

Value Plus Hospital

22 OCTOBER 2018



Territory Health Fund is a registered business name of Queensland Country Health Fund Ltd 18 085 048 237

Hospital cover

Value Plus Hospital cover is our most comprehensive hospital product and popular with those looking for greater 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. Value Plus 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	✓ Hip and knee joint replacement surgery								
✓ Private hospital accommodation (private room if available)	✓ Appendix removal								
✓ Theatre fees	✓ Colonoscopies								
✓ Intensive care	✓ Grommets in ears								
✓ Tonsils and adenoids removal	✓ Hernia repair								
✓ Gastrosopies	✓ Back surgery								
✓ Gynaecological services	✓ Plastic and reconstructive surgery								
✓ Joint reconstructions	✓ Renal dialysis								
✓ Brain surgery	✓ Obstetric related services e.g. Birth and pregnancy								
✓ Major eye surgery e.g. cataracts and eye lens procedures	✓ Assisted reproductive services e.g. IVF								
✓ Cardiac and cardiac related procedures e.g. Open heart surgery	✓ 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.								
✓ 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.	✓ 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.								
✓ 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.								
✓ Australian Hearing Services Benefit of \$25 per Membership Year per eligible person for the cost of a Hearing Services Card	✓ 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.								
✓ 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.	<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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[#] 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 and sub-limits apply to benefits for some aids or appliances.

Restricted and excluded services

RESTRICTED SERVICES

If a service is covered as a restricted benefit, this means that you will be covered by your choice of doctor in a shared ward accommodation for public hospital only. If you go to a private hospital/day facility for a restricted service, you will only receive a minimum benefit and will face large out-of-pocket expenses.

- **In-hospital psychiatric treatment** - Mental health services and programs

EXCLUDED SERVICES

- **Weight loss surgery** - Weight loss surgery includes gastric banding, sleeving/diversions or bypass including replacements, repairs and adjustments
- **Cosmetic Surgery and other hospital services for which Medicare pays no benefits**

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.

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.

Please note: Access to benefits for medical costs associated with a hospital or day surgery admission is still subject to the eligibility to benefits for the treatment or service. If the hospital treatment or service is an excluded service on your cover or you have not fully served all the appropriate waiting periods for that service, you will only be entitled to 75% of the MBS fee. No benefit will be paid by Territory Health Fund.

Access Gap Cover

This is a direct billing arrangement between Territory Health Fund 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 Value Plus 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