

Having a baby?

Your FAQs explained Silver Plus Grow Cover

Starting a family is an exciting time, but also full of questions. Between the internet and the advice of family and friends, we understand it can be an information overload. We want to make this time as easy as possible, so we've put together our frequently asked questions – from before baby is born to when you leave hospital.

Preparing for baby

CAN I CLAIM ON BIRTHING CLASSES?

Yes, you can claim on birthing classes if you have High, Premium or Comprehensive Extras*[†] cover.

CAN I CLAIM PREGNANCY AIDS SUCH AS PREGNANCY SHORTS AND BELTS?

Yes, you can claim on pregnancy aids such as shorts and belts if you have High, Premium or Comprehensive Extras*[†] cover.

WHAT IF I NEED TESTS DURING MY PREGNANCY?

Tests during pregnancy are usually done as an outpatient service by your doctor or at a private clinic, which means they can only be claimed through Medicare. These tests will usually have out-of-pocket costs. There might be some tests you can claim through extras cover (if you have it), so give us a call if you have any tests that you can't claim through Medicare.

CAN I GO TO A PRIVATE HOSPITAL TO HAVE MY BABY?

Yes, You are covered for pregnancy and birth services in a private hospital. You will be able to choose your doctor and be admitted to your closest private hospital if you have served your waiting periods.

CAN I GO TO A PUBLIC HOSPITAL TO HAVE MY BABY?

Yes, you can be admitted as a public patient to a public hospital, this means Medicare will cover your admission and you cannot choose your doctor.

If you would prefer to be admitted to a public hospital as a private patient and choose your doctor, our Silver Plus Grow[^] cover is the right one for you.

Your choices for pregnancy and birth services are linked to where you plan to give birth, in most cases obstetricians will only deliver your baby in a private hospital so be sure to talk to your doctor about your care plans and what option works best for you.

WHAT'S THE WAITING PERIODS FOR HAVING A BABY?

12 months. If you're new to health insurance or upgrading your cover, pregnancy and birth related services have a 12-month waiting period.

If you have your baby in hospital using a midwife, Medicare will cover 75% of the scheduled fee and we pay the remaining 25%.

WHAT IS COVERED IF I HAVE A MIDWIFE DELIVER MY BABY IN HOSPITAL?

In most cases, Medicare will cover the cost of a midwife if you have your baby in a public hospital. Most private hospitals will only admit you if you are under the care of an obstetrician.

WHAT IS COVERED IF I HAVE AN OBSTETRICIAN DELIVER MY BABY IN HOSPITAL?

While you're in hospital, Medicare will cover 75% of the scheduled fee, and we pay the remaining 25%. It's important to know that doctors can charge above the scheduled fee, and anything over it is your out-of-pocket cost. Your obstetrician should let you know about any out-of-pocket costs before you go to hospital.

WHO COVERS THE COST OF MY OBSTETRICIAN APPOINTMENTS?

These appointments are paid for by you and Medicare. Your obstetrician will tell you how they'll bill you – either as a lump sum or charge per visit. If your obstetrician charges more than Medicare pays, you will have out-of-pocket costs (known as a gap payment). If you're going to have out-of-pocket costs, your doctor should tell you exactly what they will be (this is called Informed Financial Consent).

WHAT'S A GAP PAYMENT?

A gap payment is the difference between the Medicare fee and what your doctor actually charges. Peoplecare offers the Access Gap scheme, which aims to give you low or no gap payments.



WHAT IS THE ACCESS GAP SCHEME?

Access Gap is a scheme to reduce your out-of-pocket expenses for specialist treatment in a hospital or day surgery. You need to ask your specialist if they participate. If they do, we pay them more than the Medicare Benefit Schedule fee – resulting in lower or no out-of-pocket expenses for you.

To find an obstetrician who participates in the Access Gap Scheme, visit peoplecare.com.au/find-a-specialist/ or if you already have one, ask them whether they'll take part in Access Gap. If they do, they'll bill us directly and you won't have to worry about a thing.

WHAT IS COVERED IF I PLAN TO HAVE MY BABY AT HOME?

If you plan to have your baby at home, you can choose to have your pregnancy care with a private midwife, as this is an outpatient service, you'll need to have High, Premium or Comprehensive Extras*[†] cover to receive a benefit for the services. The Midwife must be registered with Medicare for you to receive a benefit.

Or, if available in your area, you may be able to access a public hospital homebirth service through Medicare, you can contact your local public hospital to enquire and you will need a referral from your doctor to access a public funded homebirth service.

On arrival

WHAT AM I COVERED FOR WHILST I AM IN HOSPITAL?

You are covered for the medical and hospital services provided to you by registered Medicare providers. Hospital services include accommodation, medical devices and human tissue products, consumables, and theatre fees.

We pay these bills for you under your level of hospital cover with us.

Medical services include specialists, anaesthetists and other medical providers who care for you while you're in hospital. Between us and Medicare, you'll be covered for the full Medicare Scheduled Fee for these bills. Doctors can charge above the Medicare Scheduled Fee, and anything above it is your out-of-pocket cost. You should be told about any out-of-pocket costs you'll have before being admitted to hospital (this is called Informed Financial Consent).

ARE THERE ANY OTHER COSTS I SHOULD EXPECT?

Yes, extra services like TV, a double bed, additional meals are not covered while you're in hospital. You pay the full cost of these extras. It's important to remember that there can be other out-of-pocket costs when you go to hospital, even if you've got top hospital cover such as your excess, pharmacy items that you're given to take home with you (which you might be able to claim separately if you've got extras cover).

WHAT IS AN EXCESS?

