

Hospital Cover

Top Hospital cover is our most comprehensive hospital product and popular with those looking for complete peace of mind. Covering you for a comprehensive range of hospital services including, but not limited to pregnancy, heart related procedures, major eye surgery and joint replacement surgery. Top Hospital cover can be taken on its own or packaged with any of our extras packages. You can choose a \$250 or \$500 excess with this cover which is payable on admission to a hospital or day surgery.

What You Are Covered For

This provides a summary of cover and isn't intended to be a comprehensive list of all the services covered.

| ✓ Choice of doctor/hospital | ✓ In-hospital rehabilitation treatment | | | | | | | | |
|--|--|----------------------|--------------|---------------------|--------|----------------------------|--------|------------------------|--------|
| ✓ Public hospital accommodation as a private patient | ✓ Cardiac and cardiac related procedures e.g. Open heart surgery | | | | | | | | |
| ✓ Private hospital accommodation (private room if available) | ✓ Assisted reproductive services e.g. IVF | | | | | | | | |
| ✓ Theatre fees | ✓ In-hospital psychiatric treatment | | | | | | | | |
| ✓ Intensive care | ✓ Appendix removal | | | | | | | | |
| ✓ Tonsils and adenoids removal | ✓ Colonoscopies | | | | | | | | |
| ✓ Gastrosopies | ✓ Grommets in ears | | | | | | | | |
| ✓ Gynaecological services | ✓ Hernia repair | | | | | | | | |
| ✓ Joint reconstructions | ✓ Back surgery | | | | | | | | |
| ✓ Brain surgery | ✓ Plastic and reconstructive surgery | | | | | | | | |
| ✓ Obstetric related services e.g. Birth and pregnancy | ✓ Renal dialysis | | | | | | | | |
| ✓ Hip and knee joint replacement surgery* | ✓ Major eye surgery e.g. cataracts and eye lens procedures | | | | | | | | |
| ✓ Nursing Special — Benefit of up to \$150 per day \$750 per person covered. Home and Bush — Benefit up to \$50 per visit or \$150 per day limited to \$1000 per person covered. | ✓ Mechanical appliances and artificial aids# Benefit up to 85% of the cost or hire of mechanical appliances and artificial aids approved by Territory Health Fund with an annual limit of \$2000 per person per Membership Year. (sub-limits and conditions apply) | | | | | | | | |
| ✓ Medical Gap Cover for the 25% gap between the 75% Medicare Benefit and the Medicare Benefits Schedule fee for inpatient services. | ✓ Gastric banding, sleeving/diversions or bypass (weight loss surgery)* including replacements, repairs and adjustments | | | | | | | | |
| ✓ Surgically implanted prosthesis benefits Approved prosthesis benefits (artificial hips, knees, etc) as per the approved government listing. | ✓ Access Gap Cover The Access Gap benefit, for inpatient services, is a benefit over and above the Medicare Benefits Schedule for participating doctors. | | | | | | | | |
| ✓ Mammograms and bone density test Benefit up to \$75 limited to 2 services for each of the above tests, only if not claimable from another source. | ✓ Hearing aids A benefit amount is provided to use over a period of three (3) Membership Years based of the date on which the purchase of a hearing aid/s is made. The benefit limit is applied based on your length of membership with Territory Health Fund. Benefits are per person and calculated at 85% of purchase cost up to the appropriate limit of benefit. <table border="1"> <thead> <tr> <th>Length of Membership</th> <th>Annual limit</th> </tr> </thead> <tbody> <tr> <td>Up to 10 years.....</td> <td>\$1000</td> </tr> <tr> <td>10 and up to 15 years.....</td> <td>\$1500</td> </tr> <tr> <td>15 Years and over.....</td> <td>\$2000</td> </tr> </tbody> </table> | Length of Membership | Annual limit | Up to 10 years..... | \$1000 | 10 and up to 15 years..... | \$1500 | 15 Years and over..... | \$2000 |
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| Up to 10 years..... | \$1000 | | | | | | | | |
| 10 and up to 15 years..... | \$1500 | | | | | | | | |
| 15 Years and over..... | \$2000 | | | | | | | | |
| ✓ Australian Hearing Services Benefit of \$25 per Membership Year per eligible person for the cost of a Hearing Services Card | ✓ Hospital boarder Benefits up to \$35 per day to a maximum of four days per person listed on the Membership, where such accommodation is necessary for the well-being of the patient. | | | | | | | | |
| ✓ Nursing home type patients We pay a benefit toward a nursing home type patient. This amount is determined by the Federal Government. Certification is required. | | | | | | | | | |

* Benefit Limitation Periods. Hospital benefits payable on these hospital services during the designated benefit limitation period will be the minimum benefit declared by the Minister for Health, except when a waiting period is being served, in which case no benefit applies. Benefit Limitation Periods **do not** apply to **new Members transferring from another private health insurer's hospital cover.**

Benefits are not available on second hand equipment or on consumables. A benefit is payable for short term hiring (up to 3 months) of some mechanical aids. The purchase of some machines and monitors are limited to once every three Membership Years. Waiting periods will apply to all benefits outlined.

Restricted and excluded services

There are no restrictions on this level of cover.

There is no benefit entitlement for hospital treatment for which Medicare pays no benefit e.g. most cosmetic surgery.

