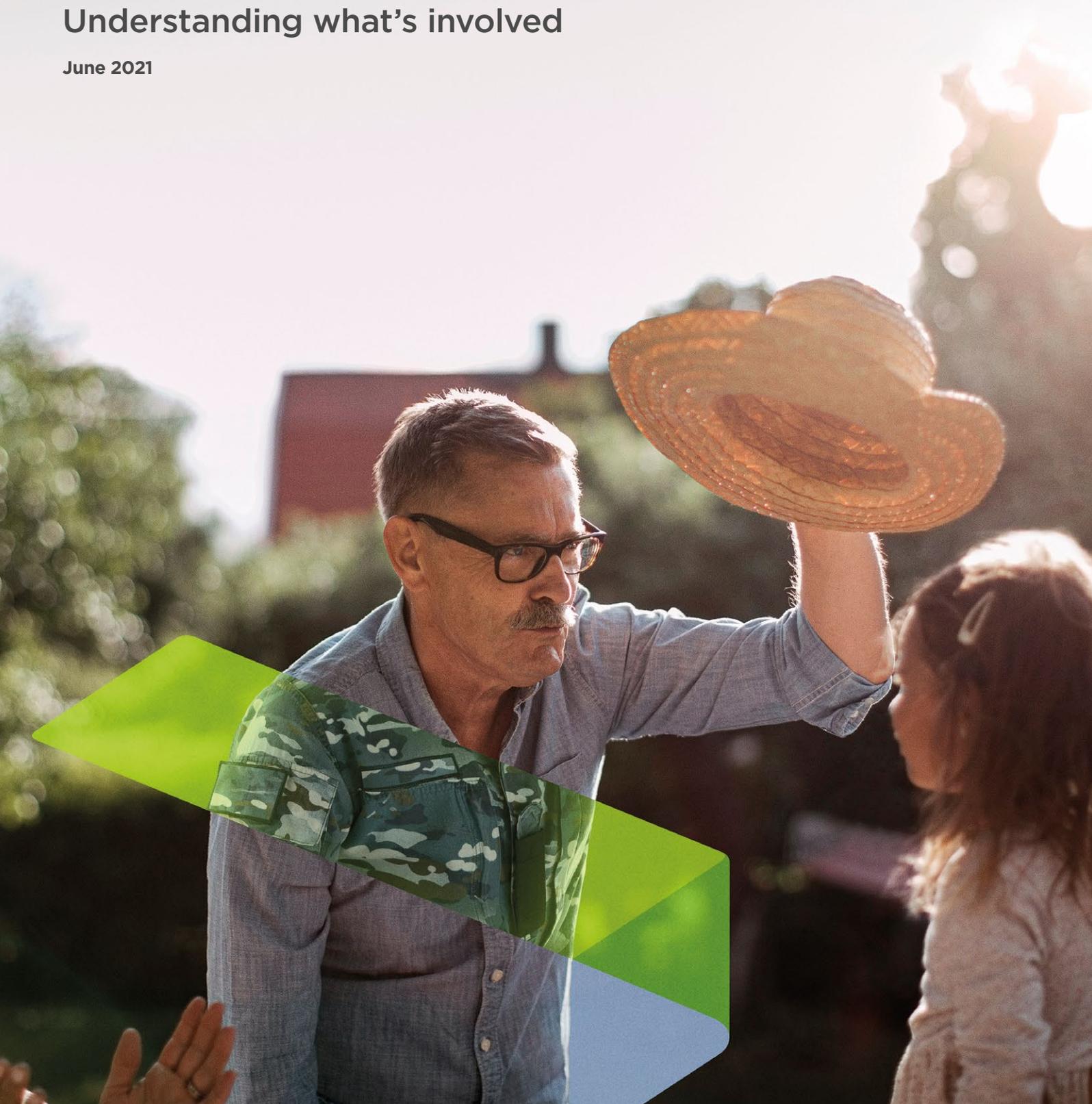


Going to Hospital

Understanding what's involved

June 2021



Contents

1	Introduction	1
2	Before you go to hospital	2
	Check your level of cover	2
	Talk to your doctor	2
	Understanding Access Gap	4
	Choosing your hospital	6
3	Going to hospital in an emergency	8
4	Costs of going to hospital as a private patient	9
	What costs will I incur?	10
	What's not covered?	11
5	After your hospital stay	12
	Your recovery	12
	Claiming your costs	12
6	Going to hospital checklist	13

This guide provides general information and assumes your level of cover is appropriate for your treatment. You should always check whether waiting periods, pre-existing conditions, exclusions or restrictions apply to your cover.

