

Looking for a cover that offers peace of mind? Best Hospital (no Pregnancy) has all the same benefits as Frank's Best Hospital (with Pregnancy) but excludes pregnancy and IVF related services. People who want cover for pregnancy will pay a little bit more for their cover than those that don't. Frank knows that no one likes paying for things they don't want.

Here's a list of what's covered and what's not covered under Frank's Best Hospital (no Pregnancy):

What's Covered?

- ✓ Accidents (ones that need a hospital not a band aid)
- ✓ Accommodation in a private room in a public or participating private hospital¹
- ✓ Same day treatment
- ✓ Medical Gap Cover²
- ✓ Cardiac surgery and coronary care (problems with your heart)
- ✓ Eye surgery
- ✓ Intensive Care (1-on-1 care 24/7)
- ✓ Joint reconstruction
- ✓ Nursing home type patients
- ✓ Palliative care
- ✓ Rehabilitation
- ✓ Cataract surgery
- ✓ Joint replacement (e.g. hip)
- ✓ Best Doctors Program
- ✓ Theatre (surgery costs, not Shakespeare)
- ✓ Surgically implanted prostheses (Government prescribed benefits)³

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.

What's not Covered?

- ✗ Obstetrics (childbirth services)
- ✗ Delivery suite (for babies, not packages)
- ✗ IVF and related services
- ✗ Cosmetic surgery that isn't medically necessary⁴
- ✗ Medical treatment not associated with a hospital admission (such as a visit to your GP)

Waiting periods

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

Benefit Limitation Periods

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

- Psychiatric
- Gastric banding and all obesity surgeries
- Renal dialysis

[Click here](#) for more information on benefit limitation periods.

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](#).

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](#).



Medical Gap cover

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.

Frank's 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 Medical 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.

For more information contact Frank on **1300 43 72 65**.



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).

Best Hospital means access to Best Doctors

Frank knows that being diagnosed with a medical condition can be stressful and confusing. Best Hospital cover is Frank's only hospital cover that gives you access to the Best Doctors program, where you can get a second opinion on your health condition from a global network of medical specialists.

To learn more about the Best Doctors Program [click here](#).

This cover excludes Pregnancy. What does that mean?

This cover does not pay benefits towards Obstetrics, IVF or pregnancy related services. So if you were to be admitted as an inpatient to hospital for any of these services Frank would not pay any benefits to you.

Frank cannot pay benefits for any outpatient services such as consultations with your doctors or any planning and management fees. Your hospital account will be billed directly to you and all medical expenses will be out of pocket expenses.

If you require cover for Pregnancy then you need Franks **Best Hospital (with Pregnancy)**.

