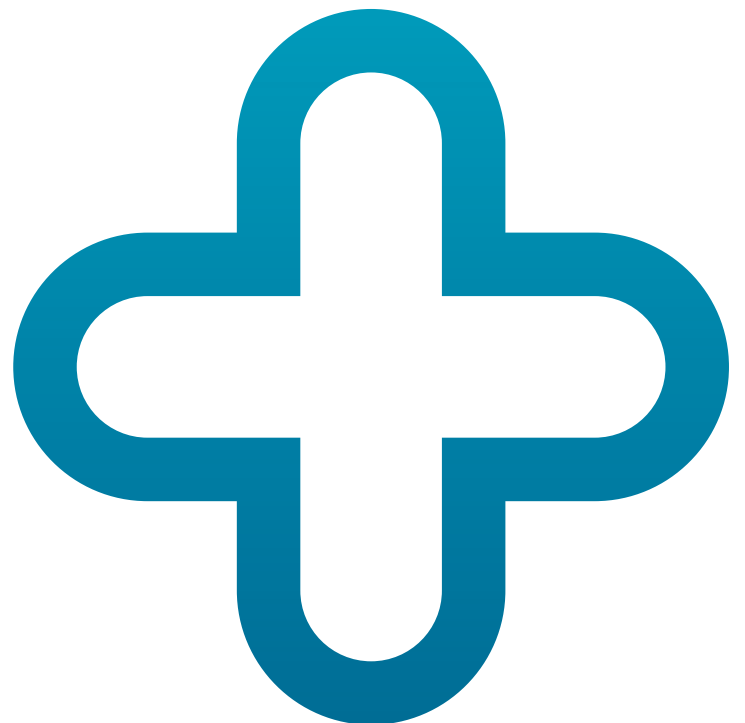
Budget Direct health insurance

New Family Package

Key Facts Sheet



New Family Package

This is an affordable hospital and extras package which contributes towards expenses in a private and public hospital including cover for pregnancy and birth related services. Public hospital benefits apply to services which you may not need until later in life. This package includes cover for inpatient medical expenses and a range of popular extras services with 60% back at recognised health care providers Australia wide.

What's covered in a participating private hospital?

For services not listed under 'restrictions' you are covered[1] at a participating private hospital for:

- Private hospital accommodation^ in a shared or single room (where available)
- Medical gap
- Pregnancy and birth related services (12 month waiting period applies)
- Assisted reproductive services (IVF) (12 month waiting period applies)
- Joint investigations and reconstructions (not replacements)
- Shoulder & ankle arthroscopy
- Cardiac related services
- Rehabilitation services
- Removal of tonsils and adenoids
- Appendicitis
- Minor Gynaecological surgery
- Accidents sustained after joining
- Theatre fees
- 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

Services restricted to public hospital benefits

Default public hospital benefits apply[1] to the following services. Out of pocket expenses may be incurred if you use any of the following services in a private hospital:

- Hip & knee replacements
- Cataract and eye lens procedures
- Renal dialysis for chronic renal failure
- Psychiatric services

Excluded services

- Cosmetic surgery (not medically necessary)

Excess options

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

- $500 for Singles
- $1000 for Couples and Families

If one person from a Couple or Family cover goes to hospital, they will have a maximum excess of $500. It's only when more than one person from the cover is hospitalised that the maximum excess is $1000.

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.
^Fixed benefits are payable in non-participating private hospitals. Contact Budget Direct Health Insurance for further details.

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 aliment, 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.

Extras Services

Budget Direct Health Insurance will pay 60% of what your treatment costs across the following services. You pay the other 40%.

Extras Services	Waiting Periods	Yearly limit (maximum you can claims per person unless otherwise stated)
General & Preventative Dental	2 Months	$700
Major Dental	12 Months	$600
Orthodontics	12 Months	Year 1 - 3: $400 Year 4: $500 Year 6+: $700 Lifetime limit: $2,000
Optical	6 Months	$260
Physiotherapy / Exercise Physiology	2 Months	$450
Chiropractic / Osteopathy	2 Months	$350 per person $500 per policy
Antenatal / Postnatal	2 Months	$300 per policy
Natural Therapies - Acupuncture - Homeopathy - Hydrotherapy - Myotherapy - Naturopathy - Remedial Massage	2 Months	$300
Pharmacy & Travel Vaccinations (S4 & S8 medications only)	2 Months	$400 A limit of $40 per item applies after deduction of PBS copayment
Dietetics	2 Months	$200
Psychology	2 Months	$200
Podiatry	2 Months	$200
Speech Therapy	2 Months	$200
Eye Therapy	Not Covered	Not Applicable
Occupational Therapy	Not Covered	Not Applicable
Home Nursing	Not Covered	Not Applicable

Health Aids and Appliances including: - Asthma Pump - Blood Glucose Monitor - Blood Pressure Monitor - Sleep Apnoea Monitor - Hearing Aids - Pressure Garments - Orthopaedic Appliance - Orthotic Appliance (foot) - TENS Machine	12 Months	$600 $100 sublimit applies to equipment hire, repair and maintenance A Doctors letter of recommendation is required to claim health aids and appliances.
Weight Management Programs[4] Swimming Lessons[5] A Doctors letter of recommendation is required to claim.	2 Months	$100

Preventative Health Benefits	Service Limit	Yearly limit (maximum you can claims per person unless otherwise stated)
Approved Quit Smoking Programs	1 per year	100% of cost up to $150 per person
Nicotine Replacement Patches	1 X 12 week course of patches per year	
Melanoma Surveillance Photography	1 per year	
Bowel Cancer Risk Identification kits (FIT Kits)	1 every 2 years	

[4] Weight loss provider must be a member of the Weight Management Council of Australia and agree to abide by the Weight Management Code of Practice including Weight Watchers Australia, Jenny Craig Weight Loss Centres Pty Ltd, Fernwood & Simplicity Weight Loss. Benefits are only payable for weight loss program fees and not meals or exercise components.
[5] Claims for swimming lessons must be accompanied by a written recommendation by a doctor including a health management plan and approved by Budget Direct Health Insurance.

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

PO Box 761, Geelong VIC 3220
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