At Defence Health, we want to make it as **easy as possible** for you to understand how going to hospital works. So you can focus on what's important – your health and recovery.



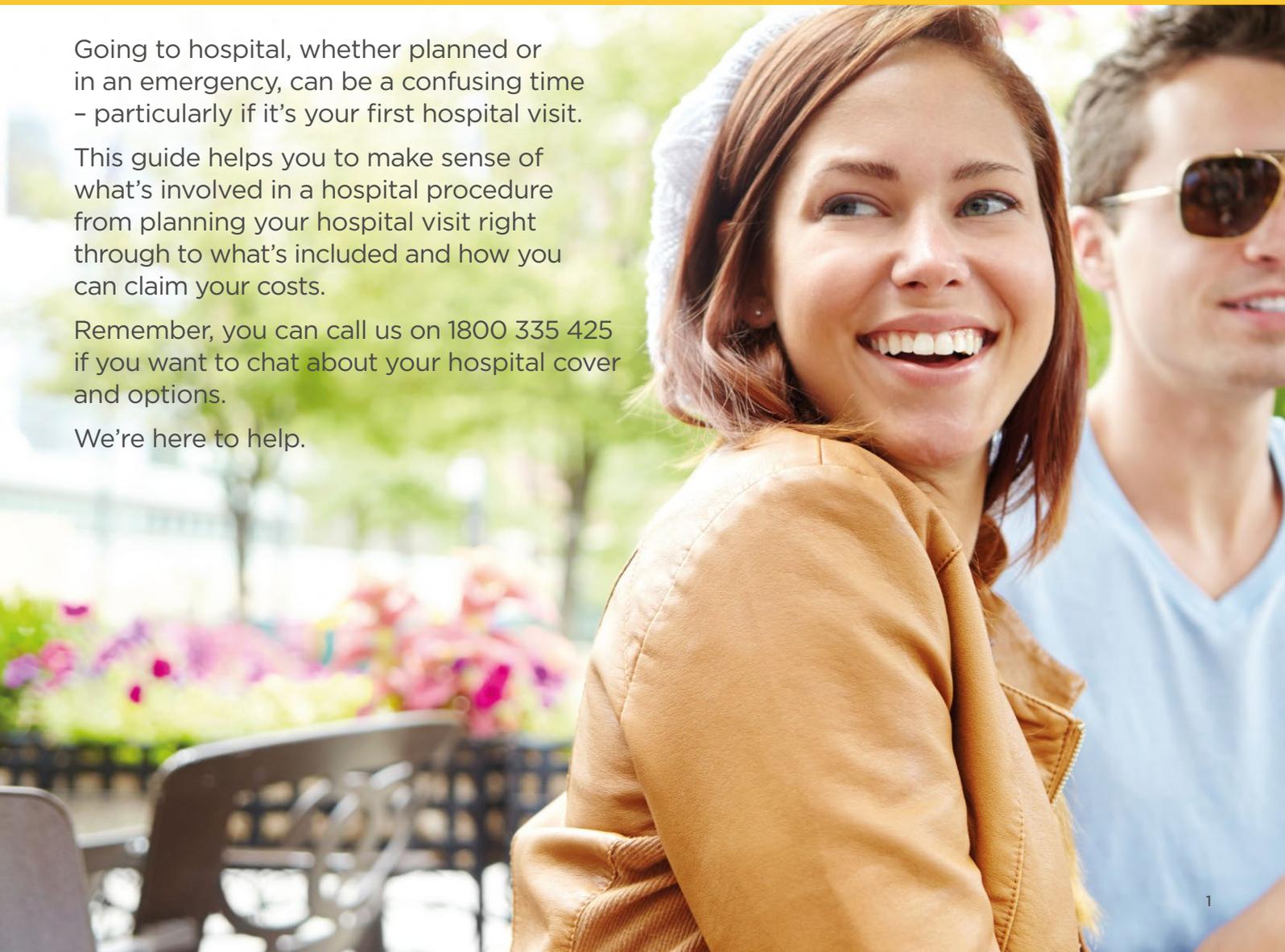
1 Introduction

Going to hospital, whether planned or in an emergency, can be a confusing time – particularly if it's your first hospital visit.

