

# NURSES MIDWIVES HEALTH

Caring for the carers



## BASIC HOSPITAL

BASIC+

### PRODUCT SHEET

Effective 1 April 2020

# BASIC HOSPITAL BASIC+

With Basic Hospital (Basic Plus) cover, you can get treated by your choice of doctor in a public hospital (with a few services covered in a private hospital).

This cover has a \$300 excess.

## SCOPE OF COVER

The categories listed under 'Hospital Services' provide a general overview of what's included in your cover. It's important to know exactly what you're covered for, so we've provided detailed information on our website. To find out more go to [nmhealth.com.au/basic-hospital-basic-plus](http://nmhealth.com.au/basic-hospital-basic-plus)

## WHAT'S INCLUDED

### HOSPITAL

**Private hospital**  
(agreement hospital and same day surgeries – for services indicated as covered in a private hospital)

Choice of agreement hospital	Provides cover for four key services in a private hospital – see 'Hospital Services'
Shared room or private room (where available)	
Theatre fees, intensive care fees	
Labour ward fees	

**Public hospital**  
(for services indicated as covered or restricted)

Shared room	✓
Private room (where available)	✗
Theatre fees, intensive care fees	n/a (fees are included in accommodation charges)
Labour ward fees	

### MEDICAL SERVICES

Choice of doctor	✓
Access Gap Cover	✓
Government approved surgically implanted prostheses (some prostheses may have out-of-pocket expenses)	✓

### OTHER

Emergency ambulance transport	✓
Non-emergency ambulance transport	\$3,000 per person/calendar year

HOSPITAL SERVICES	BENEFIT
Dental surgery	✓
Hernia and appendix	✓
Joint reconstructions	✓
Tonsils, adenoids and grommets	✓
Assisted reproductive services	Restricted
Back, neck and spine	Restricted
Blood	Restricted
Bone, joint and muscle	Restricted
Brain and nervous system	Restricted
Breast surgery (medically necessary)	Restricted
Cataracts	Restricted
Chemotherapy, radiotherapy and immunotherapy for cancer	Restricted
Diabetes management (excl. insulin pumps)	Restricted
Dialysis for chronic kidney failure	Restricted
Digestive system	Restricted
Ear, nose and throat	Restricted
Eye (not cataracts)	Restricted
Gastrointestinal endoscopy	Restricted
Gynaecology	Restricted
Heart and vascular system	Restricted
Hospital psychiatric services	Restricted
Implantation of hearing devices	Restricted
Joint replacements	Restricted
Kidney and bladder	Restricted
Lung and chest	Restricted
Male reproductive system	Restricted
Miscarriage and termination of pregnancy	Restricted
Pain management	Restricted
Pain management with device	Restricted
Palliative care	Restricted
Plastic and reconstructive surgery (medically necessary)	Restricted
Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)	Restricted
Pregnancy and birth	Restricted
Rehabilitation	Restricted
Skin	Restricted
Sleep studies	Restricted
Weight loss surgery	Restricted
Insulin pumps	✗

# IMPORTANT THINGS TO KNOW

## MEDICAL COSTS AND THE 'GAP'

Medicare sets a fee for all services called the Medicare Benefits Schedule (MBS). Together with Medicare, we'll cover you for the MBS fee. When doctors charge above the MBS fee, that's when you'll have out-of-pocket costs or a 'gap'. Always check with your doctor to see if there'll be any additional charges before you receive treatment.

## ACCESS GAP COVER

Access Gap is a billing scheme that can help you minimise, or avoid, out-of-pocket costs for in-hospital (inpatient) specialist treatment.

To find out more go to [nmhealth.com.au/access-gap-cover](http://nmhealth.com.au/access-gap-cover)

## WAITING PERIODS

To keep health insurance fair for everyone, you may need to wait for a while before you can claim. Waiting periods may apply if you're new to private health insurance, or if you upgrade to a higher level of cover (with us or when you switch from another fund).

If you leave another health fund, you need to join us within 60 days to avoid re-serving any applicable waiting periods.

You don't have to wait if you switch from another fund to the same or lower cover with us, and you've already served your waiting periods.

## HOSPITAL WAITING PERIODS

Pre-existing conditions	12 months
Pregnancy and birth	9 months
Hospital psychiatric services, Rehabilitation, Palliative care	2 months
All other hospital services	2 months
Emergency ambulance transport	1 day
Non-emergency ambulance transport	1 day

## EXCESS

You pay your excess directly to the hospital on your admission. You'll only pay the total excess once per person, per year.

## 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 you got your Hospital cover or transferred to a higher level of cover.

Where relevant, we appoint a medical practitioner to determine whether you have a pre-existing condition, based on information provided by your treating doctor or specialist.

## RESTRICTED SERVICES

### In a public hospital:

- **We pay** – accommodation (up to the government fee for a shared room).
- **You pay** – any excess on your cover and the balance of your accommodation costs.

### In a private hospital:

- **We pay** – accommodation (up to the government fee for a shared room).
- **You pay** – any excess on your cover, the balance of your accommodation costs, and any other costs involved in your hospital stay.

## WHAT WE WON'T PAY FOR

We won't pay for things like:

- services not covered by Medicare
- medical procedures in a doctor's room
- specialist appointments (including scans, blood tests)
- prostheses in excess of approved benefits in the Government's Protheses List
- non-medical items such as TV hire, telephone, parking, etc.
- discharge medication
- services received during any period which your membership is unfinancial or suspended
- services not included in your cover or for which you are serving waiting periods
- hospital treatment received overseas
- services where benefits are payable from a third party (i.e. compensation).

## BEFORE GOING TO HOSPITAL

Before you pack your nightie or PJs and your overnight bag, the first step is to call us so we can confirm what you're covered for, and any potential out-of-pocket charges for your procedure.

**This Product Sheet contains important information about your private health insurance with Nurses & Midwives Health. Please read it carefully in conjunction with the Membership Guide and retain for future reference.**

# NURSES & MIDWIVES HEALTH

Caring for the carers

GPO Box 3874  
Sydney NSW 2001  
**1300 344 000**  
Overseas callers +612 8346 2134  
info@nmhealth.com.au  
**nmhealth.com.au**

 **Members Health**  
FUND ALLIANCE

The information contained within this brochure is current at the time of printing. Membership of Nurses & Midwives Health is available to current and prior members of the Australian Nursing & Midwifery Federation and its branches, and their families. Fund policyholders and those covered under a policy are subject to the rules and conditions of Nurses & Midwives Health as well as applicable government legislation and laws. This brochure contains a summary of the main rules and conditions. Premiums and benefits are subject to change.

Fund policyholders are encouraged to review the Nurses & Midwives Health Privacy Policy, available at [nmhealth.com.au/privacy](https://nmhealth.com.au/privacy). This brochure should be read carefully in conjunction with the Membership Guide and retained.

Nurses & Midwives Health Pty Ltd ABN 70 611 479 237. A Registered Private Health Insurer.

NMH-BHBP-02/20