

Hospital Guide



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Privacy Policy

Teachers Health Fund respects your privacy and is committed to managing and protecting your personal and health-related information in accordance with relevant legislation in Australia. If you would like to find out more about Teachers Health Fund's privacy policy, visit [teachershealth.com.au](https://www.teachershealth.com.au)

Things you should know before you go to hospital

Hospitalisation can be a stressful experience and understanding what you are and aren't covered for under your Hospital cover can be confusing.

At Teachers Health Fund, we aim to simplify your hospital experience by providing you with a comprehensive guide to the benefits available to you based on your level of Hospital cover.





Step 1

Understand your cover

Before you are admitted into hospital, you need to understand the level of Hospital cover you have with Teachers Health Fund. This will determine the benefits you will be entitled to during your hospital stay.

Below are a few questions for you to consider:

What treatment or procedure will you be receiving?

You need to know this in order to understand the benefits payable under your Hospital cover. Your doctor or specialist will tell you the name of the procedure, e.g. knee reconstruction, and the relevant Medicare item numbers as part of your informed financial consent.

What is your level of Hospital cover?

Find out your level of Hospital cover by logging on to the online member services in the Members area at [teachershealth.com.au](https://www.teachershealth.com.au) or by calling us on **1300 728 188**.

Do you have an excess on your Hospital cover?

If you have Top Hospital 300 or 500, Mid Hospital or Basic Hospital cover, you will have an excess to pay towards your hospital admission.

Check the table on page 6 to see if your Hospital cover requires you to pay an excess.

Hospital cover	Excess payable
Top Hospital	No excess.
Top Hospital 300	<p>\$300 per person, per calendar year.</p> <p>The excess is paid once per person, per calendar year to a maximum of twice per membership for family and couple memberships.</p> <p>This is only payable when admitted to a private hospital. The excess does not apply to child dependants under the age of 21.</p>
Top Hospital 500	<p>\$500 per person, per calendar year.</p> <p>The excess is paid once per person, per calendar year to a maximum of twice per membership for family and couple memberships.</p> <p>This is only payable when admitted to a private hospital. The excess does not apply to child dependants under the age of 21.</p>
Mid Hospital 300	<p>\$300 per person, per calendar year.</p> <p>The excess is paid once per person, per calendar year to a maximum of twice per membership for family and couple memberships.</p> <p>This is payable when admitted to a private or public hospital as a private patient.</p> <p>The excess does not apply to child dependants under the age of 21.</p>
Mid Hospital 500	<p>\$500 per person, per calendar year.</p> <p>The excess is paid once per person, per calendar year to a maximum of twice per membership for family and couple memberships.</p> <p>This is payable when admitted to a private or public hospital as a private patient.</p> <p>The excess does not apply to child dependants under the age of 21.</p>
Basic Hospital	<p>\$300 per person, per calendar year.</p> <p>The excess is paid once per person, per calendar year to a maximum of twice per membership for family and couple memberships.</p> <p>This is payable when admitted to a private or public hospital as a private patient and applies to all people on the policy.</p>
StarterPak	No excess.

What are the waiting periods for my Hospital cover?

Waiting periods

Waiting periods apply to:

- new members to private health insurance
- existing Teachers Health Fund members who upgrade to a higher level of cover or reduce their level of excess. In this case you will need to serve the relevant waiting period for the higher benefit entitlement
- members who transfer from another health fund who have not already completed the required waiting periods or are transferring to a higher level of cover.

Hospital waiting periods	
Pre-existing conditions (see below)	12 months
Pregnancy and birth related services	9 months
All other hospital services	2 months
Psychiatric, rehabilitation and palliative care	2 months
Emergency Ambulance Transport	1 day

If you have held your current Hospital cover for 12 continuous months, you will have served all of the required hospital waiting periods. You can check your waiting periods for services included on your cover by logging on to the online member services in the Members area at teachershealth.com.au or by calling **1300 728 188**.

