

PRODUCT SUMMARY

BASIC PLUS HOSPITAL COVER



Mildura
HEALTH
Fund

BASIC PLUS HOSPITAL COVER GIVES YOU SHARED ROOM ACCOMMODATION IN A PUBLIC HOSPITAL WITH YOUR CHOICE OF DOCTOR.

Included Services

Rehabilitation	R
Hospital psychiatric services	R
Palliative care	R
Brain and nervous system	R
Eye (not cataracts)	R
Ear, nose and throat	R
Tonsils, adenoids and grommets	R
Bone, joint and muscle	R
Joint reconstructions	R
Lung and Chest	R
Kidney and bladder	R
Male reproductive system	R
Digestive system	R
Hernia and appendix	R
Gastrointestinal endoscopy	R
Gynecology	R
Miscarriage and termination of pregnancy	R
Chemotherapy, radiotherapy and immunotherapy for cancer	R
Pain management	R

Skin	R
Breast surgery (medically necessary)	R
Diabetes management (excluding insulin pumps)	R
Heart and vascular system	R
Blood	R
Back, neck and spine	R
Plastic and reconstructive surgery (medically necessary)	R
Dental surgery	R
Pain management with device	R
Implantation of hearing devices	R
Cataracts	R
Joint replacements and spinal fusion	R
Dialysis for chronic kidney disease	R
Pregnancy and birth	R
Assisted reproductive services	R
Weight loss surgery	R
Insulin pumps	R
Podiatric surgery* (provided by an accredited podiatric surgeon - limited benefits)	R
Sleep studies	R

*Limits apply- contact the Fund for information

R Restricted benefits: You will be covered in a shared ward in a public hospital only. If you are admitted to a private hospital or private day facility to be treated, it is likely to result in large out of pocket expenses. Some specialists may not operate in a public hospital, this should be taken in to consideration when choosing your hospital cover.

MILDURA HEALTH FUND PRODUCT SUMMARY

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Excess

An excess is the amount you agree to pay upfront if you are admitted to a public hospital, private hospital or private day facility.

Excess amount applicable to Basic Plus:

COVER	PRODUCT CODE	EXCESS AMOUNT	MAXIMUM YEARLY EXCESS	
			SINGLE	COUPLE / FAMILY
Basic Plus \$750 Excess	H1	\$750	\$750	\$1500

Please Note: The excess is payable for all overnight and same admissions to all public and private hospitals, with the exception of Mildura Health Private Hospital where the excess is payable for overnight admissions only. Members do not pay an excess for day surgery.

Waiting Periods

HOSPITAL	
Pre-existing conditions*	12 Months
Pregnancy and Birth related services	
All other hospital treatment including Rehabilitation, Psychiatric Services and Palliative Care	2 Months
Accidental Injury **	Immediate
Newborns***	

Pre-existing conditions*

A pre-existing condition is where the signs or symptoms of your ailment, condition or illness, in the opinion of MHF's appointed independent medical adviser (not your own doctor), existed at any time in the 6 months preceding the day you joined hospital cover or the date you upgraded to a higher level of cover. It is not necessary that you, or your doctor knew what the condition was or that the condition had been diagnosed.

Decisions on whether or not an illness is pre-existing can only be made by MHF's appointed independent medical adviser. In forming an opinion, the Fund's practitioner must take into account information provided by your own doctor.

The pre-existing condition rule still applies even if your ailment, illness or condition was not diagnosed prior to joining or upgrading your hospital cover.

Accidental injury **

An accident is an unforeseen and unintended event which occurs suddenly and causes bodily injury requiring immediate treatment.

You are covered for accidental injury treatment immediately after you join, providing that there is no right to claim compensation or damages from another source.

Pregnancy related conditions, or an unforeseen ailment, illness or condition brought on by medical cause, are not classed as an accident.

Newborns ***

We understand that it is a busy and exciting time when a baby is born. It is important that you contact us as soon as possible after your baby's birth to ensure that they are added to your membership.

