Factsheet

Silver Hospital 250 Excess

Choose your excess:

- 750 excess
- 500 excess
- 250 excess

Latrobe HEALTH SERVICES

This information is current as of 1 July 2020.

Hospital Cover

Have a question?
Call us on 1300 362 144

Hospital cover explained

Hospital cover assists you in cases where you receive treatment as a private patient at a private hospital.

Going to hospital?

Call us on 1300 362 144 before treatment to find out how much of the cost we'll handle (benefit amount) and help you understand the out-of-pocket costs involved.

Choose your excess

- A higher excess reduces the cost of your premium
- No excess for hospital admissions for child dependants on a family membership

Key

✓ Covered

R Restricted cover - minimum accommodation + no theatre fee payable

✗ No cover in a public or private hospital

Rehabilitation	R
Breast surgery (medically necessary)	✓
Hospital psychiatric services	R
Weight loss surgery	✗
Palliative care	R
Heart and vascular system	✓
Brain and nervous system	✓
Lung and chest	✓
Eye (not cataracts)	✓
Blood	✓
Ear, nose and throat	✓
Back, neck and spine	✓
Bone, joint and muscle	✓
Dental surgery	✓
Joint reconstructions	✓
Tonsils, adenoids and grommets	✓
Kidney and bladder	✓
Implantation of hearing devices	✓
Male reproductive system	✓
Cataracts	✗
Digestive system	✓
Joint replacements	✗
Hernia and appendix	✓
Dialysis for chronic kidney failure	✗
Gastrointestinal endoscopy	✓
Pregnancy and birth	✗
Gynaecology	✓
Assisted reproductive services	✗
Miscarriage and termination of pregnancy	✓
Diabetes management (excluding insulin pumps)	✓
Chemotherapy, radiotherapy and immunotherapy (cancer)	✓
Plastic and reconstructive surgery (medically necessary)	✓
Pain management	✓
Pain management with device	✗
Sleep studies	✗
Podiatric surgery (by a registered podiatric surgeon)	✓
Insulin pumps	✗
Skin	✓

Thank you for choosing Latrobe.

Please read and retain for future reference

What's covered

All procedures are classified under Legislation into 38 clinical categories.

You have full cover for 25 clinical categories in a Participating Private Hospital - see table for a detailed list.

Restricted benefits apply to psychiatric services, rehabilitation and palliative care. Out-of-pocket expenses will apply. There are also some restrictions on dental and podiatric surgery. See page 3 for more information.

Accommodation charges

You are covered for your room, theatre, intensive care, labour and recovery ward fees, and medicines and drugs clinically required as part of your treatment while in hospital.

For admissions longer than 35 consecutive days, your cover continues when your doctor provides an ongoing Acute Care Certificate. More information under Nursing home-type patients, page 2.

Ambulance

Emergency Ambulance Cover is included within this policy. You are entitled to two emergency ambulance transports per calendar year. A waiting period of one day is applied to all ambulance benefits with Latrobe.

Where you are covered by an applicable state or territory ambulance scheme (including informal reciprocal arrangements) or third-party scheme, costs of ambulance usage will be covered by this scheme and not your policy's Emergency Ambulance Cover.

Inpatient services

To be eligible for hospital benefits, you must be an inpatient admitted to a recognised private or public hospital for treatment that is an included clinical category, has a Medicare item number allocated and a Medicare benefit is payable.

Electronic services

The cost of TV hire and local phone calls are included at Participating Private Hospitals.

Medical Gap cover

Medicare pays 75% of the Medicare Benefit Schedule fee for in-hospital medical charges and Latrobe pays the remaining 25%.

Nursing home-type patients

Latrobe will pay a nursing home-type patient default benefit as set by the Australian Government Department of Health where:

- A hospital stay has exceeded 35 days
- The treating doctor has deemed that the acute hospital care is no longer required
- Discharge home is not appropriate, and
- Nursing home placement is not available.

