

Some people want the works. They want total peace of mind. That means coverage for all treatment types and cushy private privileges. Sound like you? Then you need to be on Best Hospital cover.

For services not listed under 'What's not Covered' Best Hospital provides cover¹ for:

What's Covered?

- ✓ Accidents (ones that need a hospital not a band aid)
- ✓ Accommodation² in a private room in a public or participating private hospital
- ✓ Same day treatment
- ✓ Medical Gap
- ✓ 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
- ✓ Delivery suite (for babies, not packages)
- ✓ IVF and related services
- ✓ Joint replacement (e.g. hip)
- ✓ Obstetrics (childbirth services)
- ✓ Best Doctors Program
- ✓ Theatre (surgery costs, not Shakespeare)
- ✓ Surgically implanted prostheses (Government prescribed benefits)³

What's not Covered?

- X Cosmetic surgery that isn't medically necessary
- X Medical treatment not associated with a hospital admission (such as a visit to your GP)

¹ Limited benefits may apply to cosmetic surgery and high cost drugs. Drugs purchased outside of the hospital are not included.

² Fixed benefits are payable in a non-participating private hospital. For a full list of participating hospitals [click here](#)

³ Benefits paid are no higher than the No Gap Government prescribed benefit

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](#) to view more information in regards to [benefit limitation periods](#).

Waiting periods

To see exactly how your waiting periods work [click here](#).

Your Excess

All Frank's hospital covers have an excess.

The most you'll have to pay each year for excess for hospital visits is:

- \$500 for Singles
- \$1000 for Couples and Families.

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.

[Learn more about excess in Frank University](#)



Medical Gap cover

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 fees 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.

Best Hospital means 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](#)



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?

1

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

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

2

The hospital will usually electronically bill Frank (we like this) They may send it in through the mail (This can take a little while) after Frank has received this we will pay out our 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 our benefits, you will pay any out of pocket cost to the doctor/specialist.

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)

