

**medibank**  
For Better Health

# going to hospital



## Going to hospital - A guide for Australian residents

Going to hospital can be stressful, and the last thing you need is to worry about how much it's going to cost. That's why we've created this guide; to give you a rundown of how hospital cover works, and what you can expect to pay out of your own pocket. Once you've given it a good read, you'll be better informed about your health insurance.

For more information and a summary of the services under your cover, refer to your Member Guide and Cover Summary.

## What are my options? Public vs Private

Before we get started, it's important to know your options. If you're an Australian resident with private health insurance, you can choose to be treated as a private patient at either a private or public hospital (provided the service is included under your cover) or a public patient at a public hospital.

The below table sets out some general scenarios that will depend on whether the service is Included, Restricted or Excluded under your cover.

	Private patient in a private hospital*	Private patient in a public hospital*	Public patient in a public hospital
How quickly will I be treated?	As soon as you and your specialist are ready.	As soon as you and your specialist are ready (subject to hospital waiting lists).	When a time becomes available on the public waiting list.
Can I choose my specialist?	Yes (unless you're treated as an emergency patient).	Yes (unless you're treated as an emergency patient).	No.
Can I choose my hospital?	Yes, but this will depend on your specialist and where they work.	Yes, but this will depend on your specialist and where they work, and hospital waiting lists.	Yes, but this will depend on your location and hospital waiting lists.
Can I get a private room?	Yes, depending on hospital resourcing, availability and clinical need.	Possibly, it's at the hospital's discretion and also depends on availability and clinical need.	Possibly, it's at the hospital's discretion and also depends on availability and clinical need.
Will I have to pay for my hospital accommodation?	Possibly, part or all of your hospital accommodation fees will be covered, but you may have to pay an excess or per-day payment. How much you pay depends on whether it's a Members' Choice hospital. (see page 4)	Possibly, part or all of your hospital accommodation fees will be covered, but you may be charged extra for a private room and you may have to pay an excess or per-day payment.	No, you'll be treated as a public patient.
Will I have to pay in-hospital specialist fees?	Possibly, Medicare and Medibank will pay towards some or all of your specialist(s) fees. (see page 6 GapCover)	Possibly, Medicare and Medibank will pay towards some or all of your specialist(s) fees. (see page 6 GapCover)	No, you'll be treated as a public patient.

\*Subject to waiting periods under your cover.



## What is Hospital cover?

Hospital cover can pay towards services you receive when you're admitted to hospital and treated as a private patient. It can't pay towards any services when you're not admitted to hospital (e.g. seeing your GP or specialist).

Before booking your treatment as a private patient, call us for an eligibility check to find out what services we will pay towards, and any out-of-pocket expenses you might incur. See page 4 of this brochure for more information about eligibility checks.

The amount we pay towards inpatient medical services is based on the Medicare Benefits Schedule (MBS). If a service is listed in the MBS and Included or Restricted under your cover, Medicare pays 75% and we pay 25% of the MBS fee. This means if a specialist doesn't charge more than the MBS fee, you won't have an out-of-pocket expense for those inpatient medical services. However, if a specialist charges more than the MBS fee, you'll have an out-of-pocket expense (see page 6 to find out how you could eliminate or reduce your out-of-pocket expenses).

## What does that mean?

### Included Service

An Included Service is a service that we pay towards, including inpatient hospital accommodation (overnight and same-day) however, out-of-pocket expenses can still apply (which also depends on where you're admitted).

### Restricted Service

A Restricted Service is a service where we pay the minimum amount set by the government for hospital accommodation.

- **Private hospital** If you choose to be treated in a private hospital for a Restricted Service, you are likely to incur substantial out-of-pocket expenses because the minimum amount we pay may not be enough to cover all hospital costs.
- **Public hospital** If you choose to be treated for a Restricted Service as a private patient in a public hospital, we'll pay the minimum amount (as set by the government) towards overnight and same-day accommodation for shared rooms. You may still have out-of-pocket expenses.

## What's an inpatient?

A person who is admitted to hospital (overnight and same-day) to receive medical care or treatment.

## What's an MBS item number?

The Medicare Benefits Schedule (MBS) lists all the medical services subsidised by the Australian Government through Medicare. Each service listed in the schedule has an item number and a corresponding fee that's been set by the government.

