

# 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.

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"> <li>✓ Removal of tonsils and adenoids</li> <li>✓ Knee and shoulder investigations and reconstructions</li> <li>✓ Appendicitis treatment</li> <li>✓ Hernias</li> <li>✓ Removal of wisdom teeth*</li> </ul>	<ul style="list-style-type: none"> <li>• All other services where a Medicare benefit is payable</li> </ul>

### 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.

### 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.

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.

\*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.

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# 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 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.

To check if your hospital holds an agreement with Teachers Health Fund, please visit **[teachershealth.com.au](https://www.teachershealth.com.au)**

### 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 by visiting **[teachershealth.com.au](https://www.teachershealth.com.au)**

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).

