

Looking for a cover that offers peace of mind? Or maybe you're planning a baby? Then you need to be on Best Hospital (with Pregnancy) cover. Also, more gap cover means increased cover for inpatient medical account, leaving more money in your pocket.

Here's a list of what's covered and what's not covered under Frank's Best Hospital (with Pregnancy) & More Gap Cover:

What's covered?

- ✓ More Gap Cover²
- ✓ 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
- ✓ 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?

- ✗ 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](#).

¹ If you go to a participation hospital. Most hospitals are participating with Frank, but if you go to one that's not, you may have higher out of pocket expenses. For a full list of participating hospitals [click here](#).

² More Gap cover means less out of pocket if your doctor gap bills. This is further explained on the next page under More 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.

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](#).

What Pregnancy cover actually includes?

Pregnancy cover provides a benefit for Obstetrics, IVF and pregnancy related services such as medical procedures including; specialist fees, anaesthetic fees and hospital charges received while you are an inpatient in hospital.

Your hospital charges (such as accommodation and delivery suite fees) will be covered in full, less your applicable excess. Your medical bills (specialist, anaesthetists etc.) will be covered up to the schedule fee or as per the medical gap cover explained above.

Frank cannot pay benefits for any outpatient services received; such as consultations with your doctors or any planning and management fees. For information about how much we will pay you can contact Frank with the medical item numbers given to you by your doctors.



simple



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](#).

More 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 usually pays the other 25%, up to 100% of the Medical Benefit Schedule (MBS) fee.

However, Frank's More Gap cover 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.

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% from Medicare and then a further amount from Frank. 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 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).

