

# Bronze Hospital

## Hospital Cover

Effective from 25 January 2018

### Level of cover with Australian Unity



BASIC

### Cover availability



SINGLE



COUPLE



FAMILY

### Excess options



EXCESS

Excess is waived for **Children**

Bronze Hospital pays benefits for all other Medicare recognised services that aren't listed as Excluded on this cover. Should you have any questions, please don't hesitate to talk to us on 13 29 39.

Covered	Service	Agreement Private Hospital	Public Hospital, shared room	Additional Information
<b>Immediate Medical Care &amp; Attention</b>	Accident Cover	✔ Covered	✔ Covered	Services eligible under Medicare that are normally restricted or excluded will be treated as covered where treatment is required for injuries sustained in an Accident that occurs after joining this cover.
	Emergency Ambulance	✔ Covered	✔ Covered	Ambulance transportation to hospital. Claims will only be paid if the transport is coded and invoiced as emergency transport by a recognised State Ambulance authority. Some state schemes already cover ambulance services.  <b>Also includes two ambulance attendances per person per calendar year, where you are not taken to hospital.</b>
<b>Skeletal</b>	Ligament Reconstructions & Investigations	✔ Covered	✔ Covered	Reconstructions to repair ligament tears and remove loose tissue. Includes procedures such as arthroscopy and meniscectomy.
	Other Joint Replacements & Revisions (excludes hip & knee replacement)	✔ Covered	✔ Covered	
	Spinal Surgery	✔ Covered	✔ Covered	Includes surgery for scoliosis
<b>Post Operative Care</b>	Hospital Care at Home & Rehabilitation at Home	✔ Covered	✔ Covered	Receive short-term support from our approved service provider in the comfort of your own home to avoid or reduce a hospital stay following a hospital admission, when referred by a medical practitioner. Subject to prior application and approval.
<b>Surgical Implants &amp; Attachments</b>	Cochlear Implants & Insulin Pumps	✔ Covered	✔ Covered	Request for the replacement of a device must be in writing by the member's medical provider with evidence supporting the clinical need for a replacement. Subject to prior application and approval.
<b>Other Procedures</b>	Over 2,500 other hospital treatments	✔ Covered	✔ Covered	Other In-hospital services recognised by Medicare but not listed above (or restricted/excluded below) are also covered
<b>Post Operative Care</b>	In Hospital Rehabilitation	🚫 Restricted	✔ Covered	Does not include drug & alcohol rehabilitation
	In Hospital Palliative Care	🚫 Restricted	✔ Covered	
<b>Mental Health</b>	In Hospital Psychiatric Treatment	🚫 Restricted	✔ Covered	Restriction applies to diagnosed disorders or addictions requiring hospital-based intervention

Excluded	Service	Agreement Private Hospital	Public Hospital, shared room	Additional Information
<b>Skeletal</b>	Hip & Knee Replacement & Revisions	✘ Not Covered	✘ Not Covered	
<b>Vital Organs</b>	Heart-Related Services	✘ Not Covered	✘ Not Covered	The medical or surgical treatment of heart conditions such as heart attacks, heart disease, irregular heart rhythms and congenital defects
<b>Minor Medical Procedures</b>	Eye Procedures	✘ Not Covered	✘ Not Covered	Exclusion applies to cataracts, lens procedures and laser eye surgery
<b>Vital Organs</b>	Renal Dialysis	✘ Not Covered	✘ Not Covered	
<b>Pregnancy &amp; Fertility</b>	Birth Related & Assisted Reproductive Services	✘ Not Covered	✘ Not Covered	Exclusion applies to all inpatient services relating to childbirth and complications during pregnancy. Any consultations with an obstetrician and ultrasounds in the lead up to delivery attract a Medicare rebate only.  Services such as, but not limited to, IVF and GIFT are excluded.
	Sterilisation Reversals	✘ Not Covered	✘ Not Covered	Exclusion relates to both male and female sterility reversals. Procedures such as (but not limited to) the reversal of tubal ligations and vasectomies are excluded.
<b>Surgical Weight Management</b>	Gastric Reduction, Obesity Procedures & Revisions	✘ Not Covered	✘ Not Covered	
<b>Other Procedures</b>	Hospital Treatment not Eligible under Medicare	✘ Not Covered	✘ Not Covered	Hospital services where Medicare does not pay a benefit (eg. Elective Cosmetic and Podiatric surgery)