An excess is the amount you've agreed to pay if you're admitted to hospital. Silver Plus Grow[^] has an excess of \$500 and \$750.

DO I PAY AN EXCESS FOR MY BABY?

No, there's no excess for kids under 21, so you won't have to pay any additional excess for your baby.

WHAT IF MY BABY COMES EARLY?

If you have served your 12-month waiting period and hold Silver Plus Grow[^] hospital cover, you'll be covered for the birth of your baby no matter when they arrive.

If you haven't served your 12-month waiting period, you won't be covered, you can be admitted as a public patient to a public hospital, covered by Medicare or elect to self-fund the birth of your baby at a private hospital, if this is your choice, please ensure Informed Financial Consent is obtained from the hospital.

WHAT IF I HAVE AN EPIDURAL? HOW MUCH WILL THAT COST ME?

Epidurals are included in your anaesthetist's bill, which we will pay towards. Like all medical bills, Medicare pays 75% of the Medicare Scheduled Fee and we pay the remaining 25%. If your anaesthetist charges more than the Medicare Scheduled Fee you'll have some out-of-pocket costs and your anaesthetist should tell you



WHAT ABOUT ANY TESTS THAT MY BABY MAY NEED WHILST IN HOSPITAL?

When your baby is born, they are not an admitted patient to the hospital. If they require any tests during your hospital stay, these can be claimed through Medicare.

WHAT IF MY BABY NEEDS SPECIAL CARE?

If your baby needs special care (we hope they don't) they are admitted as a patient to the hospital. If your baby is admitted to a private hospital, they will be covered for any inpatient hospital and medical services received while in special care, as long as you add them to your membership, have served waiting periods if they have any and the baby holds an eligible hospital cover with us.

Home time

WHAT ABOUT ANY POST-NATAL CHECK-UPS WITH MY DOCTOR?

Once you've taken your baby home, check-ups with your doctor are covered by Medicare only.

CAN I CLAIM POST-NATAL CLASSES?

These can be claimed if you've got High, Premium or Comprehensive Extras*[†] cover.

Post-natal classes are out-patient services and need to be provided by a physio, chiro, registered nurse, midwife and/or childbirth educator.

WHAT HAPPENS IF I RECEIVE A BILL WHEN I WAS IN HOSPITAL?

Send it to us via email info@peoplecare.com.au, Online Members Services or the Peoplecare app and we will review if we can pay a benefit.

CAN I CLAIM PHYSIOTHERAPY TO HELP WITH MY RECOVERY?

Yes, if you hold extras cover you can claim back a portion of the cost for physiotherapy services provided by a registered physiotherapist. If you need help finding one, use our find a provider search on our website via peoplecare.com.au/find-a-provider/.

WHEN SHOULD I ADD MY BABY TO MY PEOPLECARE MEMBERSHIP?

Ideally within 30 days, we know your super busy and should enjoy your snuggles so as long as you let us know within 12-months of the birth your baby won't have to serve any waiting periods.

HOW DO I ADD MY BABY TO MY MEMBERSHIP?

You can let us know about your new arrival by phone 1800 808 690.

IF I AM ON A COUPLE MEMBERSHIP, DOES ADDING MY BABY CHANGE MY PREMIUM?

No. If you're on a couple membership and you add your baby within 12 months of their birth, you'll automatically move to a family membership. There'll be no difference to your membership payments and your baby will be covered with no excess or waiting periods (as long as you've served yours).

IF I AM ON A SINGLE MEMBERSHIP, DOES ADDING MY BABY CHANGE MY PREMIUM?

Yes! If you're on a single membership you'll need to upgrade to a family or single parent family membership within 12 months of your baby's birth. This will increase your premium, but once you've paid the difference your baby will be covered with no excess or waiting periods (as long as you've served yours).

WHAT IF I DON'T ADD MY BABY BEFORE THEY TURN 1?

They will be covered from the date they're added (not their date of birth) and will need to serve waiting periods. This may also affect your premium depending on your level of cover.

DO I NEED TO LET ANY OTHER ORGANISATION KNOW I HAVE HAD MY BABY?

Make sure you also let Medicare know you have a new addition to your family. This will make sure everything runs smoothly if your bub needs to make a visit to the hospital for any reason.



Want more information?
Contact us on 1800 808 690

Who pays

Peoplecare				
Service	Medicare	Silver Plus Grow [^]	Extras Cover	You
In hospital, pregnancy and birth related services	✓ Private hospital as a private patient	✓	✗	✓ Your excess if you've got one, additional services, incidental fees, etc.
Outpatient pregnancy and birth related services (things like standard doctors' appointments, scans and tests)	✓ Up to 85% of the Medicare Scheduled Fee	✗	✗	✓ Any gap between what Medicare pays & what the doctor charges
Home birth (when delivered by a midwife)	✗	✗	Premium Extras ✓ High Extras ✓ Comprehensive Extras* ✓	✓
Ante/post-natal services	✗	✗	Premium Extras ✓ High Extras ✓ Comprehensive Extras* ✓	✓
Pregnancy aids (if provided by a physio or chiro)	✗	✗	Premium Extras ✓ High Extras ✓ Comprehensive Extras* ✓	✓

[^]Silver Plus Grow is only available in combination with an extras product.

*This cover is closed to new members.

[†]Ante/post-natal services are out-patient services and need to be provided by a physio, chiro, registered nurse, midwife and/or childbirth educator. There is a 2-month wait on these services if you're new to or have just upgraded your cover.

IMPORTANT: There could be out-of-pocket costs on any of these services that you'll need to pay for yourself. Please obtain Informed Financial Consent from your doctor or any other health care provider.