Pre-existing conditions

A pre-existing condition is an illness, ailment or condition where the signs or symptoms of which, in the opinion of the Fund Medical Advisor or other relevant medical practitioner appointed by Teachers Health Fund, 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
- existing members who are upgrading their level of cover.

We may require your referring doctor and specialist to provide us with information so that we can determine whether or not your condition is pre-existing. A 12 month waiting period applies to all pre-existing conditions except psychiatric, palliative care and rehabilitation, which are covered by the normal two month waiting period.

Does your Hospital cover have limited or restricted services?

You are only covered in a shared room of a public hospital for services that are restricted on your cover. If you attend a private hospital for these services, you will have significant out-of-pocket expenses. Refer to the table on page 8 and your Teachers Health Fund Membership Guide for more details.

Hospital cover

Top Hospital	You are not covered for any procedures where Medicare pays no benefit including cosmetic surgery and laser eye surgery. There are no other restrictions or limitations on these levels of cover.
Top Hospital 300	
Top Hospital 500	
Mid Hospital 300	You are only covered as a private patient in a shared room of a public hospital for the following restricted services: <ul style="list-style-type: none">• Pregnancy and birth related services• Infertility treatments• Hip, knee, shoulder and ankle replacements• Coronary care and cardiothoracic procedures• Dialysis procedures and treatments• Cataract and eye lens procedures• Bariatric surgery• Psychiatric, rehabilitation and palliative care If you are admitted to a private hospital for these services you will have significant out-of-pocket expenses. You are not covered for any procedures where Medicare pays no benefit including cosmetic surgery and laser eye surgery. All other services are covered as a private patient in a private hospital.
Mid Hospital 500	
Basic Hospital	You are only covered in a private hospital for the following four key services: <ul style="list-style-type: none">• Removal of tonsils and adenoids• Knee & shoulder investigations and reconstructions• Appendicitis treatment• Hernias For all other services that Medicare pays a benefit you are only covered as a private patient in a shared room of a public hospital. If you attend a private hospital for all other services you will have significant out of pocket expenses.

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You are only covered in a private hospital for the following five key services:

- Removal of tonsils and adenoids
- Knee and shoulder investigations and reconstructions
- Appendicitis treatment
- Hernia
- Accidents requiring immediate treatment

You are not covered in a public or private hospital for the following services:

- Pregnancy and birth related services
- Infertility treatments
- Joint replacement (hip and knee)
- Coronary care and cardiothoracic procedures
- Dialysis procedures and treatments
- Glaucoma and eximer laser eye surgery
- Cosmetic surgery
- Sterilisation and reversal of sterilisation

You are not covered for cosmetic surgery, or for any other procedure where Medicare pays no benefit.

All other services are covered as a private patient in a shared room of a public hospital. If you receive treatment in a private hospital you will have significant out-of-pocket expenses.

Non-Medicare Benefit Services

Services such as surgical podiatry, laser eye surgery and cosmetic surgery that do not attract a benefit from Medicare will result in significant out-of-pocket expenses, regardless of your level of Hospital cover.







Step 2

Get a quote

By obtaining a quote from the doctor or specialist involved in your hospitalisation (e.g. anaesthetist, assisting surgeon or pathologist) you will be aware of any unexpected costs. A list of common procedures and specialists likely to be involved can be found at ahsa.com.au

Access Gap Cover

Access Gap Cover (AGC) is a billing scheme that aims to reduce or eliminate out-of-pocket expenses for medical services received in hospital as an in-patient.

AGC allows us to pay above the scheduled fee for services provided to you as an in-patient. Doctors can choose to participate in AGC on a patient-by-patient basis so contact your doctor to discuss if they are willing to treat you under this arrangement.

If your doctor or specialist agrees to bill you under this arrangement, you will experience either reduced or nil out-of-pocket expenses for in-patient medical charges. If they charge above the AGC fee you will be able to establish the 'known gap' that you will have to pay before you receive treatment.

If your doctor chooses to participate in AGC, they must provide you with a written estimate of fees for the cost of the services.

