

# Going to hospital?

Heading to hospital needn't be a daunting experience if you've got your ducks in a row.

This pack will help you make the most of your stay – and your health insurance.

The more you know, the better off you'll be!

**nib**



# Contents

|   |           |
|---|-----------|
| <b>BEFORE YOU GO TO HOSPITAL</b>  | <b>5</b>  |
| Understanding Out-of-Pocket Expenses  | 5         |
| <b>BEFORE YOU SEE A SPECIALIST</b>  | <b>10</b> |
| <b>Step 1.</b> Important questions for your GP                                | 10        |
| <b>Step 2.</b> Know your waiting periods                                      | 10        |
| <b>Step 3.</b> Learn more about your specialist before your appointment       | 11        |
| <b>Step 4.</b> Choose an nib Agreement Private Hospital                       | 12        |
| <b>YOUR SPECIALIST APPOINTMENT &amp; PRE-ADMISSION</b>                        | <b>13</b> |
| <b>Step 5.</b> Important questions for your specialist                        | 13        |
| <b>Step 6.</b> Call nib on <b>13 14 63</b> to check your items are covered    | 14        |
| <b>Step 7.</b> Other specialists involved in your procedure                   | 15        |
| <b>Step 8.</b> Pre-admission appointment with the hospital                    | 16        |
| <b>Step 9.</b> Going to hospital checklist                                    | 17        |
| <b>YOUR ADMISSION</b>   | <b>18</b> |
| <b>Step 10.</b> Preparing for your admission and your rights/responsibilities | 18        |
| <b>AFTER YOUR ADMISSION</b>   | <b>20</b> |
| <b>Step 11.</b> Post surgery instructions and how to claim                    | 20        |
| <b>GLOSSARY</b>   | <b>20</b> |

This pack is designed for permanent residents of Australia and contains information relevant to those who are entitled to full benefits under Medicare. The advice and guidelines in this brochure are generalised without taking into account your personal health cover situation. You should always check with nib, Medicare, your medical provider or hospital before seeking treatment. The information contained in this brochure is correct as at 15 August 2012. Rules and benefits may change from time to time.

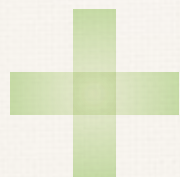
# Make the most of your hospital stay and health cover

Going to hospital can be a daunting experience, so we've created this pack to help you understand the process and get the most out of your health insurance.

Health insurance doesn't necessarily cover everything when it comes to a hospital admission. Like all health funds, nib will pay contracted benefits for services in hospital. We also pay a set amount for specialists' fees in hospital, which varies according to the procedure.

Out-of-pocket expenses occur where there is a difference between what nib and Medicare pay and what the hospital and your specialists charge. As the name suggests, an out-of-pocket expense is one that you'll have to pay.

Not everyone has an out-of-pocket expense when going to hospital, but it's common to pay something towards the cost. For example, in 2011 66% of nib customers who went to an nib Agreement Private Hospital (or public hospital) for a procedure included on their health cover had less than \$100 in out-of-pocket expenses for in-hospital medical services (excluding any hospital excess). However other customers did pay more, so it's very important to discuss potential out-of-pocket expenses with your specialists, and the hospital, before you're admitted.



## Don't get caught out by unexpected out-of-pocket expenses

Following the advice in this pack will put you in the best position to understand what out-of-pockets you may have to pay and options to avoid them.

## Understanding Out-of-Pocket Expenses - mind the gap!

Every medical service recognised by Medicare has an item number – called a Commonwealth Medicare Benefits Schedule (CMBS) item. And every CMBS item number has a 'scheduled fee' that's determined by Medicare and is similar to a recommended retail price.

GPs, specialists, pathologists and radiologists can choose to charge more than the schedule fee if they wish. This difference is called a 'gap' and you normally pay it as an out-of-pocket expense.

But before we get into detail it helps to distinguish what Medicare normally covers versus your health insurance and the different types of costs you can expect for your treatment.

### Expenses often covered by Medicare

- ✓ GP visits
- ✓ Specialist visits
- ✓ Blood tests
- ✓ Medical scans (like X-rays and MRI scans)
- ✓ Public hospital treatment (public patients)
- ✓ Emergency room treatment (public hospital)
- ✓ Procedures performed in a doctors surgery
- ✓ Pharmaceuticals listed on the Pharmaceutical Benefits Scheme.

### Expenses often covered by health insurance and not normally covered by Medicare

- ✓ Ambulance transportation
- ✓ Dental, optical, physiotherapy and other 'Extras'.

### Expenses often covered by health insurance and Medicare combined

- ✓ Private hospital treatment
- ✓ Public hospital treatment (private patients)
- ✓ Scans, tests, pharmaceuticals and consultations provided to an admitted private hospital patient.

## Does every medical service have a cost?

The cost for bulk-billed GP visits and treatment as a public patient at a public hospital are normally fully covered by Medicare. And if you're eligible for Medicare you have a right to choose to be treated as a public patient and incur no cost.

Being fully covered for your admission is of course a very good reason to consider public hospital treatment under Medicare. But there are potential disadvantages too, such as:

- You won't be able to choose which hospital you attend, who treats you, or when you're treated
- Waiting lists vary. Depending on your circumstances you may be treated immediately or have to wait from days to over a year
- Your procedure may be postponed once, or multiple times, if more urgent cases come up
- You're unlikely to get a private room.



