onemedifund®
one way to go
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Gold Hospital - $250/$500 Excess

as at 1 April 2019

Gold Hospital provides comprehensive private hospital cover, with a $250/$500 excess.

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

Hospital cover

Important information:

- Waiting periods, including those for pre-existing conditions, may apply (except for rehabilitation, hospital psychiatric services and palliative care).
- After payment of your excess (if applicable), 100% cover is available for all public and more than 520 private hospitals across Australia. You may have out-of-pocket costs if you are admitted to a hospital that does not have an agreement with onemedifund. To find your nearest agreement hospital, visit www.onemedifund.com.au/providers.
- Prostheses – we pay the benefit listed on the Government's Prostheses List. If your doctor charges above that amount, you will have out-of-pocket costs.
- We are unable to pay benefits for services that are not eligible for Medicare benefits.

Excess

Choosing an excess allows you to reduce your standard contribution rate. In these circumstances, if you are admitted to hospital, you agree to pay an amount up front towards the cost of your hospitalisation.

For each Hospital product a per person excess applies together with an annual maximum each financial year (1 July – 30 June). As a special feature, the excess payable for day only treatment or for any public hospital admission, is only half of the standard per person excess.

If you are admitted to hospital, the following excess is payable:

Day surgery or public hospital admission	Overnight admission in private hospital	Maximum excess per person per financial year	Maximum excess per family per financial year
$125	**$250**	**$250**	**$500**

- The most excess an individual contributor will pay in a financial year is $250
- The most excess a family will pay in a financial year is $500
- Excesses apply to hospital services only

Waiting periods

Months	Claim category
0	• Ambulance • Accidents requiring hospitalisation • Transfers from other funds or parent's cover for equivalent level of cover and if currently financial with the other fund
2	• On commencement of the fund or upgrading your level of cover (apart from these noted below) • Rehabilitation and Psychiatric services (even for pre-existing conditions) • Health programs
12	• Pregnancy and birth related services, including midwifery • Assisted reproductive services (IVF) • Pre-existing conditions (except for rehabilitation, hospital psychiatric services and palliative care) – Any ailment, illness, or condition that you had signs or symptoms of (in the opinion of a medical practitioner appointed by the health insurer) that existed during the 6 months prior to you commencing hospital cover or upgrading to a higher Hospital cover. It is not necessary that you or your doctor knew what your condition was or that the condition had been diagnosed. A condition can still be classed as pre-existing even if you had not seen your doctor about it before commencing Hospital cover or upgrading to a higher Hospital cover. Note: This waiting period applies to Hospital cover only, and does not apply to Extras cover.

Please note:

- Waiting periods will be waived for contributors transferring from another fund provided that:
  - the previous cover was an equivalent or higher level
  - the previous cover was financial at the time of transfer
  - waiting periods have been served with that fund
- If your previous level of cover was lower than your new level of cover, you will only be able to claim the lower benefits until waiting periods have been served.
- If annual limits have been used at the time of transfer you won't be able to claim for that service in the first year of cover with onemedifund. If part of the annual limit has been used you will only be able to claim the remainder of the limit within the first year.
- The 6 month waiting period for health management programs is not transferrable between funds. This period must be served with onemedifund before benefits are payable.

National ambulance cover

What we cover:

- 100% of the cost
- No annual limit
- No waiting period
- Emergency ambulance treatment and transport to hospital via road, air and sea
- Non – emergency road and air ambulance transport by a state ambulance provider
- Emergency ambulance treatment without transport
- Emergency ambulance transport between private hospitals
- Unlimited nationwide

What is not covered:

- General patient transport, e.g. hospital to home, nursing home, medical appointments
- Ambulance subscriptions, fees and state-based levies
- Ambulance services that are paid for by the Government, compensation or other kinds of insurance
- Any transport provided by a non-recognised state ambulance provider

Access Gap cover

The Access Gap scheme aims to reduce your out-of-pocket costs for doctors' bills while you're in hospital. If your doctor chooses to participate, you will have:

- No gap

  or

- Known gap – where you will be told your exact out-of-pocket costs before you are admitted to hospital

We have Access Gap arrangements with over 36,000 doctors across Australia, so remember to ask your doctor if they will participate.

Hospital substitution options

Our hospital substitution options allow you to recover where you're most comfortable – all you need is a referral from your treating doctor.

Hospital @ Home allows you to have services you would usually receive in hospital (like wound care or IV antibiotics) at home. If the healthcare services you need can be provided at home, you may be able to avoid a hospital stay altogether.

Rehab @ Home allows you to recover in the comfort of your own home with short term therapy for joint replacements, fractures, spinal conditions, stroke, respiratory conditions, cardiac conditions and mobility problems. We offer physiotherapy, occupational therapy and more.

Like all hospital services, there is a 12 month waiting period for pre-existing conditions for these options.

Health programs

These programs are designed to help you keep your health on track.

My Health Online gives you access to a range of health and wellbeing tools through our My Health Online web portal. You can store health information and share it with your doctor, keep a calendar of healthcare appointments, access a health library and more.

Health Risk Assessment helps you discover more about your health. The online questionnaire gives you a health report showing where you are doing well and where we may be able to help.

Strive for Health has been developed to assist contributors with chronic conditions manage their health with the help of expert telephone or face to face support at home.

Healthy Weight for Life is a free health support program that can help you with strategies to manage your weight and to assist with conditions such as heart disease, diabetes and osteoarthritis.

Dependants

Dependants on a family cover are covered until they are:

- 18, provided they are single

  or

- 25, if they are a full time student and are single

Once a dependant is no longer covered under family cover we recommend that they commence their own cover with *onemedifund*. If they commence an equivalent or higher level of cover within 60 days of coming off the family cover, they will not have to re-serve the waiting periods they have already served.

Privacy Statement

onemedifund respects your privacy and is committed to keeping your personal information safe through compliance with the Privacy Act and the National Privacy Principles.

We only collect information that is necessary to assist the fund in providing its services. We do not collect personal information unless we first ask the contributor or individual for it. *onemedifund* exercises great care to protect the personal information that is held.

If you wish to obtain additional information regarding our Privacy Statement please contact the fund Privacy Officer on **1800 148 626** or email us at info@onemedifund.com.au

Cooling off period

We are committed to ensuring that you choose the health cover that is right for you. If you change your mind within the first 30 days of commencement or upgrade of cover, we will provide a full refund of any payments made (provided no claims have been made in that time).

Complaints

If you have a complaint about *onemedifund* please contact us on **1800 148 626** and our staff will help to resolve your issue. Failing this, an escalation process is also available. Full details are included in our Complaints Resolution Statement.

If your complaint is not resolved you are entitled to seek the services of the Private Health Insurance Ombudsman (PHIO). PHIO provides free independent services to private health fund contributors. PHIO (www.ombudsman.gov.au) can be contacted on **1300 362 072** or on email at phio.info@ombudsman.gov.au or sent mail to:

Private Health Insurance Ombudsman
Commonwealth Ombudsman
GPO Box 442
Canberra, ACT 2601

Code of Conduct

This Code was developed by Private Healthcare Australia (PHA) and Members Health Funds Alliance (representing restricted and regional health funds). As well as promoting improved standards in clarity of information given to contributors, it aims to solve problems between contributors and *onemedifund* through internal dispute resolution. The Code also ensures that funds inform their members of their entitlement to seek assistance from an external dispute resolution body, such as the Private Health Insurance Ombudsman (PHIO).

Please note: This document should be read carefully and retained for future reference.

For further information, please call **1800 148 626** or email info@onemedifund.com.au.

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