Basic Plus Hospital

Effective 1st April 2019

A basic level of hospital cover designed for those who just want the basics. Gives you the option to choose your own doctor while receive treatment in a public hospital shared room as a private patient.

Hospital component

EXAMPLE HOSPITAL PROCEDURES at participating private and public hospitals - accommodation, operating theatre, intensive care	
Emergency ambulance transport	✓
Accident related treatment after joining	R
Tonsils, adenoids and grommets	R
Joint reconstructions	R
Hernia and appendix	R
Dental surgery	R
Bone, joint and muscle	R
Brain and nervous system	R
Ear, nose and throat	R
Kidney and bladder	R
Digestive system	R
Gastrointestinal endoscopy	R
Chemotherapy, radiotherapy and immunotherapy for cancer	R
Skin	R
Breast surgery (medically necessary)	R
Diabetes management (excluding insulin pumps)	R
Miscarriage and termination of pregnancy	R
Gynaecology	R
Male reproductive system	R
Eye (not cataracts)	R
Blood	R
Back, neck and spine	R
Implantation of hearing devices	R
Dialysis for chronic kidney failure	R
Insulin pumps	R
Pain management	R
Pain management with device	R
Sleep studies	R
Cataracts	R
Heart and vascular system	R
Lung and chest	R
Plastic and reconstructive surgery (medically necessary)	R
Rehabilitation	R
Hospital psychiatric services	R
Palliative care	R
Pregnancy and birth	R
Assisted reproductive services	R
Joint replacements	R
Weight loss surgery	R
Podiatric surgery (provided by a registered podiatric surgeon)	✗
Cosmetic services	✗
Services for which a Medicare benefit is NOT payable	✗

✓ Covered in private agreement hospitals and public hospitals.

R Restricted benefits.

Additional services covered above the minimum requirements.

✗ Exclusion (not covered).

A Benefit is not payable in respect of a service that was rendered to a Member if the service can be claimable from any other source.

Exclusion

For treatment listed as an exclusion there is no benefit payable and member will incur significant out of pocket expense for these services. Please review the exclusions on this cover and always check with CBHS to see if you are covered before receiving treatment.

Restricted benefits

The services listed as restricted benefits when provided in a private hospital, are eligible for Minimum Default Benefits prescribed by private health insurance legislation. These benefits relate to hospital bed charges and are unlikely to cover the fees charged for a private hospital admission. Members may incur large out of pocket expenses for theatre.

Excesses

An excess is the amount you pay towards the cost of your hospital admission before any benefit is payable. By paying an excess you can reduce the cost of your hospital cover. You can choose from one of these excess options available - $0, $500 or $750.

If you choose an excess, it means that when you go into hospital (same-day or overnight) you will pay the chosen excess amount directly to the hospital. The excess is only payable once per person up to a maximum of twice per couple/family membership per calendar year. Excesses apply to all members on the policy including dependant children.

Ambulance

Basic Plus Hospital includes cover for emergency ambulance services when transported directly to hospital or treated at the scene due to a medical emergency. Transport must be provided by a State Government ambulance service or a private ambulance service recognised by CBHS (e.g. Royal Flying Doctor Service). Residents of WA are also eligible to claim a benefit for non-emergency ambulance transport services up to a maximum of $5,000 per person per calendar year.

Residents of Queensland and Tasmania are covered by their state based Ambulance schemes.

What are pre-existing conditions and why are they important?

Pre-existing condition means an ailment or illness the signs or symptoms of which, in the opinion of the Medical Adviser, or other relevant health care practitioner appointed by CBHS to give advice on such matters, having regard to any information furnished by the Member's Health Care Provider providing the treatment and any other relevant information furnished in respect of the claim for Benefit, existed at any time in the period of six months ending on the day on which the person became insured under the policy and the commencement of contributions for the Benefit.

If a member has a pre-existing condition, a waiting period of 12 months will apply before we will pay hospital or medical benefits towards any treatment for that condition.

Members must also wait for 12 months to be covered for pre-existing conditions where they upgrade their cover.

Waiting periods

HOSPITAL WAITING PERIODS	CALENDAR MONTHS
Pre-existing condition, pregnancy and birth	12 months
All other treatments	2 months
Accidents, emergency ambulance transport	1 day

^Accident related treatment means treatment provided in relation to an Accident that occurs after a Member joins the Fund and the Member provides documented evidence of seeking treatment from a Health Care Provider within 7 days of the Accident occurring. If Hospital Treatment is required, the Member must be admitted to a Hospital within 180 days of the Accident occurring. Any additional Hospital Treatment (after the initial 180 days) will be paid as per the level of Benefits payable on the Member's chosen level of cover (if applicable).

Understanding your hospital component

What's covered for included services?

