonly asked questions.

### What am I covered for?

**Hospital** - Depending on your level of cover you're fully covered for theatre and accommodation charges, intensive care, cardiac care, industry approved prostheses and hospital medication for most hospitalisations at our contracted hospitals or as a private patient in a public hospital. You can find a list of contracted hospitals on [tuh.com.au](http://tuh.com.au). remember to check this information each time you need to go into hospital, as the status of hospitals can change. You may not be fully covered for hospital stays in non-contracted hospitals.

Restrictions and exclusions on selected services may apply to some covers - these are outlined in the individual product brochure.

**Inpatient medical services** - These include services provided by your specialist, anaesthetist, pathologist, radiologist etc. while you're admitted into hospital. While medical fees may differ between providers, the Government sets a scheduled fee and Medicare benefit amount for services which are listed in the Medicare Benefits Schedule (MBS). Medicare pays 75% of the MBS fee and we pay the remaining 25%. Should your specialist charge more than the MBS fee for inpatient services, you'll need to pay the gap unless the practitioner bills you under Access Gap Cover to reduce this amount (see page 4).

Services provided in hospital by other professionals such as physiotherapists may be covered in the hospital contract - contact TUH to find out more.

If these services aren't covered in the contract, benefits may be claimable if you have the appropriate extras cover.

### **Are there hospitalisation services I'm NOT fully covered for?**

You're not covered for consultations with doctors or specialists prior to any hospitalisation or after you are discharged. Medicare will pay a percentage of the schedule fee in these cases. Visits to public or private hospital emergency departments are not covered by private health insurance.

You are not covered for procedures performed for non-medically necessary reasons, such as "cosmetic surgery". Most covers include plastic and reconstructive or elective surgery, for which we will pay if your doctor and Medicare deem it medically necessary.

Some incidental services, such as medications not directly related to the reason for your hospitalisation, may also not be covered.

### **Do I need to advise TUH that I'm going into hospital?**

We recommend that you do, wherever possible, as we can advise you of the status of the hospital you are going to, your entitlements under your cover, and register you for our home care programs where relevant.

### **What if I'm still serving waiting periods?**

You're covered immediately if you need to be hospitalised due to an accident that occurs after you have joined TUH unless the costs are claimable from a third party.

For all other hospitalisations, you'll need to serve the full waiting period for the condition before any benefit is paid. If it's a pre-existing condition, the waiting period is twelve months (excluding palliative care, psychiatric services and rehabilitation).

For some covers a twelve-month benefit limitation period (BLP) applies to psychiatric services for members who are new to private health insurance, upgrading a TUH cover, or transferring from other funds with hospital cover which pays restricted benefits for private hospital accommodation related to psychiatric

services. 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 two months waiting period, your psychiatric benefit will be limited to a default benefit for the following ten months.

Waiting periods also apply to upgrades of cover or transfers from another health fund, if you weren't previously covered for that condition. Benefits for hospitalisations which take place in the first two months after the upgrade or transfer are paid at the previous rate of hospital cover.

### **Am I covered for day surgery?**

Yes. Many of the services which once required an overnight or extended stay can now be performed as day surgery. You're fully covered for theatre or accommodation relating to day stays in contracted hospitals or as a private patient in a public hospital, providing Medicare is paying benefits towards the associated doctors' bills and you have served your waiting periods. If your cover has an excess, this is the same as for an overnight hospitalisation.

### **Am I covered for medical services provided in the doctor's rooms or clinic?**

No. Some simple procedures which were formerly carried out in hospital can now be performed in the doctor's surgery. As you are not an inpatient when undergoing these procedures, TUH is unable to pay any benefits towards the doctor's fees. Medicare will pay a percentage of the schedule fee for these services.

### **What is Access Gap Cover?**

Access Gap Cover is an agreement between doctors and Australian Health Service Alliance (AHSA) health funds designed to cut down the out-of-pocket expenses you may incur for hospitalisation services. All TUH members with hospital cover are eligible for Access Gap Cover providing their doctor is willing to participate.

