

Going to hospital can be a stressful time and we're here to help you.

We've put together some information for you - from things to ask your doctor and how billing works. We've even included a checklist to help you keep on track.

It's always best to get in contact with us before going to hospital, we'll be able to tell you exactly what you're covered for and if you have 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.

Gold Hospital[^] or Premium Hospital (Gold)[^]

These are our top level hospital covers which gives you private hospital cover for most services - perfect if you like to be ready for anything.

All our other hospital covers: Basic Plus, Bronze[^], Bronze Plus, Silver, Silver Plus Grow, Silver Plus, Public (Basic)[^], Basic (Basic Plus)[^] & Mid (Basic Plus)[^].

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

There are some services that are not covered on your hospital cover, these are called exclusions. If you're admitted as a private patient for any of these services, you will have to pay the full cost yourself.*

[^] These hospital products are closed to new members.

* Please refer to your cover description for the list of services.

Not sure if the procedure you are having is restricted or excluded?

Please see the following pages for a list of services and information on the procedure to see if they are covered, restricted, or excluded on each of our covers.

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 call and we will be able to tell you whether or not you are covered.

Waiting Periods

HOSPITAL SERVICES	WAITING PERIODS
Hospitalisation related to an accident	No waiting period
Ambulance	1 day
<ul style="list-style-type: none"> Health programs Hospital substitution programs Rehabilitation, psychiatric services Palliative care (even for pre-existing conditions) All other services, except for those listed below: 	2 months
<ul style="list-style-type: none"> Pregnancy and Birth Pre-existing conditions (except rehab, psychiatric and palliative) 	12 months

Note: not all covers include these services. Please check page 2 to see if you're covered.

Waiting periods might not apply when transferring from a similar level of cover within 30 days, provided you join Peoplecare within 30 days, we'll recognise any waiting periods you've already served when upgrading your cover. When upgrading your cover, waiting periods still apply. If you have any questions, please give us a call on 1800 808 690.

What are you covered for?

Look for your level of cover below to see what services you are covered for.

✓ = Included ✗ = Excluded R = Restricted

Clinical Categories	Waits*	Basic Plus	Bronze Plus	Silver	Silver Plus	Silver Plus Grow†
Rehabilitation	2 months	R	R	R	✓	✓
Hospital psychiatric services	2 months	R	R	R	R	R
Palliative care	2 months	R	✓	R	✓	✓
Brain and nervous system	2 months	✗	✓	✓	✓	✓
Eye (not cataracts)	2 months	✗	✓	✓	✓	✓
Ear, nose and throat	2 months	✗	✓	✓	✓	✓
Tonsils, adenoids and grommets	2 months	✓	✓	✓	✓	✓
Bone, joint and muscle	2 months	✗	✓	✓	✓	✓
Joint reconstructions	2 months	✓	✓	✓	✓	✓
Kidney and bladder	2 months	✗	✓	✓	✓	✓
Male reproductive system	2 months	✗	✓	✓	✓	✓
Digestive system	2 months	✗	✓	✓	✓	✓
Hernia and appendix	2 months	✓	✓	✓	✓	✓
Gastrointestinal endoscopy	2 months	✗	✓	✓	✓	✓
Gynaecology	2 months	✓	✓	✓	✓	✓
Miscarriage and termination of pregnancy	2 months	✓	✓	✓	✓	✓
Chemotherapy, radiotherapy and immunotherapy for cancer	2 months	✗	✓	✓	✓	✓
Pain management	2 months	✗	✓	✓	✓	✓
Skin	2 months	✗	✓	✓	✓	✓
Breast surgery (medically necessary)	2 months	✗	✓	✓	✓	✓
Diabetes management (excluding insulin pumps)	2 months	✗	✓	✓	✓	✓
Heart and vascular system	2 months	✗	✗	✓	✓	✓
Lung and chest	2 months	✗	✓	✓	✓	✓
Blood	2 months	✗	✓	✓	✓	✓
Back, neck and spine	2 months	✗	✗	✓	✓	✓
Plastic and reconstructive surgery (medically necessary)	2 months	✗	✗	✓	✓	✓
Dental surgery	2 months	✓	✓	✓	✓	✓
Podiatric surgery (provided by a registered podiatric surgeon)	2 months	✗	✓	✓	✓	✓
Implantation of hearing devices	2 months	✗	✗	✓	✓	✓
Cataracts	2 months	✗	✗	✗	✓	✗
Joint replacements	2 months	✗	✗	✗	✓	✗
Dialysis for chronic kidney failure	2 months	✗	✗	✗	✓	✗
Pregnancy and birth	12 months	✗	✗	✗	✗	✓
Assisted reproductive services	2 months	✗	✗	✗	✗	✓
Weight loss surgery	2 months	✗	✗	✗	✗	✗
Insulin pumps	2 months	✗	✗	✗	✓	✗
Pain management with device	2 months	✗	✗	✗	✓	✗
Sleep studies	2 months	✗	✓	✗	✓	✓
Ambulance	1 day	✓	✓	✓	✓	✓

