

Some people want the perks of private without the price tag of top cover. They want good coverage, but they don't need everything. They're thinking about the future, but not starting a family.

For services not listed under 'What's not Covered' Better Hospital provides cover<sup>1</sup> for:

## What's Covered?

- ✓ Accidents (ones that need a hospital not a band aid)
- ✓ Accommodation<sup>2</sup> in a shared room in a public or participating private hospital
- ✓ Partial cover in a single room (a co-payment of \$100 per day capped at seven days per admission applies)<sup>3</sup>
- ✓ Same day treatment
- ✓ Medical Gap
- ✓ Cardiac surgery and coronary care (problems with your heart)
- ✓ Eye surgery (excluding Cataract Surgery)
- ✓ Intensive Care (1-on-1 care 24/7)
- ✓ Joint reconstruction
- ✓ Nursing home type patients
- ✓ Palliative care
- ✓ Rehabilitation
- ✓ Theatre (surgery costs, not Shakespeare)

## What's not Covered?

- X Cataract surgery
- X Delivery suite (for babies, not packages)
- X Gastric banding and all obesity surgeries (for weight loss)
- X IVF and related services
- X Joint replacement (e.g. hip)
- X Obstetrics (childbirth services)
- X Renal dialysis (for kidney disorders)
- X Cosmetic surgery that isn't medically necessary
- X Dental implants done in hospital

<sup>1</sup> Limited benefits may apply to cosmetic surgery and high cost drugs. Drugs purchased outside of the hospital are not included.

<sup>2</sup> Fixed benefits are payable in a non-participating private hospital. For a full list of participating hospitals [click here](#)

<sup>3</sup> Please note: Some private hospitals only have single rooms, this means the co-payment will apply.

<sup>4</sup> Benefits paid are no higher than the No Gap Government prescribed benefit



## Benefit Limitation Periods

A 24 month Benefit limitation period applies to the following services:

- Psychiatric

[Click here](#) to view more information in regards to [benefit limitation periods](#).



## Waiting periods

To see exactly how your waiting periods work [click here](#).

## Your Excess

All Frank's hospital covers have an excess.

The most you'll have to pay each year for excess for hospital visits is:

- \$500 for Singles
- \$1000 for Couples and Families.

If one person from a Couple or Family cover goes to hospital, they will have a maximum excess of \$500. It's only when more than one person from the cover is hospitalised that the maximum excess is \$1000.

[Learn more about excess in Frank University](#)



## Medical Gap cover

Franks Gap cover is a billing system that provides higher benefits than the scheduled fee, which will reduce or even eliminate your out of pocket costs for doctor or specialist fee's when treated in hospital.

You are eligible to receive the Gap cover if your doctor is registered for gap cover with Frank (we have over 14,000 doctors registered) and bills Frank directly. We will pay an additional 20% on top of the schedule fee when we receive bills this way

## What is the Schedule Fee?

The Federal Government has created a schedule of fees (Medicare Benefits Schedule) set for eligible services by doctors in a hospital or day surgery. Medicare pays 75% of this scheduled fee for in-patient medical treatments and Frank pays the other 25%, up to 100% of the Medical Benefit Schedule (MBS) fee.

For more information contact Frank on 1300 43 72 65.

## What is a Co-payment?

Better Hospital covers you for shared hospital accommodation, in public and participating private hospitals. If you don't like the idea of a shared room, or will be in hospital for a while, you have the option of paying \$100 per night up to a max of 7 nights to have a single room (if the hospital has one available of course!)



## Are there times when Frank won't pay?

If you can claim from someone else you can't claim through Frank (think workers compensation) For a full list of the reasons Frank may not be able to pay on a hospital or medical claim [click here](#).

## How do I claim after going into Hospital?

1

There are typically two accounts that need to be settled after being admitted into hospital, the hospital account and the medical account. Here's how it all works:

The Hospital needs to bill Frank to get the ball rolling, without the hospital account Frank can't prove you were admitted to hospital and can't pay any of the other accounts.

2

The hospital will usually electronically bill Frank (we like this) They may send it in through the mail (This can take a little while) after Frank has received this we will pay out our benefit if you're entitled to one.

If the hospital sends you an account, you should ask the hospital if they have also sent the account on to Frank. There are a bunch of technical notes that our processing team can only get from the hospital.

3

After we have the hospital account we can pay on any eligible medical accounts. Frank prefers it if your doctor bills us electronically because it saves time and trees (and we can pay a bit more towards your bills! Refer to Medical Gap cover above), some doctors can't do this and may give you an invoice to take into Medicare.

If your doctor gives you a bill, pay this and then take it into Medicare. Complete a Medicare claim form and a two way claim form to claim back 75% of the Schedule fee. Medicare will then forward the claim to Frank and we pay 25% of the Schedule fee into your bank account. Anything not covered by Frank and Medicare is your out of pocket expense.

4

If you can't pay the bill in full (you will have to discuss this with the doctor/specialist), you can take it into Medicare and complete the same process (two way claim) After Frank and Medicare have paid our benefits, you will pay any out of pocket cost to the doctor/specialist.

What's the moral to this story? Ask your doctor/specialist if they can bill Frank directly, it saves time and means more money for you! (The official term is Medigap, they will know what this means)