### Hate to wait?

If you need to go to hospital the last thing you want to do is wait for a public hospital bed. But before you'll be covered in a private hospital you need to have been insured for a set period of time.

Waiting periods apply for up to 12 months when you first join a health fund or increase your level of cover. No benefit is payable during a waiting period. And a limited number of health covers might apply an additional period of reduced cover called a 'benefit limitation period' which can apply for up to 24 months (for some services).

However, once this initial period is over you can claim for hospital treatment in-line with your level of health cover. No more waiting and no relying on the public health system. Now that's great peace of mind.

Aside from treatment as a public hospital patient it's likely you'll have to pay something towards the cost of all other medical services. That includes treatment in a private hospital using your health insurance.

### Pre and Post Admission Expenses

Before you go to hospital you may require a GP appointment and at least one specialist appointment. You may also need blood tests, scans or x-rays. These services might also be required after you go to hospital. Your health insurance doesn't cover these but you can claim through Medicare up to:

- 100% of the Medicare Scheduled Fee for GP appointments
- 85% of the Medicare Scheduled Fee for specialists appointments, tests and scans (you pay the remaining 15%)

- You'll need to pay the difference (if any) between what you are charged and what Medicare will pay
- If you have a lot of medical expenses you may be eligible to receive higher benefits from Medicare under one or more of their safety nets. Contact Medicare to learn more.

Your health insurance may help cover other things required before or after your admission – like physiotherapy, pharmaceutical prescriptions, home nursing and other Extras which may be helpful to your treatment. Give nib a call on **13 14 63**, or visit **nib.com.au** and log into Online Services to see if your health cover includes Extras that may be helpful to you.

### Private Hospital Expenses

Combined with Medicare, your health insurance will help cover the cost of your treatment as a private patient in a private hospital. However, it's important to remember that health insurance will only pay benefits if your policy covers the procedure.

Much of the expense of going to hospital comes from various hospital charges. Providing your procedure is covered and you attend an nib Agreement Private Hospital (or any public hospital) nib covers you for:

- Hospital accommodation (i.e. your bed and a private room if one is available)
- Operating theatre fees
- Intensive care fees
- Labour ward fees
- Meals.

nib will also cover the following things in-line with our contract with the hospital. You may have an out-of-pocket if you exceed the contracted allowance for these services:

- Pharmaceuticals (i.e. drugs relating to your procedure)
- Other paramedical services provided during your admission such as physiotherapy, hydrotherapy or occupational therapy
- Dressings, sutures, needles and other disposable items.



### Being in 'Agreement' pays

An 'nib Agreement Private Hospital' is simply a private hospital with which nib has negotiated a hospital provider agreement. nib has agreements with around 80% of the private hospitals in Australia. Going to an nib Agreement Private Hospital is a smart way to reduce your out-of-pocket expenses. You'll also reduce your out-of-pockets by attending a public hospital. If you choose a private hospital that does not have an agreement with nib you will have significant out-of-pocket expenses to pay. Always opt for an nib Agreement Private Hospital, or public hospital, if you can. It's easy to find out if your hospital is an nib Agreement hospital, simply visit **nib.com.au** or call us on **13 14 63**.

## Specialists Fees & Tests

Medical fees are another potentially expensive part of your visit. They include your doctors' fees and scans or tests relating to your treatment. Medicare pays a portion of these costs, but only for services it recognises.

Medicare Schedule Fees apply to GPs, specialists, radiology, pathology and ultrasound services provided to admitted hospital patients. Medicare will pay:

- 75% of the Medicare Scheduled Fee for GPs and specialists
- 75% of the Medicare Scheduled Fee for scans and tests

Providing you are covered for the procedure, and the item has been recognised by Medicare, your health insurance will pay the remaining 25% of the scheduled fee.

In the case of GPs and specialists who charge more than the scheduled fee we may be able to help cover these costs too, providing they agree to participate in nib's MediGap scheme.

## Eliminate out-of-pockets with the nib MediGap Scheme

nib's MediGap Scheme aims to eliminate the 'gap' for your GP and specialists fees in hospital. We've built up a network of doctors who charge nib directly, to avoid additional cost to you.

MediGap means that nib will agree to pay an extra amount in addition to the standard 25% of the schedule fee. But your doctor has to agree to participate in MediGap and bill nib direct for your procedure. Keep in mind:

- Doctors can choose on a case by case basis if they're going to bill you as a MediGap patient
- If your doctor intends to charge above the schedule fee always ask if they'd be willing to treat you as a MediGap patient
- Ask others participating in your procedure if they will also charge only the schedule fee or participate in MediGap
- nib MediGap covers your specialists' fees in relation to your hospital admission. Consultation or administration fees in the lead up to your hospitalisation aren't covered by MediGap.

## Prostheses Expenses

Depending on your type of procedure you may require a surgically implanted prosthesis. Prostheses are medical devices that stay in your body after surgery to help it maintain its normal functions - like an artificial hip or a pacemaker. The Federal Government lists prostheses that are fully covered by health insurance.

- If your specialist chooses from the 'no-gap' list you won't have any out-of-pockets to pay.