### **What will I have to pay?**

Before you receive your treatment as a private patient, you have the right to know what you're required to pay up front and to receive this information in writing. This

is called Informed Financial Consent. You should ask your doctor, TUH and your hospital about any out-of-pocket expenses you may have to pay.

### **Ask your treating doctor or specialist:**

- How much is your fee?
- Do you participate in Access Gap under AHSA?
- If I have to pay a gap, how much will that be?
- What if I can't afford to pay this gap?
- Which other doctors and medical staff will be involved in my treatment, eg. radiologist, anaesthetist, assistant, etc?
- How can I get information about their fees and if they participate in Access Gap under AHSA?
- Will I receive just one bill?
- Am I having a surgically implanted device or prosthesis? Will this be a Government approved device and therefore covered by TUH or will I have to pay a gap?
- What are the MBS item numbers for the procedure I am to have? (see "Ask TUH" section)

### **Ask TUH:**

- Does my policy cover me for this procedure or service (based on the MBS item numbers provided by your treating doctor)?
- Under my policy, do I have to pay an excess or any other charges? If so, how much?
- Will I have to pay extra for my hospital accommodation, my doctor's fees and those of anyone else involved with my treatment, or is it all covered under my policy?
- If I have to pay extra, when and to whom do I pay it?

### **Ask your hospital:**

- Does this hospital have any agreement with TUH?
- Will I have a gap to pay for my hospital accommodation?
- What else do I have to pay for out of my own pocket during my time in hospital?

## How do I pay my hospital and doctor's bills?

**Hospital** - In most cases, the hospital will bill TUH directly so you won't see their account. We'll send you an advice when the hospital bill has been paid on your behalf.

If your cover has an excess, this will need to be paid direct to the hospital. Many hospitals require you to pay the excess before or on admission.

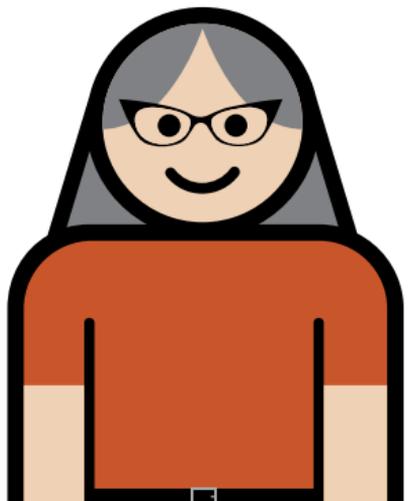
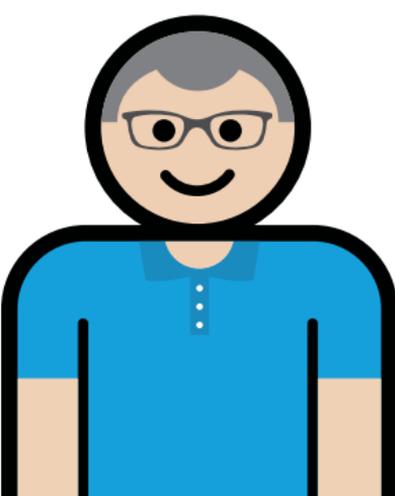
**Doctors** - Practitioners participating in Access Gap Cover will usually send their accounts to TUH and we pay them directly. In all other cases, we'll send the benefit cheque to you to pass to your doctor.

**Other medical practitioners'** accounts are normally sent to you personally. These should be submitted to Medicare before being sent to TUH or you can use a 2-way form, obtainable from Medicare. Medicare will either send these to TUH or provide you with a Statement of Benefits.

## Can TUH help with after-hospital care?

If you have hospital cover you are eligible to participate in a home care program providing your cover includes benefits for that treatment or procedure.

Our home care programs provide tailored treatment options to keep you out of hospital or help you make a speedy recovery at home after illness or an operation.



Contact us to find out more about home care programs.

**This information is a summary of the most common questions our members ask us. 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.**





Have more questions about your hospital stay? Give us a call and we'll work through it together.



**1300 360 701**

Monday to Thursday 8am to 7pm

Friday 8am to 5pm



**[enquiries@tuh.com.au](mailto:enquiries@tuh.com.au)**



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

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