Excess options

✓ \$250

✓ \$500

An excess is an amount you agree to pay upfront before a benefit is paid for overnight or same day hospital/day surgery admissions. You can choose to have a \$250 or \$500 excess. The total excess is payable once per person per Membership Year, up to a maximum of twice the nominated excess amount for a couples/family membership. Each person on the membership will never pay the excess more than once per Membership Year. The only exception to this would be where the nominated excess is not fully paid or charged on a single hospital/day surgery admission. In this situation the remaining balance up to the nominated excess amount will be payable on any subsequent admissions that person may have in the same Membership Year. **Children aged 12 and under are exempt from paying an excess.**

Waiting periods

Initial waiting period

Palliative care, psychiatric, rehabilitation services, and all other hospital treatment/services where there are no pre-existing conditions (excluding accidental injury*) 2 months

Pre-existing ailments, conditions or illnesses 1 year

Pregnancy related services (including childbirth) and assisted reproductive services 1 year

* Cover for an accident is immediate provided it is not recoverable from another source such as Workers' Compensation, third party or other liability provision. Sporting accidents sustained by professional sportspeople in activities relating to their employment, including training and competition are subject to a two month waiting period.

BENEFIT LIMITATION PERIODS

Only applicable to a policyholder who is new to private health insurance hospital cover or a policyholder transferring their hospital cover in excess of 63 days from ceasing cover. This is an initial period of time during which only a minimum benefit is paid for certain hospital treatments or procedures. Minimum benefits apply for bariatric surgery (weight loss surgery) and hip or knee joint replacement surgeries within two years of the commencement date of cover.

Medical costs

These are the fees that are charged by a doctor, surgeon, anaesthetist or other specialist for any treatment given to you whilst you're an inpatient in hospital. Private health insurance means that generally you can choose your own doctor and decide whether you will go into a public or private hospital. If you choose private, this may also mean you will have more of a choice of when your procedure will take place.

You are covered for the cost of medical fees up to the Medicare Benefit Schedule (MBS) fee. The MBS fee is the amount set up by the Federal Government for each medical service covered by Medicare. You must be eligible for Medicare in order to be covered up to the MBS fee. If you choose to be treated as a private patient in a hospital (public or private), Medicare will cover you for 75% of the MBS fee for associated medical costs and we will cover the remaining 25%. If your specialist charges more than the MBS fee there will be a 'gap' for you to pay. However, the Territory Health Fund Access Gap Agreement can help eliminate or reduce the gap for you if your doctor/s chooses to use it.

Access Gap Cover

This is a direct billing arrangement between Queensland Country and your doctor/s that in most instances eliminates your out-of-pocket expenses for in-hospital doctor's fees (the gap). If your doctor charges up to the Medicare Benefits Schedule fee or is participating in the Access Gap Cover Scheme, in most cases you will have limited out-of-pocket costs. For doctors who are not participating in the Access Gap Scheme and are charging above the MBS fee, we will pay the difference between the Medicare benefit and the MBS fee. Any amount above the MBS fee will be the amount you are required to pay and this is referred to as your 'gap' fee or out-of-pocket expenses.

Extra value from your Membership

EXCLUSIVE UNIT ACCOMMODATION

Territory Health Fund has self contained units in both Brisbane and Townsville exclusively available to our Members travelling to those locations for medical treatment. These two bedroom units can be booked at very reasonable rates for an overnight stay or for several weeks, depending on your needs.

MECHANICAL AIDS AND APPLIANCES

We provide excellent benefits on a range of approved mechanical aids and appliances. We will cover up to 85% of the cost to purchase or short term hire of a selection of aids and appliances. This is limited to \$2,000 per person per Membership Year (sub-limits and benefit replacement periods apply to some items). Please contact us regarding benefit availability prior to purchasing an aid or appliance.

HEARING AIDS

Hearing aids are covered on our hospital cover. Hearing aids are covered on our Top Hospital product. A benefit amount is provided to use over a period of three (3) Membership Years based of the date on which the purchase of a hearing aid/s is made. The benefit limit is applied based on your length of membership with Territory Health Fund - up to 10 years \$1,000, 10-15 years \$1,500 and 15+ years \$2,000. Benefits are per person and calculated at 85% of purchase cost up to the appropriate limit of benefit. Also, we pay \$25 towards the cost of an Australian Hearing Services Card.

Planning a trip to hospital?

If you're planning any treatment or have a hospital procedure coming up, we would love to know about it. If you call us first we can discuss your options, assist with what you're covered for and check that you have served all waiting periods and you're all set to go. This way you can be more confident when attending medical appointments and will have a better idea of what to expect when you're admitted to hospital.

If you've had a busy claiming year; visits to the dentist, podiatrist, regular massages, you may be curious about what you have used and what you have left to claim. You can always check your membership online with our Online Member Services (OMS) portal or our Mobile App, available for iOS and Android. It's a great way to keep track of all your claims and view benefit limits from the comfort of your own home. You can also process your own claims online for some services and do quotes. To utilise OMS you just need to register and log on. Of course, not everyone is tech savvy, so we are here on the phones to assist you any way that we can.

Need more info?

CALL: 1800 623 893 VISIT: territoryhealth.com.au EMAIL: info@territoryhealth.com.au