- If your specialist chooses a device from the 'gap-permitted' list you will be only partly-covered and you'll have to pay the 'gap'.
- Some devices aren't covered at all so you'll have to pay the full amount.
- Be sure to discuss your options with your specialist and opt for a 'no-gap' prosthesis if your specialist agrees this could be suitable for your treatment.

## Ambulance Expenses

Your nib health cover pays for the cost of emergency and medically necessary ambulance transport to the hospital. But keep in mind:

- 'Medically necessary' transport is decided by your doctor
- Queensland and Tasmanian residents are already covered for ambulance by their state ambulance schemes
- Private ambulance services aren't covered by nib, only state ambulance services.

## What's not covered by health insurance

- Your hospital excess (if you have one)
- Procedures within waiting periods
- Procedures not covered by your health insurance
- Your out-of-pocket expenses relating to hospital fees or medical fees
- In-hospital services, drugs or disposable items not recognised by Medicare (these are considered 'experimental' treatments. For example, some items associated with robotic surgery may not be covered)
- Procedures performed at a doctors surgery, emergency room or out-patient treatment
- Private hospital emergency room service fees
- Beauty services, phone calls, TV hire, car parking, luxury rooms and other hospital services that aren't directly related to your treatment and care
- Admission or booking fees charged by your specialist or the hospital.



## How to avoid 'out-of-pocket expenses' in hospital

The best way is to make sure you have all the nib cover you need. But if out-of-pocket expenses seem inevitable you still have options. Seeing a doctor or specialist who's in nib's MediGap Scheme is one way. Going to a nib Agreement Private Hospital is another. Read on for more ways to avoid out-of-pocket experiences during your hospital stay.

## Step 1.

### Important questions for your GP

Hospital admissions often start with a visit to your GP. They'll assess your condition and if you need to see a specialist for further treatment they'll provide a referral. Your GP might also order tests ahead of your specialist appointment (like x-rays, blood tests or ultrasounds).

But before you decide which specialist to accept a referral to, there are a few things to discuss with your GP.

- What symptoms should I be aware of with my condition?
- Could you tell me more about my condition, tests and treatment?
- Why am I being referred to this particular specialist?
- Are there other specialists who can also treat my condition?
- What is this specialist's experience in this type of condition?
- Is it possible to have an open referral so I can see the specialist of my choice?

## Step 2.

### Know your waiting periods

Even if you don't know what surgery is required at this stage, it's a good idea to check what your cover includes and any waiting periods before you see the specialist. Give nib a call and we'll update you.

If you're new to health insurance or if you've recently increased your level of cover (for new services) waiting periods may apply for up to 12 months. No benefits are payable during a waiting period and this may influence your decision to be treated as a private hospital patient.

So it pays to call us first and to:

- Confirm your hospital excess
- Check your premiums are up to date
- Check your nib contact details match your Medicare details

These things are important to ensure there won't be issues if you need to be admitted to hospital later. Please have your Medicare and nib cards handy when you call nib to assist our consultants with your enquiries.

### What happens if I'm still in the waiting period for my procedure?

If you're new to health insurance and have been with a health fund for less than 2 months then in most instances you won't be able to claim for hospital services (except for 'accidental injury', refer to the glossary towards the end of this pack for more information).

In most cases, if you've been with nib more than 2 months but less than 12 months we'll need to determine if your condition is pre-existing. We'll need you and your doctors help to complete some paperwork so that nib's Medical Practitioner can determine if your condition should be considered pre-existing or not.

If your condition is not pre-existing then nib can pay your claim in line with the benefits provided by your level of cover. If it is pre-existing then you won't be covered until the 12 month waiting period is served.

If you're not able to receive benefits from nib due to a waiting period it may be an option to postpone your surgery until your waiting period is served, providing your specialist agrees.

More information about 'waiting periods' is available in the glossary.

## Step 3.

### Learn more about your specialist before your appointment

It's a good idea to know the experience of your recommended specialist ahead of your appointment. The other thing to think about is their fee.

Just call the specialist's office and their receptionist should be able to help. Some specialists don't charge an out-of-pocket expense, others sometimes do and there are some specialists who will always have an out-of-pocket to pay.



#### Ask to be informed

Talking to reception staff before your appointment is a great way to discover if your chosen specialist could charge an out-of-pocket expense. This way, you'll avoid any nasty surprises at your appointment, or simply decide to find another specialist to see.

We also recommend you check which hospitals the specialist operates at. This is important as you'll need a specialist who performs at an nib Agreement Private Hospital (or any public hospital) if you wish to reduce your out-of-pocket expenses.

Questions to ask your specialist's receptionist:

- Does this specialist normally charge out-of-pockets?
- Does this specialist often participate in nib's MediGap scheme (to eliminate out-of-pockets)?
- What is the waiting time to get an appointment with this specialist?
- Which hospitals does this specialist operate at?

## Step 4.

### Choose an nib Agreement Private Hospital

An easy way to reduce your out-of-pocket expenses is to attend an nib Agreement Private Hospital (or any public hospital) for your procedure.

nib has agreements with around 80% of the private hospitals across Australia, so no matter where you live you should be able to find a hospital near you.

