

Some people want to be covered, but they don't want to pay top dollar. They're not hung up on the star treatment, just as long as they have options. Frank gets that, Basic hospital covers you for a range of treatments in a public hospital.

Here's a list of what's covered and what's not covered under Franks Basic Some Private cover:

## What's covered in a Public Hospital?

- ✓ Same day treatment
- ✓ Medical Gap<sup>2</sup>
- ✓ Cardiac surgery and coronary care (problems with your heart)
- ✓ Eye surgery
- ✓ Intensive Care (1-on-1 care 24/7)
- ✓ Nursing home type patients
- ✓ Palliative care
- ✓ Psychiatric care
- ✓ Rehabilitation
- ✓ Theatre (surgery costs, not Shakespeare)
- ✓ Surgically implanted prostheses (Government prescribed benefits)<sup>3</sup>

## What's covered in both a Public & Private Hospital?<sup>1</sup>

- ✓ Accidents (ones that need a hospital not a band aid)
- ✓ Appendix Removal
- ✓ Colonoscopies
- ✓ Surgical Tooth Extraction
- ✓ Gastrosopies
- ✓ Grommets in Ears
- ✓ Dilatation and Curettage (D&C)
- ✓ Laparoscopy
- ✓ Hysteroscopy
- ✓ Some minor cervical procedure
- ✓ Hernia Repair
- ✓ Joint Investigations & Reconstructions
- ✓ Tonsil & Adenoid Removal

## What's Not Covered?

- ✗ Gastric banding and all obesity surgeries (for weight loss)
- ✗ Renal dialysis (for kidney disorders)
- ✗ Cosmetic surgery that isn't medically necessary<sup>4</sup>
- ✗ Accommodation in a private hospital
- ✗ Accommodation in a private room

## Waiting periods

For more information on waiting periods and how they work [Click Here](#).

## Excess

All Frank's hospital covers have an excess. The most you'll have to pay for hospital visits in a calendar year is:

- \$500 for singles
- \$1000 for couples and families.

This means, 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. To

learn more about excesses [visit Frank University](#).

1. Fixed benefits are payable in a non-participating private hospital. For a full list of participating hospitals [click here](#).
2. Medical Gap cover means less out of pocket if your doctor gap bills. This is further explained on the next page under Medical Gap cover.
3. Benefits paid are no higher than the No Gap Government prescribed benefit.
4. Limited benefits may apply to cosmetic surgery and high cost drugs. Drugs purchased outside of the hospital are not included.



**Important:** If you need cover in a private hospital for more than the procedures listed, you may want to consider our Better Hospital cover instead.



### 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.**

simple



### 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?

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

1

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

2

The hospital will usually electronically bill Frank. They may send it in through the mail (this can take a little while) after Frank has received this we will pay out your 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 the benefits to your doctor, you will need to pay any remaining out of pocket costs to your doctor.

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).

