

straightforward health insurance

Preparing for your hospital stay



Preparing for your hospital stay - Checklist

If you know you are going to be admitted to hospital, it's important to call GMF Health first to discuss any out-of-pocket expenses you may incur. You will need:

1. Provider name / number;
2. Hospital name;
3. Item numbers for any procedures;
4. Prosthesis item numbers; and
5. Date of admission.

Here is a checklist of things you may need to consider when you go into hospital.

Accommodation (pg 3-4)

- Will you have a private room? Yes No
- Will you have a shared room? Yes No
- Do you have any co-payment for your room? Yes No
- Will you have an excess to pay if you stay overnight? Yes No

Theatre/Labour ward (pg 5)

- Are you going to need a theatre or labour ward? Yes No
- Do you have a co-payment for the theatre/labour ward? Yes No

Common Medical Specialists (pg 1-2)

Will you need any of the following Medical Specialists?

- Surgeon Yes No
- Surgical assistant Yes No
- Anaesthetist Yes No
- Pathologist Yes No
- Radiologist Yes No

Prostheses (pg 5-6)

- Will you need a prosthesis when you go to hospital? Yes No
- Is your prosthesis fully covered? Yes No

Pharmaceutical (pg 8)

- Will you need any drugs when you're in hospital? Yes No

Pre-existing Ailments (pg 8)

- Have you taken out hospital cover or upgraded your hospital cover in the past 12 months? Yes No
- (If yes, the condition for which you are being admitted to hospital may be subject to the Pre-existing Ailment rules.)

Please note, this is a guide only. There may be other things you need to consider when you're admitted to hospital. If you're not sure about the answers to the above questions, it's important you contact GMF Health on 1300 653 099.

Helpful information and advice for people who are going into hospital

About this brochure

When you need to go to hospital, your first priority should be to get better. The last thing you need is to worry about the cost of your treatment and whether it's covered or not.

We've put together this brochure to help alleviate your concerns by providing you with important and useful information.

In this brochure we will answer questions such as:

- What will Medicare cover?
- What will my GMF Health membership cover?
- Will there be anything that I need to pay for?
- How will I make a claim?

This brochure will provide you with a good guide to your costs, and explain what questions to ask of your medical practitioners and hospital. By contacting us with all these details we can provide a full costing over the phone and confirm it in writing.

What will Medicare cover?

For all in-hospital or licensed day hospital medical procedures the Federal Government sets a Medicare Benefit Schedule (MBS) fee. Medicare will cover you for 75% of the MBS-fee for private in-hospital medical services.

What is the Medical Gap?

The Medical Gap is the difference between the MBS and the amount medical practitioners charge for services provided to private patients admitted to a hospital or licensed day hospital facility.

Medicare covers 75% of the MBS fee for private in-hospital medical services and if you have GMF Health Hospital cover, GMF Health pays the remaining 25%. This means there is no Medical Gap to pay **provided your medical practitioner charges no more than the MBS fee.**

However, many medical practitioners do charge more than the MBS fee. Having GMF Health Hospital cover (except Bronze Hospital) means you may be able to substantially reduce the gap or avoid having to pay the gap at all.

When does GMF Health's Medical Gap cover apply?

GMF Health's Medical Gap cover applies for treatment provided when you are admitted to a hospital or licensed day hospital. However, limitations and exclusions do apply for many cosmetic and reconstructive surgery items, and for treatment that is specifically excluded from your level of cover.

It is important to note that GMF Health is unable to pay benefits for medical fees charged for services provided out of hospital, such as consultations in a medical practitioner's rooms.

In certain cases such as maternity, you may have substantial out-of-pocket expenses for visits to your medical practitioner, both before and after hospitalisation. These out-of-pocket expenses arise when the medical practitioner charges fees that are higher than the benefit that Medicare will pay.

It is important that you ask your medical practitioner to explain all of the expenses that you may be responsible for, including any anaesthetist or other specialist fees, prostheses and all expenses for treatment and services which are provided while you are not in hospital.

How can I find out what my GMF Health policy will cover?

By simply calling us on 1300 653 099, one of our Member Service Consultants can give you greater detail on your personal GMF Health benefit entitlements over the phone.

We can advise:

- If your GMF Health membership is paid and current;
- If the procedure is covered under your particular level of cover;
- If all waiting periods have been completed, especially pre-existing waiting periods; and
- How much you will be out-of-pocket for your hospital stay, in relation to:
 - accommodation (bed) charges;
 - theatre charges;
 - pharmacy items (if applicable);
 - hospital excess (if applicable); and
 - prosthesis items (if applicable).