So check that the hospital/s your specialist operates at are nib Agreement Private Hospitals by simply calling nib on **13 14 63** or visit **nib.com.au**

#### What happens if my hospital isn't a public hospital or an nib Agreement Private Hospital?

If your specialist doesn't operate at a public hospital or a hospital that has an agreement with nib you might want to think about seeing a specialist who does. You'll have significant out-of-pocket expenses to pay if you attend a hospital that is not contracted with nib. It could cost you thousands!

This is why we strongly recommend you choose an nib Agreement Private Hospital, or any public hospital, to reduce your out-of-pocket expenses.



It's easy to find an nib Agreement Private Hospital

Simply visit **nib.com.au** or call **13 14 63**

## Step 5.

### Important questions for your specialist

Ok, you've made an appointment with a specialist. They'll use this appointment to reassess your condition and recommend you be admitted to hospital if necessary. Don't be afraid to ask your specialist questions. You need to feel comfortable with the proposed treatment plan and know what costs to expect for your procedure. Your specialist may even book your hospital admission at your appointment or recommend surgery dates so you can choose an admission time that suits you.

Questions to ask your specialist:

- What's your experience in treating this type of condition?
- Are there any treatments as an alternative to surgery?
- If so, will there be any consequences for delaying the surgery?
- Can this procedure be done as day-surgery?
- What risks are involved if I have the procedure?
- What must I do to prepare for my admission to hospital?
- What side-effects should I expect after my admission?
- What should I do if things don't seem right after I'm discharged?
- What medication do I need to take and for how long?
- Will any other health care professionals (e.g. anaesthetists, assistant surgeon) be involved in the lead up to the procedure, during the procedure and in after-care?
- What are some of the potential complications?

Last but not least, don't forget to ask your specialist about their fees. Ask them to help you complete the **Going to Hospital Quote Form** which you'll find at the end of this pack. You can also ask for an understanding of what might happen with your treatment and fees in the event there are complications during your admission.

How your specialist can help reduce your out-of-pocket expenses:

- Ask your specialist if they're willing to participate in nib's MediGap Scheme to eliminate your out-of-pocket expenses relating to their fees
- Ask if they're willing to use treatments or prostheses that are fully covered by Medicare and your health insurance
- If necessary, let them know of any difficulties you may have paying the account. Ask them if they're willing to reconsider the fee quoted or if they have any arrangements in place so you can pay for the treatment over time
- Don't forget, you can seek treatment from another specialist with lower fees or one who will participate in nib's MediGap scheme and use treatments covered by Medicare and your health insurance

## Step 6.

### Call nib on **13 14 63** to check your CMBS items are covered

Make sure your specialist gives you the Commonwealth Medicare Benefits Schedule (CMBS) item numbers for your hospital admission during your appointment. You'll need these to check your cover with nib.

Then give us a call on **13 14 63** and we'll let you know if all the item numbers involved in your procedure are going to be covered by your level of health cover.

#### What if the items aren't covered?

If the items are 'Excluded' on your level of cover, then no benefit is payable for that service. Similarly if the items are 'Restricted', or if a 'Benefit Limitation Period' applies then you'll only be entitled to a reduced level of cover - equivalent to a Public Hospital Benefit.

Just be aware that Public Hospital Benefits are nowhere near enough to cover you for treatment in a private hospital. And out-of-pockets may apply if you choose to have a private room in a public hospital.

Exclusions, Restrictions and Benefit Limitation Periods don't apply to all health covers, but if you do have them on your level of cover this means you have chosen a reduced level of cover in exchange for a lower premium.

If your health cover doesn't include the procedure you may be able to upgrade to a higher level of cover that does, but waiting periods will apply for up to 12 months before you can claim in a private hospital or be covered for a private room in a public hospital.

## Step 7.

### Other specialists involved in your procedure

There's usually more than one specialist involved in a procedure. For example, many procedures require an assistant surgeon, or anaesthetist.

Relax, you won't normally be required to meet all these specialists before your admission, although an anaesthetist appointment might be necessary under certain circumstances.

Your specialist may know what these specialists will charge for their role in your procedure, especially if they've worked together regularly in the past. But if your specialist isn't sure it's a good idea to contact the other specialists directly to discuss their fees. Ask them to help you complete the **Going to Hospital Quote Form** which you'll find at the end of this pack.

How your other specialists can help reduce your out-of-pocket expenses:

- Ask your other specialists if they're willing to participate in nib's MediGap Scheme to eliminate your out-of-pocket expenses relating to their fees
- Let them know of any difficulties you may have in paying the account. Ask them if they are willing to reconsider your fees or if they have any arrangements in place so you can pay the treatment off over time
- You can go back to your primary specialist and ask if they will consider using other specialists with lower fees or ones who will participate in nib's MediGap scheme for your procedure.



## Step 8.

### Pre-admission appointment with the hospital

Most hospitals will send you an admission pack once you've booked in. This pack outlines the hospital's facilities, asks some medical history questions and to supply an emergency contact. It's important to complete and return this promptly as the hospital needs these details to confirm your cover with nib and process your admission.

Next you might be asked to attend a pre-admission appointment to discuss the details of your admission. It's the hospital's responsibility to outline any out-of-pocket costs you should expect. Once they've done so they'll ask you to sign a 'National Private Patient Claim Form' and other paperwork in relation to your admission.



