

A GUIDE TO UNDERSTANDING YOUR OBSTETRIC AND PREGNANCY COVER

Having a baby is an exciting time in your life, and for your family.

This fact sheet will help you understand the 'ins and outs' of your pregnancy cover with Latrobe Health Services.

First thing is first; make sure you're covered

The first thing you need to check is that you are covered with one of the Latrobe Health Services **Gold Hospital** policies which include obstetric and pregnancy cover.

To check what cover you're currently on, you can call us on 1300 362 144, or login in/register on the online member service area on the Latrobe Health Services website, latrobehealth.com.au

What waiting periods apply?

If you've had a Latrobe Health Services **Gold Hospital** cover for less than 12 months, or if you transferred from another fund with pregnancy exclusions or restrictions, a 12-month waiting period applies from the date pregnancy and birth cover was added to your policy.

You are covered for the delivery of your baby if your expected due date (EDD) falls after the 12-month waiting period has ended. Importantly, the delivery itself is covered even if it occurs before the waiting period ends or before your EDD.

This cover for early delivery does not extend to any other hospital admissions related to your pregnancy that occur before your 12-month waiting period is completed.

Your cover for obstetric and pregnancy

Once all waiting periods are served **all Latrobe Health Services Gold Hospital covers provide obstetric and pregnancy cover.***

Choosing a Latrobe Health Services affiliated hospital for your delivery

A list of **Participating Private Hospitals** is available on our website, latrobehealth.com.au, under Help Centre > **publications and forms** – this is a list of hospitals Latrobe Health Services is affiliated with. **Please note, admission to a non-Participating Private Hospital will result in significant out-of-pocket costs.**

Accommodation and labour ward fees are covered in full, less any excess or co-payment, and any excess or co-payment is payable directly to the hospital on admission. Admission to a non-Participating Private Hospital will result in significant out-of-pocket costs.

Other Costs

You are responsible for the supply of any medications that you are taking prior to your admission and for the cost of any medications that you take home with you on discharge.

You are responsible for the cost of standard telephone calls and other personal items such as, but not limited to, newspapers.

Incidental fees – some hospitals charge a non-rebate able fee to patients for the use of pay TV and Wi-Fi. We are unable to pay any benefit for this.

Whilst it is a rare occurrence, there are a small number of prostheses that have a gap between the charge imposed by the supplier and the Commonwealth Determined Benefit for that type of prosthesis. We recommend that you confirm with your surgeon that your prosthesis will be a no gap prosthesis.

***Important:** Please note that obstetrics and pregnancy are not covered on our BronzePlus, Silver and SilverPlus hospital covers. Limited benefits only are payable if you hold Basic Hospital or Healthy Start Basic Hospital package.

A GUIDE TO UNDERSTANDING YOUR OBSTETRIC AND PREGNANCY COVER

Cover for your baby at birth

If you are on a Single cover you will need to upgrade to a Single parent, or Family cover within 6 months of the baby's date of birth. To avoid your baby serving waiting periods, you will need to pay the back dated premium amount from your baby's birth date.

If you are already on a Single Parent, Couple or Family cover you will have until the child's 1st birthday to add the child to your policy to ensure there are no waiting periods.

Any children added after the above time frames will have to serve full waiting periods.

You can arrange this at any time by calling our Member Service Centre. We ask that as soon as is convenient, you let us know your baby's name and date of birth.

Following birth and providing all is well with your baby, your baby will not be officially admitted to hospital. In this instance the mother is the patient, and your baby is a boarder. (Boarder fees are not claimable).

Should your baby require even the shortest of admission in the nursery following birth, the baby is required to be an admitted patient. It is important to note that this is a separate admission to your own. Any excess or co-payment that is applicable to dependants on your policy will apply to your baby's admission. This is in addition to the excess or co-payment that applies to your admission.

In cases where the expecting mother is unable to make decisions due to medical reasons:

- If an 'authorisation to change cover' form has been provided to Latrobe Health Services, a hospital or a non-policy holder may notify Latrobe Health Services of a newborn.
- The fund may automatically upgrade the coverage if the hospital advises that the newborn requires immediate coverage subject to an 'authorisation to change cover' form being received before the medical event.
- Upon notification, the mother's coverage will be upgraded to Single Parent Family or Family to ensure the newborn receives necessary medical care.
- The member will be liable for any excesses or premium differences resulting from the automatic upgrade.

If your baby needs to be transferred to a public hospital for intensive care treatment, you are not obliged to elect to use your private health insurance.

Multiple pregnancy

All babies in excess of one are automatically admitted. Any excess or co-payment will apply to the admission of the second baby.

Medical cover

Obstetrician

It is anticipated that you will have an out-of-pocket cost associated with your obstetrician's fee for your delivery. All antenatal visits are covered by Medicare only, no benefit is payable from health insurance for these visits.

Anaesthetist

It is anticipated that should you require these services, you will have an out-of-pocket cost associated with your anaesthetist fee. It is almost impossible to accurately anticipate the benefits payable for an anaesthetist as it is dependent on many variables that are unknown until the time of surgery. It is our experience that the out-of-pocket costs with the anaesthetist ranges between \$500-\$1,000, depending on the anaesthetist.

Paediatrician

If your baby was a boarder, any paediatrician or other doctors' fees for your baby are claimable through Medicare only and it is anticipated that you will have out-of-pocket costs.

If your baby was formally admitted, all doctors' fees are claimable through both Latrobe Health Services and Medicare and it is anticipated that you will have some out-of-pocket costs.

Pathology and Radiology

In the case you require pathology and radiology services, these providers are independent to the hospitals, and they will have separate invoices for any blood tests or x-rays performed. As of August 2024, Latrobe Health Services will cover all costs associated with pathology or radiology throughout your hospital stay.

Other considerations

Antenatal care, such as, but not limited to birth classes, midwife visits, scans and blood tests, are not covered under your hospital cover.

Any fees associated with your partner staying with you during your hospital admission are not covered.