

Going to hospital

Going to hospital can be a stressful time & we're here to give you a hand.

We've put together a bunch of info for you – from things to ask your doctor to how billing works. We've even included a checklist to help you keep on track.

It's always best to get in touch with us before going to hospital, we'll be able to tell you exactly what you're covered for and if you've got any waiting periods.

Your level of cover

There are a few important things to keep in mind when it comes to your hospital cover. All of our hospital products exclude cosmetic surgery and services not covered by Medicare.

If you've got Premium Hospital cover:

This is our top level of hospital cover which gives you private hospital cover for most services - perfect if you like to be ready for anything. You can choose our Premium Hospital cover with or without an excess.

If you've got Mid Hospital cover:

There are some services that you have **restricted** cover for. This means you're covered as a private patient in a public hospital only. If you're admitted to a private hospital for these services you'll have large out-of-pocket costs:

- Palliative care
- Psychiatric services
- Rehabilitation
- Pregnancy & birth related services
- Assisted reproductive services (like IVF)
- Major eye surgery (like cataracts & lens)
- Cardio-thoracic & related services (e.g. heart & chest)
- Dialysis for chronic renal failure
- Hip & knee replacements & related services

If you've got Basic Hospital cover:

There are some services that you **aren't covered** for with Basic Hospital cover. If you're admitted as a private patient for any of these services, you'll have to pay the full cost yourself:

- Pregnancy & birth related services
- Assisted reproductive services (like IVF)
- Major eye surgery (like cataracts & lens)
- Cardio-thoracic & related services (e.g. heart & chest)
- Dialysis for chronic renal failure
- Sterilisation
- Plastic & reconstructive surgery
- Hip & knee replacements & related services
- Other joint replacements & related services (e.g. shoulder)
- Spinal procedures & related services
- Gastric banding & obesity related services

And there are some services that you have restricted cover for. This means you're covered as a private patient in a public hospital only. If you're admitted to a private hospital for these services you'll have large out-of-pocket costs:

- Palliative care
- Psychiatric services
- Rehabilitation

Waiting periods

If you're new to hospital cover or have recently upgraded your cover, you might have to serve some waiting periods. They are:

Hospital services	Waiting period
<ul style="list-style-type: none">• Ambulance• Hospitalisation related to an accident• Services covered by another fund (when transferring directly to a similar level of cover)	No waiting period
<ul style="list-style-type: none">• Joining the fund• Upgrading your cover• Health programs• Rehabilitation, psychiatric services and palliative care	2 months
<ul style="list-style-type: none">• Pregnancy & birth related services• Pre-existing conditions	12 months

Not sure if the procedure you're having is restricted or excluded? The best way to be sure you're covered is to ask your doctor for the Medicare item numbers for any procedures you're having, then just give us a buzz and we'll be able to tell you whether or not you're covered.

1800 808 690

What should I do if I'm going to hospital?

At the doctor's...

1

Ask your doctor if they'll take part in the Access Gap scheme, which means you'll have low or no out-of-pocket costs. If you do have out-of-pockets, you'll know exactly what they'll be before you go to hospital.

You should also talk about Informed Financial Consent (IFC) with your doctor. This is where they'll go through all of their fees and explain what can be claimed through Medicare, what can be claimed through us and what out-of-pocket costs you'll have. There's more info about this on the checklist we've included in this pack.

You'll also find a nifty list on the back page to help keep track of everything. Remember to write down the Medicare item numbers (this has 5 digits) for any procedures you're having, that way we'll be able to give you a better idea of what your out-of-pocket costs will be.

Give us a buzz

2

Once you've seen your doctor, give us a call to run through what you're covered for.

We'll let you know:

- what your level of cover is
- if you've got any waiting periods to serve
- your excess (if you've got one)
- what options we can offer to help you recover

We know how complicated hospitals and health cover can be, so if you've got any questions at any time just get in touch. We're here to help!

Before your hospital stay

3

The hospital will contact us to confirm your level of cover before you're admitted. This is also a good time to go through the hospital checklist we've included in this pack to help you get organised.

During your hospital stay

4

If you've got an excess on your cover, the hospital will ask you to pay it up-front – either before your stay or when you're admitted to hospital.

If you use any additional services while you're in hospital (like TV or take-home medications), you'll need to pay for them before you're discharged. You should be able to get a list of any additional charges beforehand.

Some hospitals might charge a compulsory \$25 incidentals fee for overnight stays. This covers things like wi-fi & pay TV. This is usually separate to the rest of your hospital bills, and you'll need to pay for this one yourself.

Did you know that we also offer hospital services in your home? If your doctor agrees, you might be able to leave hospital early and recover at home. Give us a buzz on 1800 808 690 or head to peoplecare.com.au/myhealth for more info.

Public or private?

