onemedifund®
one way to go
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Private Plus Hospital - $250/$500 Excess & Extras Plus

as at 1 January 2019

This package provides comprehensive cover for both hospital and extras services, with a $250/$500 excess.

Private Plus Hospital cover	
Service	**Coverage**
Ambulance	Yes
Public hospital bed - shared or private room (if available)	Yes
Private hospital bed - shared or private room	Yes
Same day patient admissions	Yes
Co-payments	Nursing home type patients only
Theatre fees	Yes
Labour ward	Yes
Special unit accommodation (eg. ICU, neonatal)	Yes
Surgical prostheses	Yes
In-hospital psychiatric treatment	Yes
In-hospital rehabilitation treatment	Yes
Cardio-thoracic surgery (heart surgery)	Yes
Major eye surgery	Yes
Hip and knee joint replacement	Yes
Obstetrics (pregnancy-related services), including midwifery	Yes
Assisted reproductive services (IVF)	Yes
Plastic and reconstructive services (excludes cosmetic)	Yes
Access Gap cover	Yes
Australia-wide coverage	Yes
Dependants covered up to 18 years (or 25 years if a full time student)	Yes
Are certain treatments excluded?	• Cosmetic surgery • Services not covered by Medicare

Hospital cover

Important information:

- Waiting periods, including those for pre-existing conditions, may apply.
- 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	Financial year maximum Excess per person	Financial year maximum Excess per family
$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

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. See page 18 for more information.

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.

Extras cover

Extras Plus cover				
Service		**Benefit**		**Annual limit (financial year)**
Ambulance	(Nationwide, all services)	100% of cost		No annual limit
Dental	General Dental	Set benefits apply to each dental item number. Please contact the fund prior to treatment for details.		No annual limit
	Crowns and bridgework			$1,000 ($1,500 loyalty bonus)
	Dentures			$650 ($800 loyalty bonus)
	Implants			$1,000
	Orthodontic treatment	80% of the cost		$2,100 ($2,600 loyalty bonus) Lifetime limits apply
Optical	Glasses/frames	100% of cost		$275
	Contact lenses			
	Laser eye surgery	$500 per eye every 2 years		
Pharmaceutical	Prescriptions	100% of balance in excess of PBS amount ($40.30 as at 01//01/2019). Max $65 per script.		$500 per person/$1,000 per family
Physiotherapy & other therapies	Physiotherapy	Initial consult	$60	$550 per person/$1,100 per family
		Standard consult	$40	
	Occupational therapy	Initial consult	$60	
		Standard consults	$40	
	Hydrotherapy	80% of the cost up to $20		$200 per person/$400 per family
	Overall Physiotherapy and other therapy limits			**$550 per person/$1,100 per family**
Complementary Therapies	Chiropractic Acupuncture Osteopathic Podiatry Natural therapy Remedial massage Dietetic	Initial consult	$40	$435 per person/$870 per family
		Standard consult	$30	
	Chiropractic x-rays	80% of the cost		$115 per person/$230 per family
	Orthotics (Custom made or heat moulded)	80% of the cost		$250 per person/$500 per family (every 2 years)
	Overall Complementary Therapies limit			**$750 per person/$1500 per family**
Additional benefits	Pre/post natal classes	80% of the cost		$150
	Home nursing	80% of the cost up to $45 per visit or $90 per day		$1,000
	Speech therapy	80% of the cost		$800
	Hearing aids	80% of the cost		$1,500 (every 5 years)
	Psychology	Initial consult	80% up to $120	$500 per person/$650 per family
		Standard consult	80% up to $80	
	Allergy treatment	80% of the cost		$100
	Surgical equipment/Health aids	Year 1	50% of the cost	$400
		Year 2	50% of the cost	$625
		Year 3	60% of the cost	$750
		Year 4	70% of the cost	$875
		Year 5+	80% of the cost	$1,000
	Health management programs	100% of the cost		$150 per single cover/ $300 per family cover
	Travel expenses (>200km each way)	20c per km, up to $100 single/$200 family. Please see page 5 for more details.		