If you have any questions about AGC, contact us. You can also visit our website for a list of doctors who previously participated in the scheme with Teachers Health Fund.



The following checklist will help you to reduce, or determine the possible out-of-pocket costs associated with your treatment.

Questions to ask your doctor or specialist about the Access Gap Cover scheme

- Do you participate in the Access Gap Cover scheme?
- Will the fee you charge be covered under Access Gap Cover or will I have to pay a 'known gap' amount?
- If there is a gap amount, can you provide me with a quote so I know the exact amount for which I will be out-of-pocket?
- Can you provide me with the relevant Medicare Benefits Schedule (MBS) item numbers, so I can discuss these with Teachers Health Fund?
- Will any assisting doctors involved in my medical treatment, including assistant surgeons, radiologists, anaesthetists and pathologists, treat me under Access Gap Cover? What out-of-pocket expenses, if any, will there be for their services?
- Are you prepared to send the bill to Teachers Health Fund directly, so that my Medicare benefit can be claimed on my behalf and payment can be sent back to you?

You can search for a list of doctors and specialists who have utilised Access Gap Cover in the past at [teachershealth.com.au](https://www.teachershealth.com.au), however this does not guarantee that they will agree to apply this scheme to every patient.






Step 3

Check your hospital has an agreement

Teachers Health Fund holds agreements with an extensive network of private hospitals and day surgeries. These agreements ensure that hospital charges for accommodation, theatre and labour ward, coronary care and intensive care are covered when a member is admitted as an in-patient - subject to the level of cover.

Check if your hospital has an agreement with us by calling **1300 728 188** or visiting **[teachershealth.com.au](https://www.teachershealth.com.au)**. If your chosen hospital does not have an agreement with us, you will be covered up to the default rate (set by the federal government) and you will incur significant out-of-pocket expenses.





Step 4

Determine the benefits available

1. Do you have an excess on your Hospital cover? (see page 6)

Yes – go to question 2

No – go to question 3

2. Have you already been admitted into hospital this calendar year and paid your excess?

Yes – your excess is only payable once per person per calendar year. You are not required to pay any further excess this calendar year. Continue to question 3.

No – you will need to pay the relevant excess for your hospitalisation. Go to question 3.

Please note that if you have Top Hospital 300 or 500 you are only required to pay the excess when you are admitted to a private hospital. The excess does not apply to child dependants under the age of 21.

If you have Mid Hospital 300 or 500, the excess is payable when you are admitted to a private or public hospital as a private patient. The excess does not apply to child dependants under the age of 21.

If you have Basic Hospital, the excess is payable when you are admitted to a private or public hospital as a private patient and applies to all people on the policy.

3. Is the service or treatment limited, restricted or excluded on my cover? (see page 8)

Yes – if the service is restricted you are only covered in a shared room of a public hospital. If you attend a private hospital for these restricted services you will have significant out-of-pocket expenses.

If the service is limited, contact us on **1300 728 188** for more information. If the service is excluded, you are not entitled to any benefits from Teachers Health Fund. Continue to question 4.

No – go to question 4.

4. Does your hospital have an agreement with Teachers Health Fund? (see page 15)

Yes – you will be covered for hospital charges relating to accommodation, theatre and labour ward, coronary care and intensive care - subject to level of cover. Continue to question 5.

No – you will have significant out-of-pocket expenses. Please contact us on **1300 728 188** for more information. Continue to question 5.

5. Is your doctor (and other specialists involved in your treatment) charging you under Access Gap Cover? (see pages 12 & 13)

Yes – your doctor will have provided you with a written estimate of fees and you should be aware of any out-of-pocket expenses.

No – you will be covered for 100% of the scheduled fee set by the Department of Health (Medicare pay 75% of the scheduled fee and we pay 25%). If your doctor and other specialists charge above this fee you will have to pay the difference. Ask your doctor and specialists what your expected out-of-pocket expenses will be.

If you have answered all these questions you should have a clear idea of the benefits you can expect to receive from us and the out-of-pocket expenses you may have to pay. If you are still unsure please contact us on **1300 728 188** for more information.





