

Hospital cover

Vital Hospital (Bronze+) Cover provides an affordable mid-level hospital cover ideal for a young or healthy person who doesn't want to pay for hospital services they're less likely to need, like pregnancy and birth, heart and vascular surgery, cataracts or joint replacements. This cover is a cost effective option if you want hospital cover for the majority of hospital treatments but are prepared to have limited or no cover for the hospital services that are restricted and excluded. Vital Hospital (Bronze+) Cover can be taken on its own or packaged with any of our extras packages. You can choose a \$250, \$500 or \$750 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 an extensive list of all the services covered. Clinical categories are defined by the Department of Health and further specifics of the scope of cover for each clinical category can be accessed on our website territoryhealth.com.au/clinical-categories.

- ✓ Choice of doctor/hospital
- ✓ Public hospital accommodation as a private patient
- ✓ Private hospital accommodation
If you have Vital Hospital (Bronze+) cover and are an inpatient at a private hospital or day surgery for any of the Restricted (R) services you will have a benefit entitlement to the default rate benefit only this will lead to large out of pocket expenses if admitted under this level of hospital cover.
- ✓ Theatre fees
- ✓ Age-based discount eligible policy
For more details see Age-based discount section information provided in following pages of this summary.
- ✓ Nationwide Ambulance Cover
Ambulance benefits will be applied to emergencies only and limited to one per person per Membership Year, when provided by recognised providers. For more details see Ambulance Cover section on last page of this summary.
- ✓ Accommodation Benefits
Accommodation benefit of up to \$50 per night for Members travelling more than 300 kilometres return from their home address for hospitalisation. For more details see Accommodation Benefits section on last page of this summary.
- ✓ Surgically implanted prostheses
Surgically implanted stents, screws and plates, (for fractures) and pacemakers etc. Prosthesis benefits as per the Government listing.
- ✓ Access Gap Cover
A benefit over and above the Medicare Benefits Schedule for participating doctors on inpatient services.
- ✓ Intensive care
- ✓ Nursing home type patients
This amount is determined by the Federal Government. Certification is required.
- ✓ Rehabilitation
e.g. inpatient rehabilitation, stroke recovery and cardiac rehabilitation.
- ✓ Palliative care
e.g. treatment for care where the intent is primarily providing quality of life for a patient with a terminal illness, including treatment to alleviate and manage pain.
- ✓ Brain and nervous system
e.g. stroke, brain or spinal cord tumours, head injuries, epilepsy and Parkinson's disease.
- ✓ Eye (not cataracts)
e.g. retinal detachment, tear duct conditions, eye infections and medically managed trauma to the eye.
- ✓ Ear, nose and throat
e.g. damaged ear drum, sinus surgery, removal of foreign bodies and throat cancer.
- ✓ Tonsils, adenoids and grommets
e.g. treatment of the tonsils, adenoids and insertion or removal of grommets.
- ✓ Bone, joint and muscle
e.g. carpal tunnel, fractures, hand surgery, joint fusion, bone spurs, osteomyelitis and bone cancer.
- ✓ Joint reconstructions
e.g. torn tendons, rotator cuff tears and damaged ligaments.
- ✓ Kidney and bladder
e.g. kidney stones, adrenal gland tumour and incontinence.
- ✓ Male reproductive system
e.g. male sterilisation, circumcision and prostate cancer.
- ✓ Digestive system
e.g. oesophageal cancer, irritable bowel syndrome, gall stones and haemorrhoids.
- ✓ Hernia and appendix
e.g. investigation and treatment of a hernia or appendicitis.
- ✓ Gastrointestinal endoscopy
e.g. colonoscopy, gastroscopy and endoscopy.
- ✓ Gynaecology
e.g. endometriosis, polycystic ovaries, female sterilisation and cervical cancer.
- ✓ Miscarriage and termination of pregnancy
e.g. investigation and treatment of a miscarriage or for termination of pregnancy.
- ✓ Chemotherapy, radiotherapy and immunotherapy for cancer
e.g. chemotherapy, radiotherapy and immunotherapy for the treatment of cancer or benign tumours.
- ✓ Pain management
e.g. treatment for pain management that does not require the insertion or surgical management of a device such as treatment of nerve pain and chest pain due to cancer by injection of a nerve block.
- ✓ Skin
e.g. investigation and treatment of skin, skin-related conditions and nails including melanoma, minor wound repair and abscesses.
- ✓ Breast surgery (medically necessary)
e.g. investigation and treatment of breast disorders and associated lymph nodes, and reconstruction and/or reduction following breast surgery or a preventative mastectomy.

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- ✓ Diabetes management (excluding insulin pumps)
e.g. stabilisation of hypo- or hyper- glycaemia and contour problems due to insulin injections.
- ✓ Blood
e.g. investigation and treatment of blood and blood-related conditions including blood clotting disorders and bone marrow transplants.
- ✓ Back, neck and spine
e.g. sciatica, prolapsed or herniated disc, and spine curvature disorders such as scoliosis, kyphosis, lordosis and spinal fusion..
- ✓ Plastic and reconstructive surgery (medically necessary)
e.g. treatment which is medically necessary for the investigation and treatment of any physical deformity, whether acquired as a result of illness or accident, or congenital such as burns requiring a graft, cleft palate, club foot.
- ✓ Dental surgery
e.g. surgery to remove wisdom teeth and dental implant surgery.
- ✓ Podiatric surgery (provided by a registered podiatric surgeon)
e.g. investigation and treatment of conditions affecting the foot and/or ankle.
- ✓ Lung and chest
e.g. lung cancer, respiratory disorders such as asthma, pneumonia, and treatment of trauma to the chest.

