

# Cover at a glance

## Public Hospital



Public Hospital cover only provides cover for services received in a public hospital. It does not entitle you to avoid public hospital waiting lists.

### What's covered?

- ✓ **Accommodation** in a shared room in a public hospital.
- ✓ **Theatre and labour ward fees** in a public hospital (included in accommodation costs).
- ✓ **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.
- ✓ **Hospital services** that are covered by Medicare.
- ✓ **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' appointments, blood tests and scans.
- ✗ Services claimed over 24 months after the service date.

Public Hospital cover is not intended to cover admissions to a private hospital. If you choose to be admitted to a private hospital, you will experience significant out-of-pocket expenses.

### 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**
- Any pharmaceuticals not covered by agreements including some high cost items not covered under the Government Pharmaceuticals Benefit Scheme (PBS)
- Some **surgically 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.

### 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           |



Phone 1300 728 188  
Fax 1300 728 388  
[info@teachershealth.com.au](mailto:info@teachershealth.com.au)  
[teachershealth.com.au](http://teachershealth.com.au)

Postal Address:  
GPO Box 9812  
Sydney NSW 2001

Locations:  
35 Reservoir Street  
Surry Hills NSW 2010

68 Macquarie Street  
Parramatta NSW 2150

142 Beaumont Street  
Hamilton NSW 2303

52 Bridge Road  
Richmond VIC 3121

# Understanding Public Hospital

## Important Information

### Prior to treatment in a public hospital

#### 1. Contact us to :

- Ensure you are covered for the treatment / surgery and to check if any waiting periods apply

#### 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.

## Definitions

### 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).

[More information about Public Hospital](#)