If you currently hold a single policy with us, you will have 2 months to upgrade to a single parent, or a family type policy, after baby arrives. The applicable premium will be payable from baby's date of birth and they will inherit your waiting period status.

If you already hold a family type policy, you simply need to let us know baby's details, within 2 months of their birth and they will inherit your waiting period status.

If you are expecting a multiple birth, you will need to have a family type policy as the second, or subsequent birth, will be admitted to hospital in their own right. This will mean that if you hold an excess cover, and you haven't already met your excess liability for the calendar year, the excess will be payable for your second baby.

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Important information

Benefits

Benefits are payable for treatment received in a recognised hospital or facility in Australia only.

Benefits will not be payable unless all applicable waiting periods have been completed.

Restricted benefits will be payable at the Minimum Benefit Payable (MBP), this is the minimum benefit the Private Health Insurance Act requires health funds to pay for treatment under a hospital cover. If you hold the Basic Plus cover and are admitted to a private hospital or day facility, benefits will be payable at the MBP which may leave you with large out of pocket expenses to pay.

Treatment where no Medicare benefit is payable will not be covered by your hospital cover. However, limited benefits are payable towards the cost of hospital inpatient treatment for Podiatric surgery provided by an accredited podiatric surgeon depending on your level of hospital cover. Cosmetic surgery is specifically excluded where there is no Medicare benefit payable.

Benefits are payable for 365 days of the year provided your doctor certifies your need for ongoing acute care. If after 35 days, your doctor doesn't provide certification you will be classified as a long term 'nursing home type' patient. We will cover you for the minimum benefit amount as determined by the Department of Health (DoH) leaving you with a daily co-payment to pay. Depending on your length of stay your co-payment amount may be significant.

What are my options if I am admitted to a public hospital?

When you are admitted to a public hospital. You can choose whether to be treated as a public patient or a private patient. If you choose to be a public patient, you will be treated by a doctor appointed by the hospital and not be charged for your care.

You can choose to be treated as a private patient in a public hospital to have your choice of treating doctor, or to have a private room. However, this may not necessarily guarantee the doctor of your choosing or that a private room will be available, nor does it guarantee a higher level of care.

There is no difference in the level of care you receive at a public hospital if you elect to be a private patient, you may however be charged some out-of-pocket costs.

Gap Medical Benefits

When you are admitted to hospital you will be charged separately for medical fees by your doctor, medical specialist, surgeon, anaesthetist, radiologist or pathologist.

These fees will be in addition to your accommodation and theatre fees, and are always negotiable between you and your health care provider. You will receive 100% of the Medicare Benefit Schedule (MBS) fee, the Medicare benefit, plus the Fund Benefit for inpatient services. If your specialist chooses to charge above the MBS fee, we will pay a further benefit towards this amount, known as the gap, which may result in a gap payment or no out of pocket cost to you. If your doctor has an agreement in place with us, they will bill us direct. Otherwise you can submit your unpaid account to us for claiming.

Please contact the Fund prior to any planned hospitalisation with the MBS item numbers, and fees the doctor will be charging, so that we can ensure that you will be covered and advise you of any out of pocket amounts you may need to pay.

No Gap Medical Benefits at MHPH

Mildura Health Fund has no gap medical agreements with a number of medical specialists, doctors and surgeons who operate at Mildura Health Private Hospital (MHPH).

Your doctor will bill us direct and you will have no out of pocket costs if treated at MHPH by a no gap provider.

Prosthesis

A prosthesis is a surgically implanted medical device or artificial body part, such as a hip or knee joints or a cardiac pacemaker.

Other costs you may incur

Depending on the procedure you are having whilst an inpatient in hospital, your doctor may need to use high cost items that are not normally covered.

Ambulance Travel

The cost of ambulance travel is not covered by your hospital cover.

Members who reside in NSW or the ACT who pay for any level of hospital cover are covered for ambulance transport through a state levy that is paid on their behalf.

Members living outside of these states need to contact their state ambulance service to join ambulance cover. Ambulance service subscription costs are refundable to members who hold one of our three levels of extras cover.