Restricted and excluded services

RESTRICTED BENEFITS (R)

You will be covered for shared ward accommodation in a public hospital only. If you go to a private hospital or day surgery for the service, it is likely to result in large out-of-pocket expenses. Some private specialists may not operate in a public facility, please take this into consideration when making a hospital product choice.

- R** Hospital psychiatric services
e.g. psychoses such as schizophrenia, mood disorders such as depression, eating disorders and addiction therapy.

EXCLUDED SERVICES

Hospital or day surgery admissions for these services in either a public or private facility will receive no benefit from Territory Health Fund.

- ✗ Cataracts
e.g. surgery to remove a cataract and replace with an artificial lens.
- ✗ Heart and vascular system
e.g. heart failure and heart attack, monitoring of heart conditions, varicose veins and removal of plaque from arterial walls.
- ✗ Dialysis for chronic kidney failure
e.g. dialysis treatment for chronic kidney failure.
- ✗ Pregnancy and birth
e.g. investigation and treatment of conditions associated with pregnancy and child birth.
- ✗ Assisted reproductive services
e.g. fertility treatments or procedures such as retrieval of eggs or sperm, IVF, and GIFT.
- ✗ Insulin pumps
e.g. provision and replacement of insulin pumps for treatment of diabetes.
- ✗ Implantation of hearing devices
e.g. correct hearing loss, including implantation of a prosthetic hearing device.
- ✗ Pain management with device
e.g. treatment of nerve pain, back pain, and pain caused by coronary heart disease with a device.
- ✗ Sleep studies
e.g. investigation of sleep patterns and anomalies such as sleep apnoea and snoring.
- ✗ Weight loss surgery
Surgery that is designed to reduce a person's weight, remove excess skin due to weight loss and reversal of a bariatric procedure. such as gastric banding, gastric bypass, sleeve gastrectomy, lipectomy and abdominoplasty.
- ✗ Joint replacements
e.g. replacement of shoulder, wrist, finger, hip, knee, ankle, or toe joint, spinal disc replacement.
- ✗ Mechanical Aids and Appliances
Benefit up to 85% of the cost or hire of Mechanical Aids and Appliances approved by Territory Health Fund Health with a limit of \$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.
- ✗ Mammograms and bone density test
Benefit up to \$75 limited to two services for each of these tests, only if not claimable from another source. The Membership Year limit is \$300 per person covered.
- ✗ Hearing aids
A benefit amount is provided to use over three Membership Years based on the date of which the purchase of a hearing aid/s is made. The benefit limit applies based on your length of membership with Territory Health Fund as follows - up to 10 years \$1,000, 10-15 years \$1,500 and 15 years+ \$2,000. Benefits are per person and are calculated at 85% of purchase cost up to the appropriate benefit limit.
- ✗ Australian Hearing Services
Benefit of \$25 per Membership Year per eligible person for the cost of a Hearing Services Card.
- ✗ Nursing Services
A benefit up to \$50 per visit or \$150 per day, up to \$1,000 per person per Membership Year is payable for:
 - Bush nursing services provided by a registered nurse employed at a public hospital or bush nursing centre where there is no resident medical practitioner
 - Home nursing services provided by a registered nurse in private practice
 - A benefit up to \$150 per day, up to \$750 per person per Membership Year is payable for clinically relevant special nursing provided by a registered nurse in private practice.
- ✗ Hospital boarder
Benefits up to \$35 per day to a maximum of four days per person, where such accommodation is necessary for the wellbeing of the patient.
- ✗ Surgery or hospital treatment where Medicare does not pay a benefit
e.g. elective cosmetic surgery, experimental treatment/procedures and laser eye surgery (LASIK etc.)

Excess options

✓ \$250

✓ \$500

✓ \$750

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, \$500 or \$750 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.

All persons covered on this policy will be required to pay the applicable excess on admission to a hospital or day surgery facility.

Waiting periods

Initial waiting period

Palliative care, Hospital psychiatric services, Rehabilitation 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 and birth 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 full-time 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 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 our parent company Queensland Country 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 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

For further information on any of the following benefits please visit our website at territoryhealth.com.au.

ACCOMMODATION BENEFITS

An accommodation benefit is available on all Territory Health Fund hospital products. This will apply to Members who need to travel more than 300 km return journey for hospital treatment. The benefit will be up to \$50 per night and will apply for the period of hospitalisation, including one night prior to hospitalisation and also the night of discharge. A carer or support person is permitted to stay in the accommodation, however the benefit will only apply to one room per Member per hospitalisation.

AGE-BASED DISCOUNT

If you're 18-29 years and not currently covered under your parent/s or guardian/s policy, you'll be entitled to a discount on your Territory Health Fund hospital cover from 1 April 2019. Depending on your age, the following discount will apply:

Age*	Discount
18-25	10%
26	8%
27	6%
28	4%
29	2%

* As at 1 April 2019 for existing Members, or the join date for new Members.

Your discount will be retained in full until you turn 41 (unless age-based discounts are discontinued on your policy). The discount will then gradually phase out by age 45, as per the following:

Age	Discount
41	Age-based discount, less 2%
42	Age-based discount, less 4%
43	Age-based discount, less 6%
44	Age-based discount, less 8%
45	0%

Members will be allowed to retain their age-based discount when transferring from another hospital product, whether internally or from another fund. This allowance means this policy is referred to as a retained age-based discount policy.

AMBULANCE COVER

Nationwide Ambulance Cover is available for Members with a Territory Health Fund hospital policy who reside outside of Queensland or Tasmania (nationwide emergency ambulance services for Queensland and Tasmanian residents are already covered by their respective State Governments). Ambulance benefits will be applied to emergencies only and limited to one per person per Membership Year, when provided by recognised providers. Conditions apply.

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 benefits you have used and what you have left to claim. You can always check your membership online with our Mobile App, available for Apple 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 our Mobile App 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?

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