

# 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.

### 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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| <ul style="list-style-type: none"><li>• Pregnancy &amp; birth related services</li><li>• Infertility treatments</li><li>• Joint replacement (hip, knee, shoulder &amp; ankle)</li><li>• Coronary care &amp; cardiothoracic surgery</li><li>• Dialysis procedures &amp; treatments</li></ul> | <ul style="list-style-type: none"><li>• Major eye and eye lens surgery</li><li>• Bariatric surgery including gastric banding</li><li>• Psychiatric, rehabilitation &amp; palliative care</li><li>• Sterilisation and reversal of sterilisation</li></ul> |
|---|--|

### 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 payable for public and private admissions and is paid once per person, per calendar year to a maximum of twice per membership, for couple and family memberships per year.

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# Understanding Mid Hospital

## Important Information

<b>Prior to treatment in a private hospital</b>
<b>1. Contact us to :</b>
<ul style="list-style-type: none"><li>• Ensure you are covered for the treatment / surgery and to check if any waiting periods apply</li><li>• Check if your hospital of choice has an agreement with us.</li></ul>
<b>2. Obtain a quote from your treating doctor or specialist.</b>
<b>Ask your doctor or specialist:</b>
<ul style="list-style-type: none"><li>• If they will bill you as an Access Gap Cover patient, as this may reduce or eliminate your out-of-pocket expenses</li><li>• 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.</li></ul>

## Definitions

### 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.

[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.](#)

## 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