The treating hospital may charge the patient an additional fee. This fee is not claimable from Latrobe or Medicare. However, some hospitals are open to negotiating this fee.

Latrobe does not provide benefits towards the cost of care in an aged care facility.

Private or shared room

In a Participating Private Hospital, you have the choice of a private or shared room. Private rooms are subject to availability.

Supported discharge

Discharge requirements will be discussed with you at the treating hospital. If additional support mechanisms are required, the discharge coordinator will contact Latrobe to discuss these issues further.

Surgically implanted prostheses

A prosthesis is an artificial substitute for a missing body part. Surgically implanted prostheses are sometimes required during a surgical procedure.

All prostheses listed on the Commonwealth Prostheses List are covered for the clinical categories included in your hospital cover. If you or your doctor choose a prosthesis that is not on this list, you may have out-of-pocket expenses.

Restricted cover

Your policy provides restricted cover in either a private or public hospital as follows.

Psychiatric

Restricted benefits will apply to inpatient, day program and outpatient psychiatric sessions. You will have significant out-of-pocket costs.

Please note: the excess will apply to all psychiatric services.

Rehabilitation services

Restricted benefits will apply to inpatient, day program and outpatient rehabilitation sessions. You will have significant out-of-pocket costs. Please note: the excess will apply to all rehabilitation services.

Palliative Care services

Restricted benefits will apply to palliative care services. You will have significant out-of-pocket costs.

Please note: the excess will apply to all palliative care services.

Dental surgery

Some dental surgery is performed in hospital rather than in the dentist's surgery. A common example is the removal of wisdom teeth.

Hospital costs: you are covered for the hospital costs associated with dental surgery in a Participating Private Hospital or a public hospital.

Dentist fees: no benefit is payable for the dentist's fees. If you have appropriate extras cover, you can claim a benefit for the dental fees.

Anaesthetist fees: benefits are payable for the anaesthetist costs associated with dental surgery. These will be payable in accordance with the Latrobe Additional Medical Benefits program.

Podiatry surgery

Hospital costs: limited benefits apply to hospital charges associated with podiatric surgery in a Participating Private Hospital or a public hospital.

Podiatrist costs: no benefit is payable for the podiatrist's fees. You may be able to claim a benefit for these fees if you have appropriate extras cover.

Anaesthetist fees: no benefits are payable for the anaesthetist costs associated with podiatric surgery.

Prosthesis costs: benefit is payable for the cost of any prosthesis listed on the Commonwealth Prostheses List that is associated with podiatric surgery.

If you are planning surgery, it is important to contact us first.

Cosmetic surgery

Hospital costs: no benefit applies to hospital charges associated with cosmetic surgery in a Participating Private Hospital or a public hospital.

Medical costs: no benefit is payable for the surgeon fees.

Anaesthetist fees: no benefits are payable for the anaesthetist costs associated with cosmetic surgery.

Prosthesis costs: no benefit is payable for the cost of any prosthesis associated with cosmetic surgery.

Other non-Medicare covered treatments

Hospital costs: no benefits are paid for inpatient treatments that are not covered by Medicare.

Medical costs: no benefit is payable for non-Medicare approved procedures. This includes but is not limited to cosmetic procedures and procedures performed by podiatric surgeons.

Prosthesis costs: no benefit is payable for the cost of any prosthesis associated with non-Medicare covered surgery.

Your specialist should be able to confirm if Medicare benefits are payable for your particular treatment.

Non-participating private hospitals

If you are planning treatment at a non-participating private hospital, we cannot guarantee full cover, and advise that you may incur a large out-of-pocket expense.

Hospital Cover

Hospital tests

Inclusive of blood tests, other pathology services and x-rays during a hospital admission.

It may appear that blood tests and x-rays are performed directly by your hospital, but these services are provided by companies independent to the hospital.

Fees for these services are classified as medical costs and covered under additional medical benefits by Medicare and Latrobe. There will be out-of-pocket costs associated with these charges.