# Additional Benefits of the Cover

## Health Support Programs

The diagnosis of a chronic condition or illness can leave you feeling vulnerable and overwhelmed. Australian Unity at home Health Support programs are there to increase your knowledge, skills and confidence – and ultimately, help improve or sustain your health and wellbeing.

Work with a team of highly qualified and experienced health consultants to develop a personalised plan that complements the care you are already receiving.

The programs you have access to on your level of cover include **Bone Health, Diabetes Action, Healthy Heart, Vascular Health, Heart Failure Program, Integrated Care Program, Living with Chronic Obstructive Pulmonary Disease, Risk Factor Management Program** and **MindStep® Mental Health Program**.

To check your enrolment eligibility and any waiting periods that may apply, please contact Australian Unity. More information can be found at [australianunity.com.au/wellnessbenefits](http://australianunity.com.au/wellnessbenefits)

## Important Information

### For Covered treatments, your Hospital cover pays benefits towards:

- Accommodation in a hospital room/ward for overnight or same day admission
- Operating theatre and intensive care fees
- Medication in hospital approved by the Pharmaceutical Benefits Scheme (PBS) (excluding medication you take home)
- Allied health services that are directly related to your admission and provided by the hospital (e.g. physiotherapy) while admitted
- Dressings and other consumables while admitted
- Attending doctor/surgeon fees raised while admitted
- Most diagnostic tests during your admission e.g. pathology and radiology
- Surgically implanted prosthesis (up to the minimum benefit on the government's Prosthesis List)
- Private room in an agreement Private Hospital where available

### Out-of-pocket costs

If you are admitted to hospital (including for Covered treatments) you may have out-of-pocket costs, some of which have been detailed below. If you want more specific information about what you can expect these costs to be, we recommend you obtain a quote from your doctors/hospital before undergoing treatment. Then contact us for details of benefits before proceeding with your treatment.

Additionally, benefits are not payable for claims where you have the right to claim compensation, damages or benefits from another source (eg. TAC or WorkCover), now or at a later date.

### Excess

In exchange for a lower premium, an excess is a set amount of money you agree to pay towards the hospital accommodation costs if you or a family member is admitted to hospital.

With Bronze Hospital you have a \$500 excess. Singles will only pay one excess for the first hospital admission each calendar year. Couples and Families will only pay one excess for the first hospital admission per adult each calendar year. Plus you won't pay an excess if your child or student dependant is admitted to hospital.

### Hospital Accommodation

Hospital covers do not pay any benefits towards the cost of non-admitted hospital visits, attendance at a doctor's room or administration fees when you attend an Emergency Department. You will be out-of-pocket for all of these costs. In the event you are admitted to a private hospital that is not a hospital we have an agreement with, or a private room of a public hospital, then the amount we pay is a set rate and may not cover the full cost of your stay and you may incur large out-of-pocket costs.

### Medical Bills

The Australian Government sets a schedule of fees for all medical treatments called the Medicare Benefits Schedule (MBS). When you're treated as a private patient in a public or private hospital, Medicare pays 75% of the MBS fee and Australian Unity pays the remaining 25%. If your doctor or specialist charges more than the MBS fee, then this will result in an out-of-pocket expense better known as 'the gap'.

### Gap Cover

To help reduce or avoid 'the gap' payment of medical bills, we've set our own Gap Cover schedule of fees, which are generally higher than the MBS.

If your doctor or specialist agrees to participate in Australian Unity's Gap Cover scheme, we can pay for some, if not all, of the gap.