This guide helps you to make sense of what's involved in a hospital procedure from planning your hospital visit right through to what's included and how you can claim your costs.

Remember, you can call us on 1800 335 425 if you want to chat about your hospital cover and options.

We're here to help.





2 Before you go to hospital

Planning your hospital visit and being fully aware of your condition, treatment options and costs will help to ensure a smooth and hassle-free experience.

Check your level of cover

Before you make any decisions about your hospital or procedures, check exactly what your level of cover includes and that you have served any waiting periods (including pre-existing conditions).

You can find out information about your cover by calling us, or in your Product Guide and Membership Certificate.

Talk to your doctor

Your doctor or specialist should provide you with information and advice about your condition, treatment options, details around what will happen during your hospital stay, recovery as well as costs. You should feel comfortable that all your questions have been answered.

Taking the time to learn about your condition and all the available treatment options will ensure you're confident in your decisions.



Phone us on
1800 335 425
if you have any
questions about
your level of cover.



Talk to your doctor

If you're not sure what to ask your doctor about planning your hospital visit, here are some questions to prompt you:

- What is my condition and why do I need treatment?
- What can I expect from the treatment?
- Are there any other treatment options?
- Where can I find out more information about my condition and treatment options?
- Are there any risks with my procedure?
- How long will I be in hospital?
- What will my recovery be like?
- Does my procedure need to be scheduled immediately or can it wait?
- If I need a prosthesis, will there be out-of-pocket expenses?
- Will you use Defence Health's Access Gap program (see page 4) to reduce or eliminate my out-of-pocket expenses?
- Are there other doctors/specialists who will be involved in my procedure and will they use Access Gap?
- What costs can I expect?
- Can I have an estimate of the costs?
- How do you charge, what bills will come to me and what will go to Defence Health?

2 Before you go to hospital cont.

Understanding Access Gap

Medical services provided in hospitals by doctors, surgeons, anaesthetists, radiologists and pathologists are charged separately. Even with private hospital cover, you can still receive bills for medical services if your doctor chooses to charge above the fees set by the Federal Government. This difference is commonly referred to as the 'gap'.

Defence Health's Access Gap program is a benefit that reduces or eliminates this 'gap'. This allows you to know with certainty that you will either have no - or reduced - out-of-pocket expenses for medical treatment you receive in hospital. Access Gap helps to ensure you can focus on what really matters, like recovering from your treatment faster.

Why might I have an out-of-pocket expense?

The Federal Government sets a schedule of fees for medical procedures - these are known as Medicare Benefits Schedule (MBS) fees.

As a private patient, Medicare will cover 75% of the MBS fee. Defence Health will cover the remaining 25%.

However, many doctors charge above the MBS fee. The gap is the difference between the MBS fee and what the doctor charges. If your doctor charges more than the MBS fee, then Defence Health's Access Gap program can cover all or part of this gap for you.

How our Access Gap program works

Under Access Gap, Defence Health will pay higher benefits for your medical procedure, up to certain limits. In return, your doctor agrees to charge a lower amount.

If your doctor chooses to participate in Access Gap, Defence Health will either:

- cover the gap completely, or
- reduce the gap so that you only have a reduced amount to pay (your doctor will tell you exactly how much you have to pay).

If your doctor doesn't want to participate in Access Gap, you have the right to select one who does.

Claiming the gap

Doctors who participate in Access Gap will generally send their account directly to us. This means that your doctor is paid faster and that you don't need to worry about paperwork. If your doctor sends the bill to you, just send it on to us.

Talking to your doctor about Access Gap

Before you go to hospital, you and your doctor should take the time to discuss the costs of your treatment, and any out-of-pocket expenses that you may need to pay. You may also find that it will be the receptionist, business manager or practice manager who will discuss costs with you.

It can be uncomfortable to discuss costs. Ensuring you understand all costs is just as important as the conversation you have about your condition, treatment options or hospital procedure. Your doctor has an obligation to advise you of any out-of-pockets, and you have the right to ask if they will participate in Access Gap.