- ✓ **Accommodation** for overnight, same day and intensive care for a shared room as a private patient in a public hospital. This amount will be the minimum amount specified by applicable legislation
- ✓ **Theatre fees and labour ward fees** are not raised in a public hospital
- ✓ **Medical expenses related to providers** for services while admitted in hospital e.g. fees from doctors, surgeons, anaesthetists, radiologists, pathology, imaging etc. Members have their choice of doctor/surgeon in a public or private hospital. CBHS will cover the difference between the Medicare benefit and the MBS fee for services provided as an admitted patient to a hospitall
- ✓ **Access Gap Cover** is where a provider chooses to participate under an arrangement with the fund. CBHS covers up to 100% of an agreed amount in excess of the MBS fee which reduces or eliminates your out-of-pocket medical expenses (i.e. surgeons, anaesthetists, pathology, imaging fees etc)
- ✓ **Surgically implanted prostheses** to at least the minimum benefit specified in the prosthesis list issued under Private Health Insurance legislation
- ✓ **Emergency ambulance transport** for an accident or medical emergency by approved ambulance providers
- ✓ **Hospital Services** where a medicare benefit is payable (for included services only)
- ✓ **Chronic Disease Management Programs** information available under the membership/services and benefits tab at **cbhs.com.au**
- ✓ **Hospital Substitute Treatment** information available under the membership/ services and benefits tab at **cbhs.com.au**

Limited cover for private hospital accommodation

If a member is admitted to a private hospital under Basic Plus Hospital cover, members may only receive benefits similar to the public hospital shared room rate which can result in substantial out-of-pocket expenses.

Basic Plus Hospital Cover is not sufficient for private hospital treatment as you may incur significant out-of-pocket expenses.

What's not covered?

- ✗ If member is admitted into an agreement or non-agreement private hospital, benefits are payable only at the minimum rate specified by law – accordingly substantial out of pocket expenses can be incurred.
- ✗ Hospital services received within policy waiting periods
- ✗ Nursing home type patient contribution, respite care or nursing home fees
- ✗ High cost, experimental or non TGA approved drugs
- ✗ Take home/discharge drugs (non-PBS may be eligible for benefits from CBHS Extras cover)
- ✗ Treatments where no Medicare benefits are available
- ✗ Aids not covered in hospital agreement (may be eligible for benefits from CBHS Extras cover)
- ✗ Services claimed over 24 months after the service date
- ✗ Services provided in countries outside of Australia
- ✗ Prostheses used for cosmetic procedures, where no Medicare benefit is payable
- ✗ Ambulance transfers between hospitals (for residents in VIC, SA and NT).
- ✗ Labour ward fees in an agreement and non agreement private hospital
- ✗ Fees raised by public hospitals that exceed Minimum Default Benefits set by the
- ✗ Department of Health and Ageing for shared room accommodation

Going into hospital

- Contact us to confirm what you are covered for and to check if any waiting periods apply
- Obtain a quote from your treating doctor/surgeon

Adding a new baby to your membership

When notifiying CBHS of a new addition to your family you will need to provide your baby's full name, date of birth and gender.

If you have family cover, all waiting periods will be waived for your baby as long as you notify CBHS **within two calendar months of the birth**.

If you have singles cover, all waiting periods will be waived for your baby if you upgrade to family cover or sole-parent family cover **within two calendar months of the birth**. The upgrade must take effect the date your baby was born.

Claiming your benefits

Non-admitted medical services

Claims for medical services provided in a hospital, day surgery, emergency facility or doctors rooms as a non-admitted patient must be submitted directly to Medicare only. These services include, but are not limited, to x-rays (radiology), blood tests (pathology) and specialist/doctors consultations.

Hospital claims

Hospitals will bill CBHS directly. If you are required to contribute to your admission (for example you have selected to pay a co-payment or have restricted cover) you will be required to pay this directly to the hospital. Please check with the hospital whether you have to pay this upon admission or if they will bill you.

Admitted hospital medical services*

We pay up to 25% of the Medicare Benefits Schedule (MBS) fee, while Medicare pays the other 75%. If charges are more than the MBS fee, then a gap payment arises.

MEDICARE BENEFITS SCHEDULE FEES	
75% covered by Medicare	Up to 25% covered by CBHS

Services that do not attract a benefit from Medicare will not incur any benefits. This means that you may face significant out-of pocket expenses for both hospital and medical services.

- Doctors will give you an account for their services. Take this account to Medicare first
- Complete a Two-Way form in order for Medicare to forward your claim to CBHS for the Fund benefit to be paid

** A member will incur substantial out of pocket expenses if they are not entitled to Medicare benefits (i.e. Non-Australian Residents).*

Access Gap Cover

Many people admitted to hospital as private patients can find themselves faced with out-of-pocket expenses, or 'gaps'.

Access Gap Cover (AGC) is a medical gap cover arrangement designed to minimise or eliminate out-of-pocket expenses for medical procedures conducted in hospitals or day surgery facilities as an admitted patient.

Advantages of Access Gap Cover

As a patient, you will receive an estimate of doctors fees prior to your treatment

- As a patient, you will receive an estimate of doctors fees prior to your treatment
- Doctors may claim directly from CBHS on your behalf (including the Medicare benefit)
- No more Medicare queues

Go to **cbhs.com.au** for more information on Access Gap Cover or to search for Access Gap Cover participating doctors.

Doctors using Access Gap Cover will usually bill CBHS directly. CBHS claims the Medicare benefit on your behalf and sends payment, including the Medicare and Fund benefits, directly to your doctor. If your doctor sends the account to you, please forward it on to CBHS, clearly identifying it is to be claimed through Access Gap Cover. **Do not take accounts to Medicare first.**

Important note:

Members with Basic Plus Hospital should be aware that it is possible you will be placed on a public hospital waiting list even if you are admitted as a private patient.

This information must be read in conjunction with your CBHS Health Benefit Fund Rules, available at cbhs.com.au. Please read carefully and retain for future reference.