Learn more at [humanservices.gov.au](http://humanservices.gov.au)

### Excluded Service

An Excluded Service is a service that we don't pay anything towards, such as any hospital accommodation or in-hospital medical services like specialists' fees, which means you'll have substantial out-of-pocket expenses.

### Waiting periods

To receive benefits as a private patient, you need to be insured for a set amount of time – this is known as a waiting period.

Waiting periods can vary from two months to 12 months depending on the service. While you're serving a waiting period we won't pay towards any items or services you receive.

To minimise your expenses, make sure you've completed any relevant waiting periods.

**The amount we pay depends on whether the service is Included, Restricted or Excluded under your cover and whether you have served the applicable waiting periods.**

## Pre-existing conditions (PEC)

Most hospital treatments have a two month waiting period, but if we determine your condition is pre-existing, it's a 12 month waiting period (unless it's treatment for psychiatric care, rehabilitation and palliative care). This means we won't pay towards any services during this waiting period and you'll incur significant out-of-pocket expenses.

It takes up to 10 days to make a PEC assessment so contact us on **132 331** as soon as you know you need treatment.

## What's a pre-existing condition?

A pre-existing condition is an ailment, illness or condition that, in the opinion of a Medical Practitioner appointed by Medibank, the signs or symptoms of which existed at any time in the six month period ending on the day on which you became insured under the policy, or changed your cover.

## What types of out-of-pocket expenses could I have?

Your out-of-pocket expenses depend on things like the hospital you're admitted to and what services are Included or Restricted under your cover. That's why you should call us before booking your treatment, to find out what we pay towards and what out-of-pocket expenses you might incur. Here are a few common reasons why you may be left out of pocket.

### Multiple specialists, multiple bills

Most hospital procedures require a number of specialists and each charge their own fee. If any of your specialists charge more than the MBS fee (the set government fee), and they choose not to participate in GapCover for that claim, you'll need to pay the difference. [See page 6 for more on GapCover].

### Diagnostics (e.g. blood tests, x-rays, scans and ultrasounds)

If you require blood tests, ultrasounds, scans or x-rays during your hospital stay, and you're charged more than the MBS fee (the set government fee) you may have an out-of-pocket expense. GapCover doesn't apply to diagnostics.

### Prostheses (e.g. pacemaker or cardiac stent)

A prosthesis is any medical device surgically implanted in your body to help it function. For prostheses listed on the government's Prostheses List, we pay the minimum amount set by the government. If your prosthesis costs more than the minimum amount you'll need to make up the difference. Similarly, if you and your surgeon select one that's not on the List you'll need to pay the full amount of the item. To help minimise your expenses, it's worth discussing options with your surgeon to find out if they can choose items that are on the Prostheses List.

### Excess & Per-day payment (or Co-payment)

An excess is the amount you pay towards your hospital admission (same-day or overnight), as a private patient, before we pay anything. Depending on your cover, you may need to pay an excess for your stay upon admission.

Separate to an excess, a per-day payment is a daily charge you pay towards your hospital accommodation. You may need to pay a per-day payment – refer to your Cover Summary.

### Associated hospital costs

Generally, hospital services such as accommodation for a partner or dependant, TV hire, telephone calls, newspapers, parking and take-home items like crutches will incur a fee. Ask the hospital to discuss these charges with you before your treatment.

## What's the PBS?

The Australian Government subsidises some prescription drugs, which is known as the Pharmaceutical Benefits Scheme (PBS).

## Pharmaceuticals

We pay towards Pharmaceutical Benefits Scheme (PBS) medications where:

- you're admitted to a Members' Choice hospital for an Included Service
- the pharmaceutical is directly related to the treatment of the condition for which you are admitted, and
- the pharmaceutical is not prescribed for cosmetic purposes.

We don't pay for PBS pharmaceuticals that do not meet the above requirements, including:

- pharmaceuticals provided on discharge from hospital
- pharmaceuticals provided at a non-Members' Choice hospital, and
- certain high-cost pharmaceuticals that aren't on the PBS (such as some cancer drugs).

## Does my cover pay towards my treatment?

Before your treatment, it's very important you contact us on **132 331** to check if you're eligible to claim for the service, and whether you'll need to pay an excess or out-of-pocket expense. Do this as soon as you've met with your specialist so you'll have plenty of time to source any additional info we might need.

