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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

Thank you for not  
getting muddle with  
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It is much appreciate!



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

# Cover at a glance

## Public Hospital



Public Hospital cover only provides cover for services received in a public hospital. It does not entitle you to avoid public hospital waiting lists.

### What's covered?

- ✓ **Accommodation** in a shared room in a public hospital.
- ✓ **Theatre and labour ward fees** in a public hospital (included in accommodation costs).
- ✓ **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.
- ✓ **Hospital services** that are covered by Medicare.
- ✓ **Emergency Ambulance Transport** for an accident or medical emergency by approved ambulance providers.

### 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' appointments, blood tests and scans.
- ✗ Services claimed over 24 months after the service date.

Public Hospital cover is not intended to cover admissions to a private hospital. If you choose to be admitted to a private hospital, you will experience significant out-of-pocket expenses.

### 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**
- 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.

### 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



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# Understanding Public Hospital

## Important Information

### Prior to treatment in a public hospital

#### 1. Contact us to :

- Ensure you are covered for the treatment / surgery and to check if any waiting periods apply

#### 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.

## Definitions

### 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 Public Hospital](#)





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