How Access Gap benefits your doctor

Here are some of the great reasons why it can be beneficial for your doctor as well as you.

- Simplifies the claims process - Defence Health pays your doctor directly.
- Improves cash flow in the doctor's practice with claims paid within 21 days.
- Doctors have the ability to opt in and out on a patient by patient basis.
- Adds value for private patients - giving patients another reason to choose that doctor.
- Access Gap fees are indexed regularly to encourage doctors' ongoing participation in the program.

Visit defencehealth.com.au
for a list of doctors who may
be willing to use Access Gap
to reduce or eliminate your
out-of-pocket costs.



One of the **first things** you need to do when planning a hospital visit is to **decide** whether to be admitted as a **private** or **public patient**.

Choosing your hospital

Under Medicare, any Australian resident admitted as a public patient in a public hospital is entitled to treatment by a doctor appointed by the hospital, at a time determined by the hospital. Medicare pays for your accommodation, meals, medical and nursing care, theatre and other fees related to your treatment.

So you don't necessarily need to use your private health insurance in a public hospital as you are entitled to free medical care. If you choose to use your private health insurance when admitted to a public facility, in most cases this will not grant you any better or special medical treatment.

Be informed and know your rights

You should not feel pressured or coerced about using your private health insurance cover. You can choose to be treated as either a public or a private patient and you have the right to make that choice.

Regardless of the type of hospital you choose to attend, it's important to be informed at every step of the way.

You should know exactly what you're covered for and be aware of any out-of-pocket expenses you may need to pay. It's best if you can make decisions about your care and payments before you get to hospital, so that when you arrive you can focus solely on your surgery and recovery.

The table below outlines the key differences between your hospital admission options. If you want to discuss your specific circumstances please give us a call and we can help you make an informed decision.

	Private patient in a private hospital	Private patient in a public hospital	Public patient in a public hospital
Timing of treatment	You will receive treatment as soon as you and your specialist are ready.	You will receive treatment as soon as you and your specialist are ready.	Dependent on when a place is available on the public hospital waiting list. Waiting lists for elective surgeries can be long.
Choice of specialist	You can choose your specialist.	You can choose your specialist but only if they work at that hospital. If you're admitted in an emergency, you may not be able to choose.	No choice. You will be treated by a doctor appointed by the hospital.
Choice of hospital	You can choose your hospital, depending on your specialist and where they work.	You can choose your public hospital, depending on your specialist and where they work.	Some choice may be available amongst the public hospitals that your specialist works at. This also depends on when a place becomes available on the public waiting list.
Access to private room	You will have access to a private room, subject to availability.	You will have access to a private room, subject to availability and your clinical needs.	Depending on the public hospital you're being treated at you may have access to a private room.
Will I have to pay for my hospital accommodation?	No, Defence Health will cover your hospital accommodation fees in agreement hospitals.*	Possibly. You may be charged extra for a private room.†*	No, Medicare will cover all of your hospital accommodation fees.
Will I have to pay any specialist(s) fees?	Possibly. Medicare and Defence Health will cover all of your specialist(s) fees, up to the MBS fee. If your doctor charges more than the MBS fee, this may be covered by Access Gap.	Possibly. Medicare and Defence Health will cover all of your specialist(s) fees, up to the MBS fee. If your doctor charges more than the MBS fee, this may be covered by Access Gap.	No, Medicare will cover all of your specialist(s) fees.

This information assumes that you are fully covered for the treatment needed and all waiting periods have been served.

†If the hospital charges are greater than the Defence Health benefit, you will have an out-of-pocket expense.

*Subject to any excess on your policy and that you have the appropriate level of cover for your treatment.

② Before you go to hospital cont.

Many common surgeries are classified as elective, meaning they are procedures that are scheduled in advance because they don't involve urgent clinical need. In the public system, waiting lists for elective surgeries can be long, so chat to your doctor if you are concerned about this.

If you don't mind waiting for your surgery, or if your surgeon only operates out of a public hospital, you can choose to be treated in a public hospital and not claim on your private health insurance.

As a private patient in a private hospital, you're more likely to receive treatment sooner. As well as enabling you to choose your private hospital or day hospital facility from over 500 agreement hospitals, your Defence Health membership allows you to nominate your preferred doctor and use our Access Gap program to reduce your out-of-pocket expenses.