Important information (Extras)

- Each service has a limit
- Annual limits are per person unless otherwise specified
- Waiting periods may apply
- onemedifund runs on the financial year (1 July to 30 June)
- Loyalty bonuses for some high cost dental services apply after 5 continuous years of Extras Plus cover (refer to page 3 for more details)
- Benefits can only be paid towards recognised providers. To find your nearest recognised provider, visit www.onemedifund.com.au/providers

What isn't covered (Extras)

- Treatment you have not been charged for
- Services not recognised by onemedifund
- Services from providers that are not recognised by onemedifund
- Services provided outside of Australia
- Services that can be claimed through compensation, third party or sports club cover
- Claims submitted more than 2 years after the service date
- Non-prescription contacts, glasses and sunglasses
- Claims with a benefit less than $5
- Services provided by family members, relatives, business partners or yourself
- Goods or services primarily used for sport, recreation or entertainment

Pharmaceutical

- Benefits are only payable for pharmacy items that are not covered by the Government's Pharmaceutical Benefits Scheme (PBS). The PBS amount changes on 1 January each year and is $40.30 as at 01/01/2019.
- No benefits are payable for non-prescription, over-the-counter medications
- A 2 month waiting period applies for these services (see waiting periods for more information)

Orthodontic

- Please contact us before treatment to confirm the benefits you will receive
- If you pay for your orthodontic treatment in full, we will pay 80% of the cost up to the lifetime limit
- If you pay for your orthodontic treatment in instalments, we will pay 80% of the cost of each payment up to the lifetime limit
- To make a claim for orthodontic treatment, please provide an account/receipt from the treating orthodontist, written confirmation that the orthodontic appliance has been fitted, a copy of the treatment plan and a signed onemedifund claim form
- Orthodontic treatment has a lifetime limit and does not renew each year
- A 12 month waiting period applies (see waiting periods for more information)

High cost dental

- Set benefits apply to high cost dental services. Please contact us before receiving treatment to determine what benefits you will receive
- A 12 month waiting period applies for these services (see waiting periods for more information)

General dental

- There is no annual limit for general dental services
- Set benefits apply to general dental services. Please contact us before receiving treatment to determine what benefits you will receive
- General dental services include diagnostic, preventative, extractions, oral surgery, restorations and endodontic treatment
- General dental does not include dentures, orthodontic, implants, crowns and bridgework (see high cost dental)
- A 2 month waiting period applies for these services (see waiting periods for more information)

Optical

- Benefits can only be paid towards glasses or contact lenses that are for sight correction and are prescribed by a registered optometrist or ophthalmic surgeon
- A 6 month waiting period applies for these services (see waiting periods for more information)

Complementary therapies

- Benefits are only payable for services recognised by onemedifund from providers registered with the Australian Regional Health Group
- A 2 month waiting period applies for these services (see waiting periods for more information)

Surgical equipment/health aids

- This includes benefits for items such as glucometers, blood pressure monitors, nebulisers and other approved health aids
- Please contact us before you purchase a health aid to discuss your benefits and limits

Travel expenses

- A 20c per kilometre benefit is available per admission to hospital if the travel is more than 200km each way from your home
- A 2 month waiting period applies for this benefit (see waiting periods for more information)

National ambulance cover

What we cover:

- 100% of the cost
- Air, land or sea ambulance
- Unlimited distance within Australia
- No annual limit
- No waiting period

What is not covered:

- Ambulance subscriptions or state-based levies
- Ambulance costs that are covered under Government legislation or as part of a compensation claim
- Ambulance services that are not medically necessary

Health management programs

- Benefits are available for approved programs used to treat a diagnosed health condition
- Approved screening services include blood pressure testing, cholesterol checks, mammograms and hearing tests
- We are unable to pay benefits towards goods or services that are used for sport, recreation or entertainment (e.g. sports shoes)

Waiting periods

Months	Claim category
0	• Ambulance • Accidents requiring hospitalisation • Transferring equivalent cover from another fund or parent's cover Note: previous cover must be financial at the time of transfer and waiting periods must be served
2	• On commencement of or upgrading cover (apart from services noted below) • General Dental, Pharmaceutical, Physiotherapy and Complementary Therapies • Rehabilitation and Psychiatric services • Health programs
6	• Optical and Health Management benefits
12	• Obstetrics (pregnancy-related services), including midwifery • Assisted reproductive services (IVF) • Pre/post-natal services • High cost dentistry - including crowns, bridgework, implants, orthodontics and dentures • Pre-existing conditions – 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.
24	• Laser eye surgery • Hearing aids

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.

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.

Other services

On-the-spot claiming is available at any Extras providers around Australia who are using the HICAPS system. Simply swipe your *onemedifund* contributor card at a participating provider and your claim is paid immediately.

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).

Private Health Insurance Code of Conduct™

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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