Step 5

Claiming your benefits

Hospital bills

If you are required to pay an excess, you will need to pay this directly to the hospital. Please check with the hospital whether you have to pay this upon admission or if they will bill you at a later date. Hospitals will usually bill the remainder of the account to Teachers Health Fund directly.

Doctor and specialist bills

If your doctor participated in the Access Gap Cover scheme (see page 13)

Generally Access Gap Cover bills will be sent directly to Teachers Health Fund for payment. If the doctor sends the bill to you, please forward it to us. Please do not take it to Medicare. We will forward it to Medicare on your behalf once we have processed our portion of your claim.

If your doctor did not participate in the Access Gap Cover scheme (see pages 11-13)

Please take the bill directly to Medicare. Medicare must process the claim before we can provide any benefit. Simply complete the Medicare two-way claim form and Medicare will forward it to us once they have processed their part.

It is important for you to understand that Teachers Health Fund will pay benefits for your treatment when admitted to hospital (depending on level of Hospital cover), but not for visits to your specialist before or after your hospital stay.

For visits to your specialist before and after you go to hospital:

- Medicare pays 85% of the Medicare Benefits Schedule fee.
- You pay the remainder of the account.

For treatment in hospital:

- Medicare pays 75% of the Medicare Benefits Schedule fee.
- Teachers Health Fund pays 25% of the Medicare Benefits Schedule fee.

Note: Doctors and specialists may charge above the Medicare Benefits Scheduled (MBS) fee for a service. This will leave you to pay the 'gap' which will be your out-of-pocket expense. The 'gap' is the difference between the fees charged by the doctor or specialist and the MBS fee for the service.

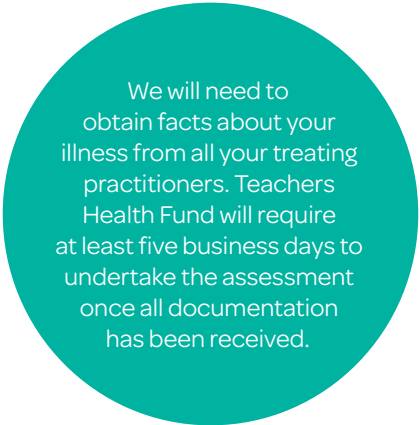
Other information

Pre-existing conditions

A pre-existing condition is an illness, ailment or condition where the signs or symptoms of which, in the opinion of the Fund Medical Advisor or other relevant medical practitioner appointed by Teachers Health Fund, 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
- existing members who are upgrading their level of cover.

A 12 month waiting period applies to all pre-existing conditions except psychiatric, palliative care and rehabilitation, which are covered by the normal two month waiting period.



We will need to obtain facts about your illness from all your treating practitioners. Teachers Health Fund will require at least five business days to undertake the assessment once all documentation has been received.



Frequently asked questions

1. I am thinking about having a baby – what do I need to know?

It's important you have Hospital cover that includes pregnancy and birth-related services, such as Top Hospital. A nine month waiting period applies for all services relating to pregnancy and childbirth. This means, you will need to have held Top Hospital well in advance of your pregnancy.

You need to hold a family membership for your baby to be eligible for benefits.

If you are on a single membership you will need to upgrade to a family or single parent membership by the date your baby is born.

Generally, only the mother is admitted as an in-patient. This means that your baby is not classified as an in-patient for medical purposes and expenses incurred for your baby can only be claimed through Medicare. You will be eligible for 85% of the scheduled fee through Medicare but no further benefits are available from Teachers Health Fund.

Babies born without complications are generally not admitted to hospital, but treated as an out-patient. A newborn baby is classified as an in-patient when one or more of the following criteria are met:

- The baby is admitted to an approved neo-natal intensive care facility.
- The baby is the second or subsequent born in a multiple birth situation (i.e. twins or triplets).
- The baby is more than 10 days old when still in hospital.