If Gap Cover won't fully cover your participating doctor's fees, your doctor must tell you how much you'll have to pay in writing before treatment can begin. This is called Informed Financial Consent.

### Waiting Periods

You cannot receive benefits for any items or services you may have received while you are serving a relevant waiting period. However, if you've already served your waiting periods on an equivalent or higher level of cover with any registered Australian health fund and join within 30 days of leaving that fund, you will not have to re-serve your waiting periods. Otherwise, waiting periods will apply from the date you re-join. If you've upgraded your cover, your waiting periods for the higher benefits will start on the date you upgrade, but you can still claim an equivalent benefit to your previous level of cover during that period.

Bronze Hospital waiting periods are:

- 2 months: psychiatric, rehabilitation and palliative care
- 12 months: all pre-existing conditions except psychiatric, rehabilitation and palliative care

### Pre-existing conditions

A pre-existing condition is an illness, ailment or condition where, in the opinion of our appointed medical practitioner (i.e. not your own doctor), the signs or symptoms existed up to six months before and on the day you joined Australian Unity or upgraded your cover, irrespective of whether you were aware of it. If you make a hospital claim in the first 12 months of your membership, we will ask you to get your consulting doctors (e.g. your dentist, GP or specialist) to complete a medical report. You should ask us to carry out this assessment before going into hospital.

### Accidents

Accident means an unplanned and unforeseen event, occurring by chance, and leading to bodily injuries caused solely and directly by an external force or object requiring treatment from a Medical Practitioner (defined here as a medical doctor who is not the member or a relative of the Member) within 7 days of the event, but excludes injuries arising out of: surgical procedures; unforeseen illness; pregnancy; drug use; and aggravation of an underlying condition or injury.

### Restricted Services

Restricted services are hospital claims which are limited to a minimum (default) benefit. This is the minimum dollar amount set by the Australian Government for accommodation as a private patient in a shared room of a public hospital. A restricted service does not pay any money towards the cost of intensive care or theatre fees in a private hospital or private day centre. Therefore you may incur a large out-of-pocket expense. Contact us for more information.

### Changes to your cover

We may at any time make changes to your cover. This may include adding or reducing the benefits or services available to you. We will ensure that we provide you with appropriate notice of these changes in accordance with the Private Health Insurance Act 2007, the Australian Consumer Law and the Private Health Insurance Code of Conduct.

### Recognised Providers

We only pay benefits when you see a recognised provider in a private practice. Please contact us to check if your provider is recognised by us.

## Important Information continued



For more information, please refer to your Member Guide particularly Important Things to Know - Terms and Conditions and the Fund Rules available at [australianunity.com.au/importantdocuments](http://australianunity.com.au/importantdocuments)

### Surgical Implants (Prosthesis)

If a treatment is covered (or restricted) under your hospital cover, you are also covered for any Australian Government-approved surgical prosthesis on the government's Prostheses List. We will pay up to 100% of the minimum cost of the prosthesis, as required under legislation, so you shouldn't have any out-of-pocket expenses. However, if the prosthesis used is listed as a 'known gap' prosthesis, you'll have to pay any gap charged by the hospital, but the hospital or doctor needs to provide you with Informed Financial Consent first.

### Closed Covers

Please note this cover is no longer available to new members.



Australian Unity Health Limited (Australian Unity) is a signatory to the Private Health Insurance Code of Conduct. For details visit [privatehealth.com.au/codeofconduct](http://privatehealth.com.au/codeofconduct). This documentation should be read carefully and retained. To fully understand your cover, please refer to your Member Guide particularly the Important Things to Know – Terms and Conditions section and your product(s) Fact Sheet.

Your personal information is managed in line with our privacy policy which is available at [australianunity.com.au/privacy-policy](http://australianunity.com.au/privacy-policy). Your membership is subject to the Fund Rules and Privacy Policy of Australian Unity which may change from time to time. Australian Unity Health Limited - ABN 13 078 722 568

### Any questions?



13 29 39



[australianunity.com.au](http://australianunity.com.au)