Agreement hospitals

Defence Health has agreements with most private hospitals - these are called 'agreement hospitals'. These agreements ensure that an agreed schedule of fees (including in-patient accommodation, theatre and special unit accommodation fees as appropriate) is charged by the hospital and paid by Defence Health on your behalf.

If you choose a non-agreement private hospital, you will incur out-of-pocket expenses for hospital related services.



Search over 500+ agreement hospitals at defencehealth.com.au





3 Going to hospital in an emergency

In an emergency situation, you will generally attend the nearest public hospital accident and emergency department equipped to deal with your needs.

In hospital emergency departments, patients are treated as out-patients. An out-patient is a patient who attends hospital for diagnosis and care but doesn't need to be formally admitted. All Medicare cardholders can be treated at a public hospital accident and emergency department at no charge. Private health insurance funds are not allowed to cover accident and emergency department treatment costs.

If you need additional hospital care after your initial assessment, you may be admitted to the hospital as an in-patient. In this situation, all Medicare cardholders can be treated as a public patient in a public hospital at no charge to them or their health fund. You can also choose to be treated as a private patient at a public hospital, though you may not receive any additional benefits over other patients admitted through the public system, and you may incur additional costs. For more information about being admitted as a private or public patient, see [Choosing your hospital](#) on page 6.

What if I want to go to a private hospital emergency department?

Defence Health does not pay a benefit for emergency department fees for private or public hospitals. We will only pay for your hospital expenses if you are admitted to hospital as an in-patient.

Is my ambulance service covered?

If you need to be taken to hospital by ambulance, Defence Health will cover the full cost of the ambulance service.

All Defence Health products provide 100% ambulance cover when treatment is provided by a state appointed ambulance service within Australia. And there's no limit on the number of times you can use the ambulance service when needed, including emergency services, non-emergency dispatch, mobile intensive care and air and sea ambulance services.

Transport services by Patient Transport vehicles are not ambulance services and are not claimable.



4 Costs of going to hospital as a private patient

Private health cover can help with the costs of hospital accommodation, theatre fees, labour ward fees, intensive care, ambulance services and the fees of the doctors treating you in hospital.



④ Costs of going to hospital cont.

Your level of cover determines what treatment we'll pay for.

So check your Defence Health Product Guide to make sure you've got the right level of cover for the treatment you need.

There are some hospital and medical costs we can't cover because of government legislation. And there are some situations where you might have an out-of-pocket expense. Here's a summary of the costs and what is not covered when admitted to hospital as a private patient.

What costs will I incur?

You may incur out-of-pocket expenses for:

- ▶ Costs for treatments not covered by Medicare or not covered under your level of cover
- ▶ Doctors' fees in excess of the MBS fee, unless covered by Access Gap (for more information refer to Access Gap on page 4)
- ▶ Pharmacy not covered under the agreement with the hospital
- ▶ Exceptionally expensive drugs
- ▶ Take-home items such as crutches
- ▶ Personal expenses, such as phone calls, newspapers, TV hire that are not covered under the agreement with the hospital
- ▶ Hospital stays beyond 35 days that are not supported by an acute care certificate.

Excess

If you have chosen hospital cover with an excess, you will need to pay the excess amount when you are admitted to hospital.

If you have a policy that covers your children, you'll never have to pay the hospital excess for their treatment.