Having private hospital cover means you can choose whether you want to be treated as a private or public patient. If you go to a public hospital, you'll be asked to sign a 'patient election form', which tells the hospital whether you want to be admitted as a private or public patient. Having private hospital cover doesn't mean that you can't or shouldn't ever go publicly. You have the right to be fully covered by Medicare as a public patient - it's completely up to you how you'd like to be admitted.

For more info on public vs private admissions, head to peoplecare.com.au/publicvsprivate.

After your hospital stay

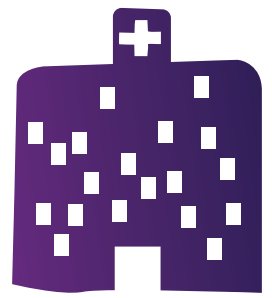
5

Once you're home from hospital, you might start getting bills from your doctors (including your surgeon, assisting doctors and anaesthetists), pathologists and radiologists.

We've put together a breakdown of the billing process for you on the next page, but here are the basics:

- The hospital will automatically bill us for your accommodation, theatre fees and any prostheses
- If your doctor is taking part in the Access Gap scheme, they'll send their bills straight to us. We'll send you a benefit statement to let you know what we've paid on your behalf and you won't have to do anything else.
- Any additional charges from the hospital (like TV or take-home items) need to be paid before you leave hospital. If you've got extras cover, you might be able to claim for some pharmacy items.

Where do the bills go?



Hospital bills

These include fees for things like accommodation and theatre.

If you have **Premium Hospital** cover, your hospital bills are covered in a private hospital.

If you have **Mid Hospital** cover, your hospital bills are covered in a private hospital for most things, but some services are only covered in a public hospital (these are called 'restricted services'). If you're admitted to a private hospital for a restricted service you'll have large out-of-pocket costs.

If you have **Basic Hospital** cover, your hospital bills are covered in a private hospital for selected services. Some services are 'restricted' (only covered in a public hospital), and some aren't covered at all (these are called 'excluded services'). If you're admitted as a private patient for an excluded service, you'll have to pay the full cost yourself.

If you have **Public Hospital** cover, your hospital bills are covered as a private patient in a public hospital only. If you're admitted to a private hospital you'll have large out-of-pocket costs.

Who gets the bill? Most of the time, your hospital will send the bill straight to us and we'll send you a benefit statement to let you know it's paid. The only thing you'll have to pay to the hospital is your excess (if you have one) and any additional services you've used (like TV). If your hospital bill does get sent to you just send it on to us and we'll take care of the rest!

Medical bills

These are bills from doctors, specialists, surgeons, anaesthetists, pathologists, radiologists, etc.

Who gets the bill? If your doctor is taking part in the Access Gap scheme, they'll send their bills straight to us and all you'll have to pay is the gap (which your doctor will tell you about before you go to hospital).

If they're not taking part in Access Gap, you'll be sent their bills directly. If you've been sent a medical bill, you'll need to take it to Medicare first. Medicare pays 75% of the Medicare Scheduled Fee. Once Medicare has paid their benefit, send the bill to us and we'll pay the remaining 25% of the Medicare Scheduled Fee.

If your doctor has charged more than the Medicare Scheduled Fee, you'll have what's called a 'gap payment'. This is your out-of-pocket cost and your doctor should tell you what that'll be before you go to hospital.

What's a Medicare scheduled fee?

Medicare sets a fee for all medical services – this is their suggested cost (think of it like a Recommended Retail Price). Medicare pays 75% of this scheduled fee and your private hospital cover pays the remaining 25% of that fee while you're admitted to hospital.

We can't pay towards services that aren't done in the hospital (known as out-patient services), but Medicare pays 85% of the Scheduled Fee in these cases.

It's really important to know that doctors and healthcare providers can charge above the Medicare scheduled fees for both in-hospital and out-patient services. If they do, you'll have an out-of-pocket (or 'gap') cost.

Other bills

These are for additional services during your hospital stay (like TV, newspapers, a double bed, extra meals etc.). You'll pay for the full cost of these yourself.

Who gets the bill? You'll usually get the bill for this while you're still in hospital and need to pay it before you're discharged. If not, it'll be sent straight to you and you'll pay the full cost yourself.

Out-of-pocket costs

It's important to remember that you might have out-of-pocket costs for hospital stays, even if you're on our Premium Hospital cover. These can include:

- your excess (if you have one)
- anything your doctor charges over the Medicare Scheduled Fee (which you should've already had the heads-up about from your doctors)
- any additional services while you're in hospital (like TV)
- pharmacy items that you're given to take home with you. If you've got extras cover we might be able to pay a benefit towards these.

Our tip: if you're taking your bills to Medicare first, fill in a two-way claim form (included in this pack) and Medicare will send your bills straight to us once they've paid their bit.