*Anything within the above table that is a pre-existing condition has a 12-month waiting period except for psychiatric, rehab and palliative care which have a 2-month waiting period and ambulance which has a 1-day waiting period.

†Silver Plus Grow is only sold as a combination cover.

Please note the following products are closed to members.

✓ = Included ✗ = Excluded R = Restricted

Clinical Categories	Waits*	Public Hospital (Basic)	Basic Hospital (Basic Plus)	Mid Hospital (Basic Plus)	Gold Hospital	Premium Hospital (Gold)
Rehabilitation	2 months	R	R	R	✓	✓
Hospital psychiatric services	2 months	R	R	R	✓	✓
Palliative care	2 months	R	R	R	✓	✓
Brain and nervous system	2 months	R	✓	✓	✓	✓
Eye (not cataracts)	2 months	R	✗	R	✓	✓
Ear, nose and throat	2 months	R	✓	✓	✓	✓
Tonsils, adenoids and grommets	2 months	R	✓	✓	✓	✓
Bone, joint and muscle	2 months	R	✓	✓	✓	✓
Joint reconstructions	2 months	R	✓	✓	✓	✓
Kidney and bladder	2 months	R	✓	✓	✓	✓
Male reproductive system	2 months	R	✓	✓	✓	✓
Digestive system	2 months	R	✓	✓	✓	✓
Hernia and appendix	2 months	R	✓	✓	✓	✓
Gastrointestinal endoscopy	2 months	R	✓	✓	✓	✓
Gynaecology	2 months	R	✓	✓	✓	✓
Miscarriage and termination of pregnancy	2 months	R	✓	✓	✓	✓
Chemotherapy, radiotherapy and immunotherapy for cancer	2 months	R	✓	✓	✓	✓
Pain management	2 months	R	✓	✓	✓	✓
Skin	2 months	R	✓	✓	✓	✓
Breast surgery (medically necessary)	2 months	R	✓	✓	✓	✓
Diabetes management (excluding insulin pumps)	2 months	R	✓	✓	✓	✓
Heart and vascular system	2 monthss	R	✗	R	✓	✓
Lung and chest	2 months	R	✗	R	✓	✓
Blood	2 months	R	✓	✓	✓	✓
Back, neck and spine	2 months	R	✗	✗	✓	✓
Plastic and reconstructive surgery (medically necessary)	2 months	R	✗	✗	✓	✓
Dental surgery	2 months	R	✓	✓	✓	✓
Podiatric surgery (provided by a registered podiatric surgeon)	2 months	R	✓	✓	✓	✓
Implantation of hearing devices	2 months	R	✓	✓	✓	✓
Cataracts	2 months	R	✗	R	✓	✓
Joint replacements	2 months	R	✗	R	✓	✓
Dialysis for chronic kidney failure	2 months	R	✗	R	✓	✓
Pregnancy and birth	12 months	R	✗	R	✓	✓
Assisted reproductive services	2 months	R	✗	R	✓	✓
Weight loss surgery	2 months	R	✗	✗	✓	✓
Insulin pumps	2 months	R	✓	✓	✓	✓
Pain management with device	2 months	R	✓	✓	✓	✓
Sleep studies	2 months	R	✓	✓	✓	✓
Ambulance	1 day	✓	✓	✓	✓	✓

*Anything within the above table that is a pre-existing condition has a 12-month waiting period except for psychiatric, rehab and palliative care which have a 2-month waiting period and ambulance which has a 1-day waiting period.