So that we can provide accurate advice, you will need to have the following information available before you call us:

- The name of the hospital;
- Whether you are a day patient or an overnight patient;
- Surgeon's name and provider number;
- Anaesthetist's name and provider number;
- The item number/s and the Medical Practitioner/s fee/s for the procedure/s to be performed (please ring your surgeon for this information); and
- The item number of any surgically implanted prostheses to be used in your procedure.

Maternity Patients – important note

If a newborn baby is added to the membership within 30 days of birth, the baby will be credited with the length of membership of the parent with the longest served policy and will be deemed to have served the same waiting periods.

Hospital co-payments – what to expect

Accommodation: Will I be in a private or shared room?

Complete/Mid/Gold Hospital

Complete, Mid and Gold Hospital fully covers you for a private room in a public hospital or a GMF Health contracted private hospital*. You are also fully covered for a shared room in a public hospital or any GMF Health contracted private hospital.

Lite/Silver Hospital

Silver Hospital fully covers you for a shared room in a public hospital or any GMF Health contracted private hospital*. If you choose to stay in a private room, you will be required to pay for the difference between the cost of a private room and a shared room. If you request a shared room, but the hospital only has private rooms available, you will be responsible for any additional charge. If this should happen, you should discuss the situation with the hospital and see if you can negotiate a reduction in the cost of the private room.

Family Choice

Family Choice Hospital fully covers the cost of a private room when you are admitted as a maternity patient, and a shared room when you are admitted for any other circumstances in all public or GMF Health contracted private hospitals*. If you choose to stay in a private room, you will be required to pay the difference between the cost of a private room and a shared room. If you request a shared room, but the hospital only has private rooms, you should discuss the situation with the hospital and see if you can negotiate a reduction in the cost of the private room.

Young Singles Choice

Young Singles Choice Hospital fully covers you for a shared room in a public hospital or any GMF Health contracted private hospital*. If you choose to stay in a private room, you will be required to pay the difference between the cost of a private room and a shared room. If you request a shared room, but the hospital only has private rooms, you should discuss the situation with the hospital and see if you can negotiate a reduction in the cost of the private room.

*Please note there are also benefits payable for treatment in private hospitals that are not contracted with GMF Health. For more details refer to page 9. Visit our website at gmfhealth.com.au for an up-to-date listing of GMF Health contracted private hospitals or contact us on 1300 653 099.

Bronze Hospital

You will be required to contribute a \$50 daily co-payment for a day or overnight stay in a private or public hospital in shared room accommodation. An \$80 daily co-payment applies for intensive care treatment in a private hospital. If you choose to stay in a private room, you will be required to pay for the difference between the cost of a private room and a shared room in addition to any daily co-payment already incurred. If you request a shared room, but the hospital only has private rooms available, you will be responsible for any additional charge. If this should happen, you should discuss the situation with the hospital and see if you can negotiate a reduction in the cost of the private room.

Maternity Patients

- Important Note:

Newborn babies are not considered to be patients in a hospital unless they are admitted to a special care facility, or the baby is part of a multiple birth. In these situations, the newborn baby is admitted to the hospital and accommodation charges will apply. However if your baby is seen by a Medical Practitioner but isn't admitted as an in-patient, this is considered out-patient care and GMF Health are unable to pay benefits.

Will I have to pay a Hospital Excess?

Complete/Mid/Lite/Gold and Silver Hospital (Nil excess)

No excess applies.

Complete/Mid/Lite/Gold and Silver Hospital excess

If you have selected an excess option on your Complete/Mid/Lite/Gold or Silver Hospital policy and you have an overnight hospital stay an excess will apply. Depending on what option you selected you will have to pay one of the following:

- \$100 per member up to a maximum of \$200 per couple/family membership per calendar year.
- \$300 per member up to a maximum of \$600 per couple/family membership per calendar year.
- \$500 per member up to a maximum of \$1000 per couple/family membership per calendar year.

No excess applies to same day procedures.

Gold \$100/\$200

- \$100 per member up to a maximum of \$200 per couple/family membership per calendar year.

Family Choice and Young Singles Choice

For an overnight stay, an excess of \$150 per person, per calendar year will apply. A maximum of \$300 applies for couple/family memberships. No excess applies for same day procedures.