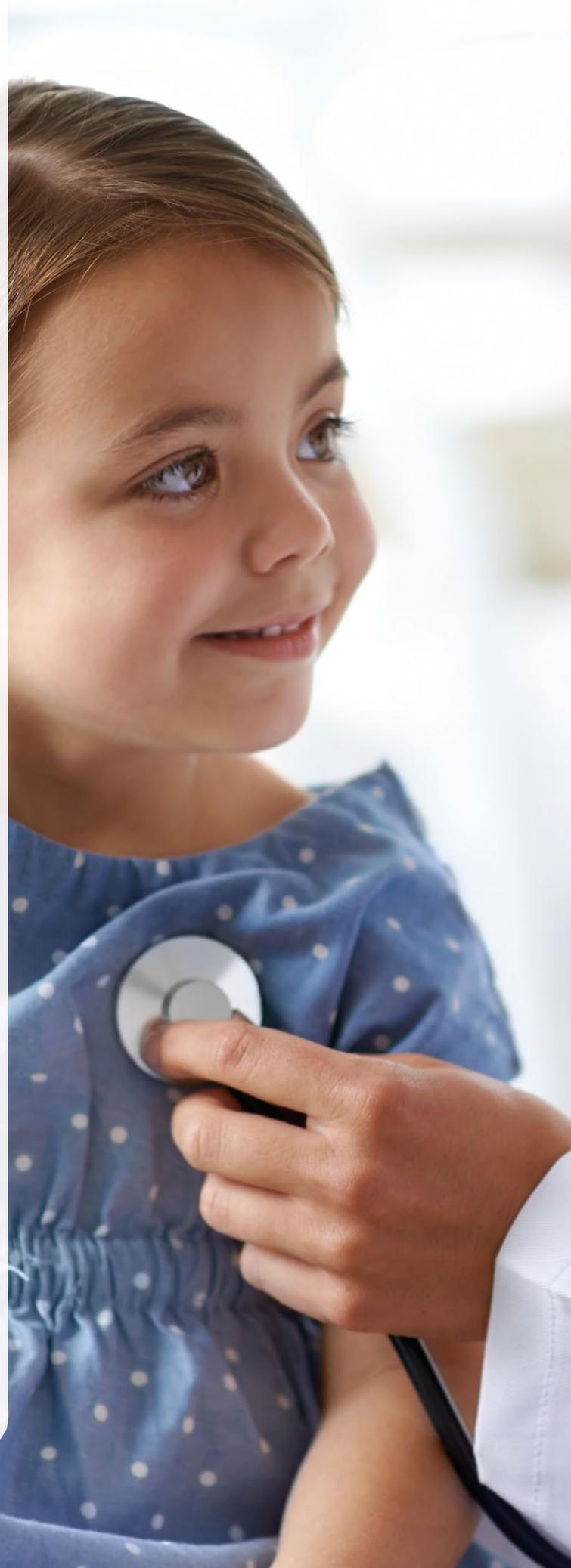
Prosthesis costs

A prosthesis is an artificial or substitute component, such as a pacemaker, defibrillator, cardiac stent, cochlear implant or joint replacement.

For most surgical procedures requiring a prosthesis, your doctor will discuss with you the choices available. If you choose a no-gap prosthesis from the Government's Prostheses List, it will be fully covered by Defence Health.

Other more expensive prostheses may be available for your surgery. If you agree to have one of these, you will need to pay the gap.

To make sure you're getting the right prosthesis for your needs, discuss your options with your specialist and ask for a written estimate of any out-of-pocket costs.





Diagnostic services

Defence Health has negotiated no-gap agreements with a number of diagnostic service providers, such as radiologists and pathologists. If your diagnostic service has been provided under such an arrangement, the bill will be sent directly to Defence Health for processing. If there is no agreement with the provider, you will need to pay the gap.

What's not covered?

Your private hospital cover with Defence Health does not include the following:

- ▶ Any clinical categories of treatment excluded from your cover
- ▶ Treatment received while serving a waiting period (including pre-existing conditions)
- ▶ Treatment provided at an emergency department of a hospital
- ▶ Treatment for which a Medicare benefit is not payable*, e.g. most cosmetic surgery
- ▶ Treatment in doctors' rooms or specialist tests as an outpatient
- ▶ Surgery by a non-accredited podiatric surgeon
- ▶ Private midwifery fees if a doctor is required to intervene in the delivery.

*Cover is provided for rehabilitation, hospital psychiatric services and palliative care.

5 After your hospital stay

Your recovery

Before you leave hospital, your doctor will determine that you are well enough to leave and that you have all the necessary information to ensure a smooth recovery at home.

When you are discharged, check that your doctor, or the hospital has given you the following information:

- How do I know if my recovery is on track?
- How long will my recovery take?
- What symptoms should I look out for if I think there's a problem?
- Who should I contact if I need help?
- What medication do I need to take?
- When can I drive/exercise/return to work?
- Are there any specific instructions for my recovery?
- Will I need physiotherapy or other rehabilitation services?
- When should I make follow-up appointments with my GP/specialist?
- Is there any food or drink I should avoid?

You may need to see additional healthcare providers (i.e. physiotherapists, nurses and others) to assist your recovery. Your hospital cover may pay benefits for some of these services under our health programs, if they are available in your area and your doctor recommends it for you.

