

Cover at a glance

Top Hospital



Top Hospital is our most comprehensive Hospital product, giving you the peace of mind needed if the unexpected was to occur.

What's covered?

- ✓ **Accommodation** in a private (when available) or shared room in a public and Agreement Private Hospital.
- ✓ **Theatre and labour ward fees** in a public and private hospital.
- ✓ **Doctor or specialist schedule 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.
- ✓ **Hospital services** that are covered by Medicare, including pregnancy and hip and knee replacements.
- ✓ **Emergency Ambulance Transport** for an accident or medical emergency by approved ambulance providers.

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

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.

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 **surgically 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.

Excess

Top Hospital is available with no excess, a \$300 excess or a \$500 excess. You will be required to pay the relevant excess when admitted to a private hospital. This excess is paid once per person per calendar year to a maximum of twice per membership, for couple and family memberships. The excess is waived for dependants under the age of 21.

The excess is not applicable to public hospital admissions.



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Understanding Top Hospital

Important Information

Prior to treatment in a private hospital
1. Contact us to :
<ul style="list-style-type: none">• 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:
<ul style="list-style-type: none">• 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.

Definitions

Agreement Private Hospital

An Agreement Private Hospital is a participating private or same day hospital 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).

[More information about Top Hospital.](#)