Bronze Hospital

For an overnight hospital stay, an excess of \$200 will apply. However, no excess is payable for same day procedures. The maximum hospital excess you will pay per calendar year is \$400 for singles or \$800 for couples/families. This excess is in addition to any hospital room co-payments that may apply.

Maternity Patients

- Important Note:

If your newborn baby is admitted to the hospital and accommodation charges apply (see previous note), you will also incur a Hospital Excess if it applies to your level of cover.

Theatre and labour ward fees

Complete/Mid/Gold, Silver and Family Choice Hospital

Gold, Silver and Family Choice Hospital fully covers you for theatre and labour ward fees charged by private hospitals. Public hospitals do not charge fees for hospital theatres, procedure rooms or labour wards. No benefit is paid on theatre charges for cosmetic procedures and sterilisation reversals.

Lite Hospital

Lite Hospital fully covers you for a shared room in a public hospital or a GMF Health contracted private hospital.

Lite Hospital excludes coronary/ heart and cardiothoracic procedures, dialysis, gastric banding, joint replacement, major eye surgery, maternity and birth related services and assisted reproductive services.

Young Singles Choice

Young Singles Choice Hospital fully covers you for theatre fees charged by private hospitals excluding maternity, joint replacement, heart procedures, major eye surgery, psychiatric, cosmetic surgery, assisted reproductive services (including IVF) and sterilisation reversals. Public hospitals do not charge fees for hospital theatres, procedure rooms or labour wards.

Bronze Hospital

Bronze Hospital fully covers you for theatre fees charged by private hospitals excluding joint replacement, heart procedures, major eye surgery, psychiatric, cosmetic surgery, assisted reproductive services (including IVF) and sterilisation reversals where no theatre benefit is payable by GMF Health. No benefit is paid on labour ward charges in a private hospital. Public hospitals do not charge fees for hospital theatres, procedure rooms or labour wards.

Am I covered for Prostheses?

Prostheses are the surgically implanted devices you may need if you have an operation. There are many types of prostheses which are required during surgery. Some of the most common procedures needing prostheses are joint replacements, cataract surgery and some heart procedures.

All levels of GMF Health Hospital cover entitle you to a benefit for prostheses as long as you are admitted to hospital for the procedure and the item is listed on the Federal Government Prosthesis List. No benefit is payable for prostheses implanted during a procedure that is specifically excluded from your level of cover or if your procedure does not have a MBS item number.

Most prostheses are fully covered, however there are some prostheses that may attract an out-of pocket expense. Please be assured that there is at least one fully covered prosthesis available for every surgical procedure that you may need, so We suggest you discuss the choice of prosthesis with your Medical Practitioner.

How do I find out if I am fully covered for my prosthesis?

It is important to talk to your Medical Practitioner to find out whether a prosthesis will be used during your procedure. Once you have confirmed this, you will need to know the item number of the prosthesis you need and the item number of the procedure you will be having. When you have this information, simply call a Member Service Consultant on 1300 653 099 so we can confirm the amount of any gap you may need to pay.

Other sundry hospital charges

During your hospital stay, additional costs may occur for extras such as aid recovery equipment (like splints and braces). Contact your hospital direct, prior to your stay to see what, if any, additional hospital charges will apply to you.

Paying my medical accounts – how do I claim?

When you have a hospital stay, you could receive up to four different types of accounts. These are:

- Hospital;
- Medical;
- Pharmaceutical; and
- Prostheses.

Hospital accounts

In most cases, hospital in-patient and day-patient accounts will be forwarded directly to GMF Health for payment. If the GMF Health benefit covers the entire hospital account you will not receive any further account from the hospital. If there is a gap between the hospital account and GMF Health's benefit, the hospital will send you an account for the balance owing to your home address.

In paying this account, you will need to forward your payment together with the account for the outstanding amount to the hospital. GMF Health will send you confirmation in writing of what benefit was paid relating to your hospital stay.

If you do receive an account for the full amount outstanding (no benefit has been paid), complete a claim form, attach the original account and send to PO Box 513, Kalgoorlie WA 6433. Please do not send any hospital accounts directly to Medicare.

Medical accounts

(eg. surgeons, anaesthetist, pathology, radiology etc.)