Hospital in the home, recovery in the home, rehabilitation in the home and home nursing can provide the recovery care you need in the comfort of your own home.

Hospital in the home

If your doctor agrees, you may be able to leave hospital early. You'll still be an admitted patient of the hospital, but you'll receive your care at home (or in a nominated place). This is particularly common for patients with a chronic illness who are recovering for long periods of time.

Recovery in the home

Hospital substitute programs deliver services by qualified health practitioners when your doctor recommends treatments in substitution for hospitalisation. Receiving healthcare services in the privacy and comfort of your own home can make a big difference to your quality of life. Depending on where you live, Defence Health can arrange for healthcare providers to come to your home for services such as wound management and intravenous therapy.

Rehabilitation in the home

If you're looking for an alternative to hospital based rehabilitation, you might like to consider our rehabilitation at home program. The length of your program will be worked out by your doctor based on your health needs and will usually have no out-of-pocket expenses. You will need a referral from your doctor or hospital before you can be admitted to the rehabilitation at home program.

Home nursing

Defence Health can pay for a Registered Nurse in a private practice to care for you in your home (if your cover includes this). Your doctor will arrange this with us if they believe you'll recover faster with a little extra care at home.

Defence Health extras cover can also help with the cost of a wide range of health and wellbeing providers like the dentist, chiropractor and physiotherapist.

Claiming your costs

When you're discharged from hospital, Defence Health will generally settle your account directly with the hospital.

Doctor and specialist claims

Ask your doctor to send your Access Gap account directly to Defence Health. You should already know if you have any out-of-pocket expenses to pay before your hospital treatment. If your doctor does send the account to you, just forward it to us.

If your doctor is not participating in Access Gap, your claim should first be sent to Medicare and then forwarded, with the Medicare statement, to Defence Health. This is the quickest way for your claim to be processed. Defence Health will cover the difference between the Medicare rebate and the MBS fee, and any amount above the MBS fee will need to be paid by you.

Contact us on 1800 335 425 if you'd like to find out more about the easiest way to claim the costs for your medical procedures.

Remember, being fully aware of your hospital choices and associated costs will help you prepare for your hospital visit and allow you to focus on what's most important – your health and recovery.

We're here for you. Contact us if you have any questions about your level of cover and hospital stay.

6 Going to hospital checklist

Before you go to hospital, check that you have the answers to the following questions from your hospital, your doctor and from Defence Health.

Defence Health

- › Is my treatment included in my current level of cover?
- › Have I served all necessary waiting periods (including pre-existing conditions)?
- › Are my premium payments up to date?
- › Do I have an excess? If so, how much is it?
- › Have I chosen an agreement hospital?

The hospital

- › What time will I need to arrive at hospital?
- › What pre-admission paperwork is required and can I complete this before arriving at hospital?
- › How do I pay my excess?

Your doctor

Condition and treatment

- › What is my condition and why do I need treatment?
- › What can I expect from the treatment?
- › Are there any other treatment options?
- › Where can I find out more information about my condition and treatment options?
- › Are there any risks with my procedure?
- › How long will I be in hospital?
- › What will my recovery be like?
- › Does my procedure need to be scheduled immediately or can it wait?
- › Who will be involved in my procedure?

Costs

- › What costs can I expect?
- › Can I have an estimate of the costs?
- › Will you use Defence Health's Access Gap program to reduce or eliminate my out-of-pocket expenses?
- › If any other doctors/specialists are involved in my procedure, will they use Access Gap?
- › If I need a prosthesis, will there be out-of-pocket expenses?
- › How do you charge, what bills will come to me and what will go to Defence Health?

Recovery

- › How do I know if my recovery is on track?
- › How long will my recovery take?
- › What symptoms should I look out for if I think there's a problem?
- › Who should I contact if I need help?
- › What medication do I need to take?
- › When can I drive/exercise/return to work?
- › Are there any specific instructions for my recovery?
- › Will I need physiotherapy or other rehabilitation services?
- › When should I make follow-up appointments with my GP/specialist?
- › Is there any food or drink I should avoid?

Contact Us



Phone

1800 335 425

Monday to Thursday

8:30 am to 8:00 pm AEDT/AEST

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