Charges for medical services when you are not an inpatient, including radiology, pathology and costs associated with treatment at a private hospital emergency department are not covered.

New technologies

Including but not limited to medicines, devices or treatments.

There is no cover for any service or item that remains in the testing, clinical trial or experimental phase. This includes any service being used for a purpose other than what it was registered or approved for.

Consumables and medical devices

Robotic consumables and medical devices that are not on the Commonwealth Prostheses List are not covered.

High cost drugs

Any drugs not listed on the Pharmaceutical Benefits Scheme (PBS) are not covered.

Hormone treatment

Costs associated with assisted reproduction services are not covered.

Cell storage

Costs associated with assisted reproduction services are not covered.

Outpatient attendance

No benefits are payable for services provided on an outpatient basis.

Doctors' fees for treatment in a private hospital emergency department will be covered only if the treatment results in an inpatient admission.

Any facility fees for treatment in a private hospital emergency department are not claimable through Medicare or Latrobe.

No benefits are payable for treatment in a public hospital emergency department.

Private room fees for day admissions

All same-day admissions are paid at a shared-room rate.

Overseas treatment

No benefits are payable for services, treatment or appliances provided or sourced outside of Australia. This includes treatment on cruise ships inside or outside Australian waters.

Out-of-pocket costs

Charges above the Latrobe additional medical benefit scheme are also known as out-of-pocket costs and are not covered.

Personal items

There is no cover for:

- Wi-Fi, pay TV, visitor meals or other personal items
- Luxury room surcharges
- Bandages and dressings that you take home with you
- Medical appliances (such as braces and crutches) that you take home
- Medication to take home after your hospital stay
- Medication you used prior to your hospital stay.

Allied health services

There is no cover if you choose to have your own private allied health professional attend your needs whilst in hospital rather than the hospital-appointed provider.

In a non-participating private hospital, services such as physiotherapy or occupational therapy are not covered.

Respite care

No benefits are payable for services provided for respite or holiday-relief basis.

Two year claim limitation

No benefit is payable for any claim submitted two years or greater from date of admission.

Waiting periods

A period of time during which members cannot claim benefits for services received.

Who do they apply to?

- New members
- Existing members upgrading their level of cover
- Transferring from other funds and upgrading to a higher level of cover
- Changing from a single membership to a family membership for the birth of a baby

Wait periods

- 12 months for pre-existing conditions
- Two months where no other waiting period applies including:
    - Psychiatric care
    - Rehabilitation
    - Palliative care

Upgrading your cover

Higher benefits relate to:

- Benefits payable for services that were not covered by your previous cover
- A change in hospital cover to one with a lower excess or co-payment
- Services for which a higher benefit is payable under your new cover
- services for which there is a higher annual/ personal limit.

During these waiting periods, existing members and members who have transferred from another fund are entitled to the nearest Latrobe equivalent cover, provided they have served our required waiting periods before upgrading or transferring their cover.

Excess

Any excess paid with your previous fund is not transferable and will not count towards meeting your excess obligations with Latrobe.

Pre-existing conditions

This refers to any ailment, illness or condition where the signs or symptoms existed, in the opinion of a Latrobe-appointed medical practitioner, at any time in the six months prior to the day you joined or upgraded your cover.

Latrobe's medical practitioner will take into account information provided by your own practitioner who treated the condition. No benefits are paid for the treatment of a pre-existing condition during the first 12 months of starting a new cover.

Your responsibility

For any admission occurring during the first 12 months of cover or upgraded cover, you will be asked to have two medical certificates completed - one from your usual GP and one from your treating specialist.

We need these certificates to make a determination regarding your pre-existing medical condition status. This determination may involve consultation with your medical practitioners also.

We strongly advise that you do not proceed with an admission to a private hospital until the determination has been made as you may be liable for considerable costs should the condition be deemed as pre-existing.

If you are planning treatment it is essential that you contact us for a benefit estimation before you are admitted to hospital.

We get that inclusions and exclusions on services can be confusing. Call us to have your questions answered.