What should I do if I am going to hospital?

Step 1 At the doctors...

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 information about this on the checklist we've included in this pack.

You'll also find a list on page 7 to help keep track of everything. Remember to write down the Medicare item numbers (they have 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.

Step 2 Give us a call

Once you've seen a 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 have any waiting periods to serve
- your excess (if you have one)
- what options we can offer to help you recover.

We know how complicated hospitals and health cover can be, so if you have any questions get in contact with us.



Step 3 Before your hospital stay

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.

Step 4 During your hospital stay

If you have 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 these 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 services for example 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.

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.

Going to public hospital as a private patient? Public hospital waiting lists apply, so check with your doctor and the hospital. For more information on public versus private admissions, head to

Step 5 After your hospital stay

Once your home from the 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 below, but here are the basics:

- The hospital will automatically bill us for your accommodation, theatre fees and any medical devices and human tissue products.
- If your doctor is part of 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.
- Any additional charges from the hospital (like TV or take-home items need to be paid before you leave the hospital. If you have 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, theatre and medical devices and human tissue products. If you have Gold or Premium (Gold) Hospital cover, your hospital bills are covered in a private hospital.

If you have Public Hospital (Basic) 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. Public hospital waiting lists apply whether you are a public or a private patient, so check these with your doctor and the hospital.

If you have any other cover with us, your hospital bills are covered in a private hospital for selected services. Some services are 'restricted' (only covered on a restricted benefit), 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.

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 (if covered). 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 the 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 for it before your discharge. If not, it'll be sent straight to you and you'll pay the full cost yourself.

Access Gap

When your doctor chooses to use Access Gap, they'll charge us directly and they mustn't charge you fees like: Booking fees, Management fees, Technology fees, Administration fees, Insurance levy fees and Hospital facility fees.

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 (Gold) or Gold Hospital covers. 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 information from your doctor).
- any additional services while you're in hospital (like TV)
- pharmacy items that you're given to take home with you. If you have extras cover we might be able to pay a benefit towards these.



Love keeping track

If you like being organised, this list is for you. It's handy to have with you when you visit your doctor to write down everything that you'll be expected to pay.

One of the most important things to take note of is the Medicare item numbers. You'll find these 5-digit numbers on your bills (or by asking your doctor). Each medical service has a Medicare item number, and each item number has a set Medicare Scheduled Fee – anything your doctor charges above that fee will be an out-of-pocket cost payable by yourself.

REMEMBER: private hospital cover (together with Medicare) is there to cover you for 100% of the Medicare Scheduled Fee for in-hospital services – with Medicare paying 75% and us taking care of the remaining 25%. Your private hospital cover also covers the cost of your accommodation, medical devices and human tissue products and theatre fees while you're in hospital.

Expected Bills	Item Numbers	TOTAL	Medicare scheduled fee (MSF)	You (out-of-pocket)	Medicare	Peoplecare
e.g - Consult with anaesthetist, less than 15 minutes	17610	\$87.00	\$65.00	\$22.00 (Above the MSF)	\$48.75 (75% of MSF)	\$16.25 (25% of MSF with Hospital Cover)

Recovering at home

We love giving our members more options and helping them recover.

We have a range of hospital substitute programs that could get you out of hospital faster and recover at home (if your doctor approves).

Contact us for more information.

 1800 808 690  info@peoplecare.com.au  peoplecare.com.au/myhealth



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