Please note: Teachers Health Fund needs to be advised of the name, date of birth and gender within two months of the birth of your baby for them to be covered with no waiting periods. For more information, please refer to the Teachers Health Fund Pregnancy Guide.

2. Why won't my doctor participate in the Access Gap Cover scheme?

It is up to your doctor to decide whether to charge you under the Access Gap Cover scheme. Even if the doctor has participated in this scheme before it does not automatically guarantee that the doctor will participate in Access Gap Cover for your treatment. Doctors are free to choose whether they will participate on a patient-by-patient basis. This decision remains solely with the doctor.

3. What kinds of things might I have to pay for during my hospital stay?

There are services that you may receive in hospital that are not covered by us. These include:

- Telephone and internet usage charges.
- TV hire or other items of a non-medical nature.
- Surgically implanted prostheses not on the Government Prostheses list. Some other prosthesis may attract out of pocket charges. Please contact us for more information.
- Pharmaceuticals not covered in the agreement with the hospital, including discharge medication.

4. Am I classified as an in-patient (admitted in a hospital) when having chemotherapy or dialysis on a daily basis?

You will be covered for chemotherapy or dialysis received on a daily basis as long as the hospital you are receiving the treatment from has an agreement with Teachers Health Fund and admits you as a day patient.

5. What am I covered for when going to the emergency ward of a private hospital?

We will only pay benefits towards services received as an in-patient (admitted patient) of a hospital. If you attend a private hospital emergency ward and incur costs as an out-patient (you are not admitted to hospital) you will not be able to claim benefits for these services from us.

6. Am I covered for medical procedures in my doctor's room rather than a hospital?

If you receive services in your doctor's room, rather than in a day surgery or hospital you are only entitled to benefits from Medicare. We will not pay a benefit for services received outside of a hospital for patients who aren't admitted.

7. Do I have to pay my excess for a day procedure?

Yes.

8. Can I receive benefits towards home nursing after a hospitalisation?

If you have Top Extras cover you may receive some benefits towards home visits by a registered nurse in a private practice. Please contact us on **1300 728 188** for further information.

9. What is a pre-existing condition?

A pre-existing condition is an illness, ailment or condition where the signs or symptoms of which, in the opinion of the Fund Medical Advisor or other relevant medical practitioner appointed by Teachers Health Fund, 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
- existing members who are upgrading their level of cover.

A 12 month waiting period applies to all pre-existing conditions except psychiatric, palliative care and rehabilitation, which are covered by the normal two month waiting period.

10. Why does Teachers Health Fund want me to provide a medical report for my planned hospitalisation?

When joining, upgrading or resuming your cover from suspension there is a 12 month waiting period for pre-existing conditions. You need to provide a medical report so our Medical Advisor can assess whether or not the condition is pre-existing. For more information see page 22.

11. What happens if I get taken to hospital in an emergency?

In an emergency situation, you will be taken by ambulance to the nearest accident and emergency department of a public hospital. In this situation you have the right to choose to be treated as a public patient at no charge, by a doctor appointed by the hospital. You are fully covered for the Emergency Ambulance Transportation and services when provided by a state government service (including state government air ambulance) under Teachers Health Fund Hospital and Extras cover.

12. Am I covered 100% for prostheses?

In a small number of cases there will be more expensive prostheses that your doctor or specialist may recommend, which will attract a gap payment. Ask your specialist to explain the reasons why it is being recommended for you. Should your doctor choose a prosthesis that we are unable to cover in full, they have an obligation to advise you of your financial obligations prior to your procedure.

After reading this you should be able to answer these questions:

- ✓ Am I covered for this procedure or treatment?
- ✓ Have I served all of my waiting periods?
- ✓ How does Access Gap Cover work and what should I ask my doctor or specialist?
- ✓ Does the private or day hospital I am going to have an agreement with Teachers Health Fund?
- ✓ What out-of-pocket expenses might I have under my Hospital cover?
- ✓ Do I have to pay an excess?
If so, how much, to whom and when?

If you have further questions, please contact us on **1300 728 188**.





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