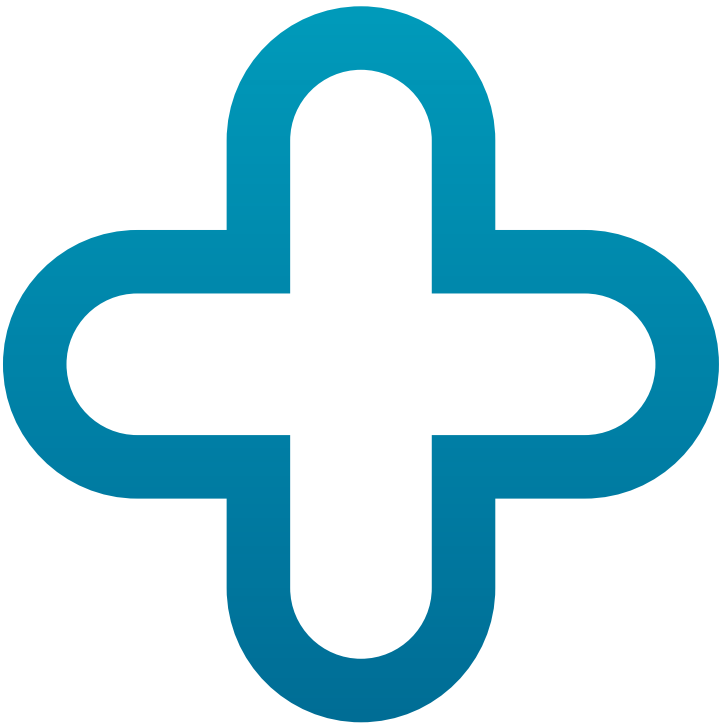
Budget Direct health insurance

Public Hospital

Key Facts Sheet



Public Hospital

If you want options, but don't really need the "star treatment", this is the cover for you. You get cover for a wide range of treatments as a private patient in a public hospital without having to pay top dollar.

What's covered in a public hospital?

For services not listed under 'exclusions' you are covered[1] at a public hospital for:

- Medical gap
- Joint reconstructions and investigations
- Cardiac related services
- Rehabilitation services
- Pregnancy and birth related services
- Assisted reproductive services (IVF)
- Removal of tonsils and adenoids
- Appendicitis
- Minor gynaecological surgery
- Rehabilitation
- Psychiatric care
- Theatre fees (in a public hospital only)
- Intensive and coronary care
- Same day treatment
- Surgically implanted prosthesis (Government Prosthesis group benefits)[2]
- Australia wide ambulance cover for all clinically necessary, emergency ambulance services[3]
- Other inpatient treatment recognised by Medicare

What's covered in a private hospital?

This product is not recommended if you need to be admitted into a private hospital. For services not excluded fixed default benefits will be paid towards accommodation in a private hospital. The benefit depends on the type of treatment, accommodation or surgery received and length of the hospital stay. Additional private hospital costs such as theatre and delivery suite charges are not covered through Public Hospital cover, which will result in significant out of pocket expenses.

Please note: Staying in a single room in a public hospital or treatment in a private hospital will result in significant out of pocket expenses. For further information on Public Hospital benefits please contact us on **1300 665 623**.

Excluded services

- Gastric banding and all obesity related surgeries
- Renal dialysis for chronic renal failure
- Insulin pumps
- Cosmetic surgery (not medically necessary)

Excess

All Budget Direct Health Insurance covers have an excess. The most you'll pay each year for hospital visits is:

- $450 for Singles
- $900 for Couples and Families

If one person from a Couple or Family cover goes to hospital, they will have a maximum excess of $450. It's only when more than one person from the cover is hospitalised that the maximum excess is $900.

No hospital excess will apply if your child dependant under 21 is admitted as a private patient.

[1] Limited benefits may apply to cosmetic surgery and high cost drugs. Drugs purchased outside of hospital are not included. You may be subject to doctor's waiting lists in a public hospital. Default benefits are paid for all public hospital episodes.
[2] Benefits are no higher than the No-Gap Government prescribed benefit.
[3] We recommend checking with your state Ambulance authority to ensure you are correctly covered for all non-emergency ambulance transport within Australia.

Medical Gap Cover

Budget Direct Health Insurance's medical gap cover is a billing system that provides higher benefits than the scheduled fee. This will reduce or potentially eliminate your out of pocket costs for doctors or specialists fees when treated in hospital.

You are eligible to receive the gap cover if your doctor is registered for gap cover with Budget Direct Health Insurance (we have over 14,000 doctors registered) and bills Budget Direct Health Insurance directly. We will pay an additional 20% on top of the schedule fee when we receive bills this way.

What is the Schedule Fee?

The Federal Government has created a schedule of fees (Medicare Benefits Schedule) set for eligible services by doctors in a hospital or day surgery. Medicare pays 75% of this scheduled fee for inpatient medical treatments and Budget Direct Health Insurance pays the other 25% up to 100% of the Medicare Benefit Schedule (MBS) fee.

For more information contact Budget Direct Health Insurance on **1300 665 623**.

Waiting Periods

Waiting periods exist to protect members from claims made by those who join the fund or increase their level of cover because they have an ailment or illness that may require treatment. Waiting periods will apply to:

- New memberships (previously uninsured).
- Additions to a membership (unless the addition /s has already served all waiting periods with another fund).
- A new baby, adopted and permanent foster children will have no waiting periods providing they're added from birth, adoption or commencement of foster arrangement.
- Existing Budget Direct Health Insurance memberships, and transfers to Budget Direct Health Insurance from another fund where the level of cover and /or benefit entitlement is upgraded or increased and /or where the waiting periods have not been completed.

Pre-existing Conditions and Waiting Periods

Waiting periods apply to new members who have a pre-existing condition. The waiting period also applies to existing members who have recently upgraded their level of hospital cover.

A pre-existing condition is one where signs or symptoms of your ailment, illness or condition, in the opinion of a medical practitioner appointed by Budget Direct Health Insurance (not your own doctor), existed at any time during the six months preceding the day on which you purchased your hospital cover /or benefit entitlement.

If the ailment, illness or condition is considered pre-existing:

- New members must wait 12 months for any hospital benefits.
- Members transferring /upgrading to a higher level of cover must wait 12 months to get the higher hospital benefits. Existing members with at least 12 months membership in total across their old and new cover are entitled to the lower benefits on their old cover.

Find out more

If you're planning treatment or a hospital admission, please contact us to discuss your options to ensure you're covered and have served all waiting periods.

For further information please call **1300 665 623** or visit **health.budgetdirect.com.au**

Budget Direct health insurance

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