#### Be sure before you sign

Signing the National Private Patient Claim Form is your acknowledgment that you have had any hospital out-of-pocket expenses explained to you and you agree to pay them. So if you aren't clear about the hospital's costs, be sure to ask before you sign the form.

If you have an excess on your level of cover you'll be required to pay this to the hospital prior to your admission.

Ask the hospital to help you complete the **Going to Hospital Quote Form** which you'll find at the end of this pack.

#### What happens if I'm going to have an out-of-pocket expense?

Your options will depend on what the expense is for:

- For prostheses, high-cost drugs and disposables you can go back to your specialist and ask if they can choose items that will be covered by your health insurance. In the case of these expenses the hospital is simply acting on the request of your specialist
- Your hospital excess, booking fees and out-of-pockets for pathology and radiology won't be covered by your health insurance
- For any other fees it's a good idea to call nib on **13 14 63** and we'll let you know what your options are.

## Step 9.

### Going to hospital checklist

Let's pause here and double check you're ready for your admission

- My premiums are up to date
- My details are correct with nib
- I've called nib to check I'm covered
- I've completed and returned the pre-admission hospital pack
- I'm going to an nib Agreement Private Hospital (or public hospital)
- My hospital excess is paid (if you have one)
- I've completed the Going to Hospital Quote Form and understand out-of-pockets

Things to consider before you go to hospital

- Be sure to make arrangements for pets
- Organise a lift to and from the hospital allowing time for traffic
- Don't forget to arrange time off work and a medical certificate if you need one
- Let your emergency contact know what's expected of them, when your procedure is scheduled, and to keep their phone with them

Things to pack for hospital

- Your Medicare card and your nib membership card
- Anything relevant to your treatment – like referrals, blood tests, scans, x-rays and this hospital pack
- Clothes & toiletries (including slippers, underwear, and clothes to leave in)
- Be sure to have your scripts filled before you go to hospital
- Eye mask and earplugs (you never know when you may need them!)
- Money for the vending machines, café or parking bays (for your family)

# Step 10.

## Preparing for admission: your rights and responsibilities

### Pre-surgery instructions

You'll need to follow the pre-surgery instructions given to you by your specialist. Follow them carefully or your surgery may have to be postponed. The pre-surgery instructions have been created for your own safety and to maximise the effectiveness of your treatment.

### Your rights and responsibilities

If you've never been to hospital before it's difficult to know what's expected of you. Here's a handy explanation of your rights and responsibilities relating to your admission to hospital.

From your doctors you have a right to expect:

- A detailed explanation of your treatment, alternatives to surgery, risks, side-effects and potential complications
- Guidance on what to do and expect before and after surgery and instructions on what to do if you have complications after discharge
- An outline of their fees prior to your admission, including any out-of-pockets you're expected to pay
- Help in determining a treatment plan to minimise out-of-pocket costs (for example, you have a right to ask to be treated choosing items that are recognised by Medicare or to ask for a 'no-gap' prosthesis)
- If your circumstances change during surgery (e.g. complications) and it's not possible for your doctor to discuss the potential costs of this with you, then you have a right to be informed as soon as possible after the procedure
- The names and contact details of other specialists involved in your procedure (so you can contact them about their fees)
- Confidentiality and access to your medical records
- To be treated with respect and dignity.

From your hospital you have a right to expect:

- A timely 'eligibility check' and a full outline of any potential out-of-pocket expenses you should receive prior to your admission (don't forget the hospital can only do their check once you've returned your hospital pack, so get it back to them fast)

- If your circumstances change during surgery (e.g. complications) and it's not possible for your hospital to discuss the potential costs of this with you then it's your right to expect they inform you as soon as possible after the procedure
- Confidentiality and access to your medical records
- To be treated with respect and dignity.

From nib you have a right to expect:

- To be treated as a valued nib customer
- A timely and accurate eligibility check once the hospital is ready to make its enquiries
- A prompt response to any questions you have regarding your hospital cover
- Confidentiality and access to your medical records
- To be told what nib paid on your behalf for your hospital admission (call nib on **13 14 63**, but please be aware that hospitals can take up to 5 months to send claims through to nib, so we may not have that information available the first time you call).

Your responsibilities:

- To understand what is and isn't covered under your level of health cover (nib is always happy to discuss this with you, call us on **13 14 63**)
- To call nib when you find out you need to go to hospital to check your cover
- To keep your health insurance premiums up to date
- To understand and participate in decisions regarding your procedure and treatment plan
- To follow your pre and post surgery instructions
- To advise your specialist and the hospital of any allergies, current medications or medical history that may impact your treatment
- To return your hospital pack promptly so the hospital can check your cover with nib and process your admission
- To pay your hospital excess prior to your admission (if you have one)
- To ask for, and understand, any potential costs from your specialists and the hospital prior to your admission (it's also their responsibility to advise you of these costs and explain them clearly)
- You may be required to pay any expected out-of-pockets to your specialist before your procedure, but not all specialists will ask you to do this
- Once you've signed the 'National Private Patient Claim Form' (part of your admission paperwork) you'll be making a commitment to pay any out-of-pocket expenses that the hospital has outlined to you prior to your admission. So be sure that you understand your out-of-pocket expenses before you sign that form.

