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THANKS FOR COMPARING HEALTH INSURANCE

It's a good idea to read through the following pages to learn more about this policy. If you have any questions or need more information, chat with one of our health insurance specialists by calling **1800 46 29 55**.

On the other hand, if you're ready to buy, here's what you need to do:

1. Review the enclosed policy brochure to ensure it meets your health insurance needs
2. Buy direct at **comparethemarket.com.au**; or
3. Call **1800 46 29 55** to speak to one of our Health Insurance Specialists

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getting muddle with
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It is much appreciate!



Need assistance?
Call **1800 46 29 55**

Cover at a glance

Basic Hospital



Basic Hospital is our lowest level of Hospital cover, providing cover for four key services in a private hospital and your choice of doctor in a public hospital. Our Basic Hospital product has a \$300 excess. Basic Hospital cover does not allow you to avoid public hospital waiting lists.

For the well-being of teachers & their families.

| Services covered in an Agreement Private Hospital | Restricted services – you are only covered in a shared room of a public hospital |
|--|--|
| <ul style="list-style-type: none"> ✓ Removal of tonsils and adenoids ✓ Knee and shoulder investigations and reconstructions ✓ Appendicitis treatment ✓ Hernias ✓ Removal of wisdom teeth* | <ul style="list-style-type: none"> • All other services where a Medicare benefit is payable |

Hospital benefits

- ✓ **Accommodation** in a private (where available) or shared room in a public and Agreement Private Hospital - depending on the type of service received (see above for details).
- ✓ **Doctor or specialist fees** for services provided in a hospital, as an admitted patient.
- ✓ **Access Gap Cover** if your doctor or specialist charges you under this scheme, your out-of-pocket expenses will be reduced or eliminated.
- ✓ **Emergency Ambulance Transport** for an accident or medical emergency by approved ambulance providers.

This excess is payable to the public or private hospital, upon admission.

Which services/ items may attract out-of-pocket expenses?

- If your doctor or specialist charges above the Medicare Benefits Schedule (MBS) fee, you will be required to pay the difference. **You should always ask your doctor if they will provide treatment under Access Gap Cover**
- Services received at a **non-Agreement Private Hospital**
- Any **pharmaceuticals** not covered by agreements including some high cost items not covered under the Government Pharmaceuticals Benefit Scheme (PBS)
- Some **urgically implanted prostheses**.
- Optional add-ons during your stay in a hospital including telephone charges, TV hire, internet usage and any other items of a non-medical nature.

What's not covered?

- Services that are not covered by Medicare, including cosmetic surgery (to enhance appearance).
- Hospital services received within waiting periods.
- Out-of-hospital medical expenses, such as doctors' and specialists' appointments, blood tests and scans.
- Services claimed over 24 months after the service date.

Excess

You will be required to pay a \$300 excess when admitted to hospital. This excess is paid once per person, per calendar year to a maximum of twice per membership, for couple and family memberships per year.

*Cover for the removal of wisdom teeth includes hospital charges only. Dental charges are only payable with Top Extras cover. Please contact us for details.

Phone 1300 728 188
Fax 1300 728 388
info@teachershealth.com.au

Postal Address:
GPO Box 9812
Sydney NSW 2001

Locations:
35 Reservoir Street
Surry Hills NSW 2010

68 Macquarie Street
Parramatta NSW 2150

142 Beaumont Street
Hamilton NSW 2303

52 Bridge Road
Richmond VIC 3121

teachershealth.com.au

Teachers Federation Health Ltd ABN 86 097 030 414 trading as Teachers Health Fund. A Registered Private Health Insurer.

THF-CS-SP-09/13

Understanding Basic Hospital

Important Information

Prior to treatment in a private hospital

1. Contact us to :

- Ensure you are covered for the treatment / surgery and to check if any waiting periods apply
- Check if your hospital of choice has an agreement with us.

2. Obtain a quote from your treating doctor or specialist.

Ask your doctor or specialist:

- If they will bill you as an Access Gap Cover patient, as this may reduce or eliminate your out-of-pocket expenses
- For Informed Financial Consent so you are aware of any doctor or specialist-related out-of-pocket expenses including anaesthetist or assistant surgeon's fees.

Waiting periods

| Hospital waiting periods | Calendar months |
|---|-----------------|
| Pre-existing conditions | 12 months |
| Pregnancy and birth related services | 9 months |
| Psychiatric treatment, rehabilitation and palliative care | 2 months |
| All other hospital services | 2 months |
| Emergency Ambulance transport | 1 day |

This sheet provides an overview of the main rules and conditions associated with this cover. You are encouraged to contact Teachers Health Fund on 1300 728 188 if you have any questions regarding this cover, prior to making a purchasing decision. Policyholders are subject to the rules and conditions of Teachers Health Fund as well as applicable government legislation and rules. Benefits, rules and conditions are subject to change. This sheet should be read carefully and retained. Teachers Health Fund is a signatory to the Private Health Insurance Code of Conduct.

Descriptions

Agreement Private Hospital

An Agreement Private Hospital is a national network of participating private and same day hospitals with accommodation and theatre arrangements, specifically negotiated for members of Teachers Health Fund. If you choose a hospital that does not have an agreement in place, you may incur significant out-of-pocket expenses. Over 90% of Australian hospitals and day surgeries have an agreement with Teachers Health Fund.

[Check if your hospital holds an agreement with Teachers Health Fund.](#)

Access Gap Cover

Access Gap Cover is a billing scheme that aims to reduce or eliminate your out-of-pocket expenses for doctors and specialist services received in hospital.

You can search for a list of doctors and specialists who have utilised Access Gap Cover in the past [via the Access Gap Cover search.](#)

However, this does not guarantee that they will agree to apply this scheme to every patient. It pays to always ask.

Pre-existing conditions

A pre-existing condition is an illness, ailment or condition where the signs or symptoms existed at any time during the six months before taking out private health insurance or transferring to a higher level of cover. This rule applies to new members to private health insurance and existing members who are upgrading their level of cover.

If you are a new member to private health insurance you will have to wait 12 months before you can receive benefits for items or services related to a pre-existing condition.

If you change to a higher level of cover, you may have to wait 12 months to receive benefits, including benefits for services not previously covered.

A 12 month waiting period applies to all pre-existing conditions except pregnancy and birth related services (nine month waiting period) and psychiatric, palliative care and rehabilitation (two month waiting period).

[For more information about Basic Hospital.](#)





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So whether you're looking for car insurance, home and contents insurance or perhaps a better deal on your energy bill, compare with us. Visit our website for more information.

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