

Cover at a glance Mid Hospital



Mid Hospital is our intermediate hospital product, providing cover for all services covered by Medicare that are not listed as restricted. Mid Hospital has a choice of excess levels available to lower your contributions.

**For the well-being of
teachers & their families.**

Services covered in an Agreement Private Hospital

All services covered by Medicare that are not listed in the restricted services list below

Restricted services - you are only covered in a shared room of a public hospital for the following services:

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| • Pregnancy & birth related services | • Major eye and eye lens surgery |
| • Infertility treatments | • Bariatric surgery including gastric banding |
| • Joint replacement (hip, knee, shoulder & ankle) | • Psychiatric, rehabilitation & palliative care |
| • Coronary care & cardiothoracic surgery | • Sterilisation and reversal of sterilisation |
| • Dialysis procedures & treatments | |

What's covered?

- ✓ **Accommodation** in a private or shared room (when available) in a public and Agreement Private Hospital.
- ✓ **Doctor or specialist fees** for services provided in a hospital as an admitted patient.
- ✓ **Hospital services** in a private hospital that are covered by Medicare and are not listed in the restricted services list above.
- ✓ **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.

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)
- 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.
- Some **surgically implanted prostheses**.

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 your excess (either \$300 or \$500, depending on the cover you select) when admitted to a 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.

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Richmond VIC 3121

Understanding Mid 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 applyCheck 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 expensesFor 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

Definitions

Agreement Private Hospital
An Agreement Private Hospital is a national network of participating private and same day hospitals 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).
[For more information about Mid Hospital.](#)