# Step 11.

## Post surgery instructions and how to claim

You've been to hospital and we hope everything went well. This section explains what to expect after your stay and how to claim.

### What to expect after you have been discharged from hospital

Your specialist should have provided you with post-surgery instructions that explain what to expect during recovery and who to contact if things don't seem quite right. If you don't get these instructions, ask for them.

### How to claim

If you are covered for the procedure, and your specialists charge only the schedule fee (or participate in nib's MediGap scheme) then you may not see any bills after your admission. Don't worry if you don't see a bill, it simply means nib has paid the entire admission on your behalf.

If you do see a bill it could be from one of three sources:

#### 1. Bills from the hospital

You may get a bill from the hospital if your procedure wasn't covered or you needed items not covered by nib's contract. Forward any hospital bills to nib, or give us a call on **13 14 63**, and we'll let you know if they'll be covered.

#### 2. Bills from pathology or radiology labs associated with the hospital

During the course of your admission you may have required pathology or radiology services (whether or not you knew of them). These services can be outsourced from the hospital to labs for processing.

If you receive a bill relating to your admission you'll need to first go Medicare to claim their portion of the cost (75% of the scheduled fee), then claim nib's portion (25% of the scheduled fee). Any gap will need to be paid by you.

#### 3. Bills from your specialists

Bills for consultations with your specialist in the lead-up to your hospital admission should be claimed through Medicare. You'll only see bills related to your hospitalisation if one or more of your specialists charge fees in excess of the Medicare Benefit Schedule Fee, and choose not to participate in nib's MediGap Scheme. Claim their portion of the cost (75% of the scheduled

fee) through Medicare first then claim nib's portion (25% of the scheduled fee). Any gap will then need to be paid by you to the specialist. If you haven't asked already, be sure to ask the specialist if they'll participate in nib's MediGap scheme for your procedure.

### Unexpected out-of-pockets

If you've received an unexpected out-of-pocket bill it may be due to complications during your procedure.

Your doctors and the hospital have an obligation to inform you when circumstances change. That can mean unexpected out-of-pocket expenses. But it's not always possible, particularly if your circumstances change during surgery.

If this happens, it's perfectly reasonable to go back to your specialist and ask if they'll participate in nib's MediGap Scheme to eliminate your out-of-pocket expenses. If they won't, you can try asking them to reconsider their fees or if they have alternative payment arrangements.



## Other ways to claim out-of-pocket expenses

### Medicare's Safety Nets

Medicare offers a number of safety nets to help protect people from high out-of-pocket medical expenses. Once you reach a certain threshold for out-of-pocket expenses, you may be able to claim more back from Medicare. Contact Medicare to learn more.

### Medical Tax Offset

Whatever can't be claimed from health insurance and Medicare may be claimable, at least in part, through your tax. Again this kicks-in once you reach a certain threshold of out-of-pocket expenses. Contact the Australian Tax Office to learn more about the medical tax offset and what you can claim.

nib can supply you with a statement of your medical expenses for the financial year. Simply give us a call on **13 14 63** or log into Online Services.

# Glossary

## Accident and the 7 day rule

An accident is an event leading to bodily injury caused solely and directly by violent, accidental, external and visible means and resulting solely, directly and independently of any other cause, unless otherwise defined in your cover. nib's accident cover is intended to cover the result of an accident. If you're in an accident, you and the attending doctor in hospital must complete an Accident Form (available from nib). For customers on Basic Saver, Family Basic Saver, Basic Plus, Family Plus, Mid Plus, Hospital Plus, Top Cover, Premier Plus, Young at Heart Mid, Young at Heart Top: To ensure that you are covered for the immediate necessary treatment required as a result of an accident, you'll be covered as long as you have documented proof that you have sought treatment at a hospital emergency department within 24 hours of the accident. If you need further treatment in hospital as an admitted patient, you need to be re-admitted to a hospital within 7 days of your initial visit. This could mean being admitted as an inpatient or sent home to be admitted later (for example, you may be sent home with bandaging or a half-plastered limb so that swelling can reduce before a full plaster cast is applied to the injured limb). Any additional hospital treatment that takes place within 7 days after being discharged from the hospital will also be covered. After this 7 day period, any additional hospital treatment will be paid as per the level of benefits on your cover (for example, some benefits may be excluded or restricted).

## Accommodation

Includes the hospital bed, patient meals and nursing care in a hospital. It doesn't include treatment by health professionals such as doctors.

## Admission

To get treatment for an illness or condition as a private patient in a registered public, private or day hospital you must be admitted by a medical practitioner. Treatment in the emergency room of a private hospital is not an admission.

## Admitted Patient

Is a person who is formally admitted to hospital to receive medical treatment.

## Ambulance Cover

A Product which provides Benefits for ambulance transport, the details of which are set out in your cover.

## Annual Benefit Limits

The maximum amount of Benefits payable for a specified good or service in a Calendar Year, as set out in your cover.

## Benefit

The amount of money payable from nib to or on behalf of an Insured Person, in respect of approved expenses incurred by an Insured Person for Treatment, in accordance with their cover.

## Benefit Limitation Period

The period of time during which an nib customer is entitled to restricted benefits for a particular condition or treatment.

## Calendar Year

January 1 to December 31.