You'll need to provide us with:

1. Patient and Medibank membership details.
2. Any MBS (Medicare Benefits Schedule) item numbers or codes, if available (ask your specialist for these before you contact us).
3. The date and time of your procedure.
4. The name of the hospital or facility where you're having your procedure done.



## Tip

### Choose a Members' Choice Hospital

We have arrangements with most private hospitals and day surgeries in Australia, so you generally get better value if you go to one of these hospitals. To find your nearest Members' Choice hospital, visit [medibank.com.au/memberschoice](https://medibank.com.au/memberschoice)

Members' Choice hospitals may not be available in all areas. If you're treated in a non-Members' Choice hospital, the amount we pay is generally lower than for a Members' Choice hospital so you could be left with significant out-of-pocket expenses.



## What's GapCover?

If your specialist decides to charge more than the MBS fee you will be left with an out-of-pocket expense, commonly referred to as the gap.

GapCover is a scheme designed to help eliminate or reduce your out-of-pocket expenses for in-hospital specialists' charges.

GapCover doesn't cover all medical services, and specialists can choose whether or not to participate in GapCover for part, or all of your treatment. So, check upfront with each specialist involved if they'll participate in GapCover for all claims as part of your treatment to help reduce your out-of-pocket expenses.

GapCover doesn't apply to pathology and radiology services, out-of-hospital medical services, and services not Included under your policy. GapCover also doesn't apply to things such as any applicable excess payment and per-day payment. You may still have out-of-pocket expenses.

For more information about GapCover, refer to your Member Guide.

## What are my rights?

It's your right to know the full cost of your in-hospital treatment and how much your out-of-pocket expenses could be.

Knowing about potential costs not only saves you worrying – it can also save you money.

Before going to hospital, ask each of your specialists and your hospital for a breakdown of all the costs in writing. This is known as Informed Financial Consent. It should list the fees for each specialist involved in your treatment – your surgeon, assistant surgeon, and anaesthetist – and any other related costs.

Tell your specialists if you're worried about cost – there may be ways to cut down on expenses without compromising your care.

There are times when it isn't possible for your specialists to give you an estimate of the cost before you're treated, like in an emergency. In these situations, you're entitled to find out about your medical expenses as soon as possible after receiving treatment.

## How will they bill me?

The billing works differently for hospitals and specialists. Hospitals bill us directly, which generally covers things like your bed, meals, and nurses. However, if you have any associated costs like TV hire, newspapers, or parking, you'll need to pay for these, which is an out-of-pocket expense.

Specialists can choose how they bill you.

If your specialists choose to participate in GapCover they'll bill us directly. However, you'll need to pay any charges over the MBS fee that are not fully covered under GapCover, which is an out-of-pocket expense.

If your specialists don't choose to participate in GapCover they'll bill you directly. You can lodge the bill with Medicare as a paid or unpaid claim using its two-way claim form (available online). This is the quickest and easiest way to claim from both Medicare and us.

Alternatively, you can make a claim with Medicare, then with us, by providing us with the Medicare Statement of Benefit.

Any difference between the specialist fee and the benefit you receive will be an out-of-pocket expense.

## How do I reduce my out-of-pocket expenses?

### Ask your specialist

- What out-of-pocket expenses might I have?
- What are the MBS item numbers for my treatment?
- Will you participate in GapCover for each part of my treatment?
- Which hospitals do you practise in?
- Will other specialists bill me for my treatment?
- If so, will they participate in GapCover for each part of my treatment?
- Can you provide me with a written estimate of fees?
- How will I be billed?

### Ask us

- Do you pay towards my treatment?
- Have I completed my waiting periods?
- Do I need to pay an excess or per-day payment under my cover?
- Is the hospital a Members' Choice hospital?

### Ask your hospital

- Will there be additional costs for things like TV hire and medications? If so, how much?
- Are there any other out-of-pocket expenses I might have?

## How do I claim?

### You can make a claim:

- Via post
- At one of our stores

To learn more about making a claim visit [medibank.com.au/health-insurance/claim](https://medibank.com.au/health-insurance/claim) or call us on **132 331**.

To find a Medibank store, visit [medibank.com.au/locations](https://medibank.com.au/locations)

 **medibank.com.au**

 **visit a store**

 **132 331**

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