Depending on your medical practitioner, your medical accounts will be handled differently. For example, some GMF Health Fully Covered and Known Gap Covered medical practitioners utilise GMF Health's Simplified Billing system – where members DO NOT receive a medical account at all, as your accounts are handled directly between your medical practitioners and GMF Health.

Prior to your hospital stay, we suggest that you contact us, and discuss the billing arrangements your medical practitioner has with GMF Health. This way, you can be informed in advance of how your medical and hospital accounts will be handled.

Talk to one of our Member Service Consultants by calling 1300 653 099.

Paying medical accounts in advance

Some medical practitioners provide a discount to patients who choose to fully pay for medical services prior to surgery, and then make their Medicare/GMF Health benefit claims later. For details of this option, you need to speak directly to your medical practitioners.

Pharmaceutical Accounts

PBS Drugs

If the drugs you receive while in hospital are covered under the Pharmaceutical Benefit Scheme (PBS), GMF Health does not pay a pharmacy benefit as these drugs are already subsidised by the Government. If any non-authorised drugs are used, the hospital will send you an account directly for any balance owing.

Non-PBS Drugs

GMF Health will pay a benefit if the drugs you receive while in hospital are non-PBS and approved drugs. Please note you may incur some costs for non-PBS pharmacy items.

Some hospitals may include your pharmaceutical charges on your hospital account, while other hospitals will send you a separate pharmaceutical account. Contact your hospital direct if you wish to confirm how you will receive your accounts.

Please note that drugs prescribed for discharge and drugs not associated with the reason for admission are not covered by GMF Health.

Prostheses accounts

In most cases, prosthesis expenses are included on the hospital account, so you will not receive a separate account.

Excess accounts

In nearly all cases, if an excess applies to your level of GMF Health cover, the hospital will request payment of the excess on admission or discharge from hospital.

What is a pre-existing condition or ailment?

An ailment, illness or condition, the signs or symptoms of which, in the opinion of an independent medical practitioner appointed by GMF Health, existed at any time during the six months before you became a Hospital member or transferred to a higher level of Hospital cover.

It is not necessary for the ailment, illness or condition to have been diagnosed in the six month period prior to taking out hospital cover or upgrading – only that signs or symptoms were, or would have been evident. These signs or symptoms should have been reasonably apparent to either the member, or a reasonable general practitioner had the member been examined in the six month period.

We're here to help

As you can see from the contents of this brochure, the financial situation regarding your hospital stay can be quite complex. Knowing what is covered by Medicare, what is covered by GMF Health, what Gap payments will be required, what pharmaceutical and other payments will be incurred and what excess is payable all depend on your individual circumstances.

Therefore, we suggest you let us provide the answers. Just obtain the details of your medical practitioner's names, procedures and other information listed earlier in the brochure and call GMF Health on 1300 653 099 before you go into hospital. We will confirm all the financial arrangements for you, allowing you to concentrate on getting better.

Frequently Asked Questions

What other costs might I incur while I'm in hospital?

You will need to contact the hospital in which you are planning to stay to get more details on what your out-of-pocket expenses are likely to be.

If I have questions about my membership while I am recuperating can someone else do that on my behalf?

Yes, they can. We can provide information such as the policy type, if the policy is financial, if the relevant waiting periods have been met, and if any excess, exclusions, or limitations apply. They will need to have your membership number, your full name, date of birth and address, and they will need to identify themselves when they call (e.g. son/daughter or other relative/friend).

Important to note: information is only provided that is in the best interests of the member.

GMF Health remains committed to ensuring the privacy and security of personal information remains protected.

While I'm recuperating, can someone else collect GMF Health Claims for me on my behalf?

If you have a couple/family membership, your partner can collect claims on your behalf. If you do not have a partner on your membership and you think you may be recovering for some time, you should think about completing a Permanent Authority form prior to your hospital admission. A Permanent Authority form allows you to authorise a person to collect benefits on your behalf. This form is available by calling one of our Member Service Consultants on 1300 653 099.

What if I attend a hospital which isn't contracted with GMF Health?

If you visit a hospital that isn't contracted with GMF Health, we will pay a benefit equivalent to the lowest amount we would pay a contracted hospital in the state the treatment was received. To find out more visit our website gmfhealth.com.au or call a Member Service Consultant on 1300 653 099.



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The information in this brochure was correct at 30 June 2011. Minor changes may have occurred since that date. If major changes occur, the brochure will be replaced. This brochure should be read carefully and retained for your future reference. Details of any minor changes can be obtained from GMF Health upon request.