## Excess

The amount a Policy Holder elects to pay for Claimable Hospital Expenses before a Benefit is paid unless otherwise specified in your cover.

## Exclusions

Some procedures are excluded from some hospital covers – which means you won't be covered in a public or private hospital and won't receive a benefit from nib for that procedure. Always check with nib before you go to hospital to find out if you've got the cover you need.

## Extras

Extras are the out of hospital services included in your nib health cover. Depending on your health cover, these include things like dental, physio, chiro, glasses and frames, remedial massage, acupuncture and natural therapies.

## Gap

The Federal Government has a schedule of fees for medical services, called the Medicare Benefits Schedule (MBS). Using the MBS, Medicare pays 75% of the fee for a medical service provided in hospital to a privately insured patient and nib covers the remaining 25%, provided the procedure is not excluded on your cover. If Medicare does not pay a benefit an nib benefit is not payable. The 'gap' occurs when doctors and specialists charge more than the MBS, leaving you with an out-of-pocket expense.

## Home Nursing

Services provided by a registered general trained nurse in private practice for the treatment of illness, disease, incapacity or disability when the patient is totally dependant on nursing care. Does not include services such as Mothercraft, Tresillian or Karitane nursing or a nurse-housekeeper during recovery after illness.

## Informed Financial Consent

Informed Financial Consent is where a patient is told in writing about, and consents to, the cost of hospital treatment before being provided with that treatment. The patient should be informed of the cost of treatment before they are admitted to hospital to enable informed financial consent to be given.

## Medicare Benefits Schedule Fee (MBS)

The schedule set by the Commonwealth Government for the purpose of paying Medicare Benefits.

## nib Agreement Private Hospital

A hospital with which nib has negotiated a hospital purchaser provider agreement. Customers who are treated at a hospital other than an nib agreement private hospital will incur out-of-pocket expenses for most hospital related services. Before receiving hospital treatment call **13 14 63** to confirm your benefit entitlements.

## nib Customer

An nib customer is any Policyholder (including adults and dependant children) insured by nib under a policy.

## nib Policy

A policy of private health insurance between a Policyholder and nib in accordance with the nib fund rules.

## nib Recognised Provider

for nib benefits to be paid for Extras, Doctors or Hospitals, services must be provided by nib Recognised Providers. This means they must be in private practice and must also have professional qualifications that are recognised by nib. Customers should contact nib before undergoing any treatment

to ensure their provider is recognised by nib and that they are entitled to receiving a benefit if making a claim. nib encourages providers to offer high-quality products and services at competitive prices to customers. nib neither takes nor assumes any responsibility for the product and/or service provided. Customers should rely on their own enquiries and seek any assurance or warranties directly from the provider.

#### National Private Patient Claim Form

Part of your admission paperwork as a private patient to a public or private hospital. This is a Federal Government requirement. By signing this form you acknowledge that you have obtained Informed Financial Consent for your procedure and agree to (where necessary) pay any out-of-pocket expenses explained prior to your admission.

#### Nursing Home Type Benefit

A Nursing Home Type Benefit is a benefit set by the Federal Government for a patient who is in hospital, but not in need of acute hospital care, while awaiting a nursing home placement. Where a customer is classified as a nursing home type patient they will be required to contribute a daily co-payment towards the cost of their hospital stay (co-payments are also determined by the Federal Government).

#### Out-Of-Pocket Expenses

Some charges and fees aren't covered by nib. For example, nib won't pay for medical fees above the MBS fee (where doctors don't participate in nib MediGap), any hospital excess, or some personal and take home items like toiletries, newspapers and STD and mobile phone calls provided in hospital. These are billed to you by your doctors and

the hospital. nib can tell you what you are covered for, but you should ask your hospital and your doctors what your out of pocket expenses might be.

#### Out-Patient

Patients that don't require admission or an overnight stay in a hospital are out-patients.

#### Paramedical Services

Paramedical services are services received in hospital including pharmacy, physiotherapy, hydrotherapy and occupational therapy.

#### Pharmaceutical Benefits

##### Scheme (PBS)

Many medicines cost much more than the price you pay – but the Federal Government pays most of it for you. The Government does this through the PBS, nib does not pay for medicines on the PBS. It's available to Australian residents and eligible visitors from countries with reciprocal arrangements with Australia. For more information about the PBS visit [health.gov.au](http://health.gov.au)

#### Pharmaceutical Prescriptions (relating to nib Extras benefits)

nib will pay a Pharmaceutical Prescriptions benefit once the maximum PBS charge has been deducted and the drug is:

- Dispensed by a registered pharmacist in private practice or a doctor
- Only available on prescription, and
- Listed on the Australian Register of Therapeutic Goods (ARTG), and
- Published within the MIMS Schedule as S4 or S8, and
- Not listed in the Schedule of Pharmaceutical Benefits Scheme (PBS)
- The amount customers will be paid will depend on their cover
- For compound drugs, all components

must be listed on the ARTG and published within The MIMS Schedule as S4 or S8 OR the Poisons Schedule and be non-PBS

A Pharmaceutical Prescriptions benefit will not be paid if the drug is:

- A prescription dispensed to hospital inpatients
- Listed as a contraceptive
- Available over the counter, even when prescribed.

