

NURSES 
MIDWIVES
HEALTH

Caring for the carers



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Nurses & Midwives Health member

MID HOSPITAL
PRODUCT SHEET

BASIC PLUS

Effective 1 October 2023

MID HOSPITAL BASIC PLUS

Mid Hospital (Basic Plus) doesn't exclude any services – instead you'll get restricted (or limited) cover for expensive things like pregnancy and birth and joint replacements.

Your excess options are \$300 or \$500. The excess is waived for your child dependants.

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/mid-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	✓
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	n/a (fees are included in accommodation charges)

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

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 or check which specialists have treated other patients under Access Gap cover, visit nmhealth.com.au/agc

WAITING PERIODS

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
Ambulance transport	1 day

EXCESS

Excess amounts are paid once per person, per year (if you use your Hospital cover in that time). There's no excess for dependants on your cover.

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 upgraded 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 from 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

Things you *can't* claim for include:

- Services not recognised by Medicare (e.g. cosmetic surgery or laser eye surgery)
- 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, 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 going to hospital, call us so we can confirm what you're covered for, and any potential out-of-pocket charges for your procedure.

AGREEMENT HOSPITALS:

An agreement hospital is a private hospital that we have a contract with. Check your specialist can treat you at an agreement hospital, as this can help minimise out-of-pocket costs.

Find out more about agreement hospitals at nmhealth.com.au/hospitals

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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.

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. This brochure should be read carefully in conjunction with the Membership Guide and retained.

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