#### Pre-Existing Condition

A Condition, the signs or symptoms of which, in the opinion of a Medical Practitioner appointed by nib and who has examined relevant information (including information supplied by the Insured Person's Medical Practitioner) were exhibited by the Insured Person at any time during the 6 months prior to:

- a. The commencement of the Insured Person's Policy; or
- b. In the case of upgrading from one Hospital Product to another Hospital Product providing higher benefits for Hospital Treatment (other than a Hospital Product created or revised in response to an increase in hospital charges), at the time the Policy holder for the Policy commenced paying Premiums for the upgraded Hospital Product.

#### Premiums

The amount of money a Policyholder is required to pay to nib in respect of a specified period of cover for a Product under a Policy.

#### Private Practice

A practice (whether sole, partnership or group) which receives its entire income from the fees charged to its patients without subsidy or funding from any public sector body.

#### Prostheses

A prosthesis is a surgically implanted item like an artificial knee or hip joint. Some government approved, surgically implanted prosthetic items are on a 'no gap' list, while others are not fully covered and you may have an out-of-pocket expense. nib recommends you contact your hospital or doctor to discuss your options prior to seeking any treatment involving a prosthesis.

#### Provider

Providers are Hospitals; and General Treatment providers that: are registered or hold a licence under relevant State or Territory legislation to provide the General Treatment sought; are professionally qualified, or a member of a professional body recognised by nib; are in a private practice; and satisfy any other criteria reasonably required by nib for nib to pay Benefits for General Treatment provided by the provider.

#### Public Hospital Benefit

The amount of benefit payable to a customer, determined by the Federal Government as the minimum amount health funds must pay for accommodation costs. Public Hospital Benefits will cover you in a shared ward of a public hospital but are nowhere near sufficient for hospital services in a private room of a public hospital (generally around 50% of the cost) or for hospital services in a private hospital (generally between 5% and 30% of the cost). Public Hospital Benefits do not provide

any benefits for labour wards or theatre fees and some other services in a private hospital. Public Hospital Benefits vary by State, the type of hospital and type of treatment provided. Call nib if you would like to know the benefits that may apply to your treatment.

#### Restricted Benefits

The lower level of Benefits payable for some services under Product as set out in the cover.

#### Waiting period

The period of time during which a Policyholder must continuously hold a Policy for a particular Product before an Insured Person under that Policy has an entitlement to receive a Benefit.

#### Waiting periods for hospital procedures:

| Service  | Waiting Periods |
|--|-----------------|
| Accidental injury  | 1 day           |
| Ambulance services   | 1 day           |
| Other hospital services, except those listed   | 2 months        |
| Psychiatric care, rehabilitation or palliative care services (including pre-existing)  | 2 months        |
| Other pre-existing ailments/ conditions (an illness or condition evident at any time during the 6 months immediately prior to joining nib) | 12 months       |
| Obstetric conditions   | 12 months       |

Note: your cover may exclude some of these procedures.

#### Waiting periods for Extras services

| Service  | Waiting Periods |
|--|-----------------|
| Ambulance services   | 1 day           |
| All other services, except those listed below  | 2 months        |
| Optical appliances and repairs   | 6 months        |
| Healthier Lifestyle  | 6 months        |
| Speciality dental (e.g. endodontia, periodontia)   | 12 months       |
| Removal of wisdom teeth and oral surgery   | 12 months       |
| Periodontic surgery, root canal therapy and endodontic services provided by a dentist not registered as a specialist | 12 months       |
| Dentures, denture maintenance/ repairs, other prosthodontic services   | 12 months       |
| Orthodontia  | 12 months       |
| Artificial aids (except orthotics and orthopaedic shoes)   | 12 months       |
| Hearing aids   | 36 months       |

Note: your cover may not include some of these services.

The nib logo consists of the lowercase letters 'nib' in a white, bold, sans-serif font, centered within a solid green rectangular background.

**nib**

Any questions? More info?

Customer Care Centre

**13 14 63**

Mon-Fri 8am-8.30pm, Sat 8am-1pm (AEST)

or visit

**nib.com.au**



# Going to hospital quote form

Complete this form with the help of your specialists and hospital to have a complete understanding of your potential out-of-pocket expenses in relation to your hospital admission.

Don't forget that you'll need to call nib on **13 14 63** to check your procedure will be covered and you have served your waiting periods. Some hospitals services could be 'excluded', 'restricted' or have a 'benefit limitation period' on your chosen level of health cover. This means that you will have significant out-of-pockets if you go to hospital for services that aren't covered by your level of cover.

|  | Item numbers for your procedure | What is the total cost? | What am I expected to pay as an out-of-pocket expense? |
|--|---------------------------------|-------------------------|--|
| Specialist's fees  |                                 | \$                      | \$   |
| Assistant Surgeon's fees   |                                 | \$                      | \$   |
| Anaesthetist's fees  |                                 | \$                      | \$   |
| Surgically implanted prostheses  |                                 | \$                      | \$   |
| High-cost drugs, disposables or other items not covered by Medicare (e.g. some items related to robotic surgery) |                                 | \$                      | \$   |
| Radiology  |                                 | \$                      | \$   |
| Pathology  |                                 | \$                      | \$   |
| Other hospital fees (eg, booking fees)   |                                 | \$                      | \$   |
| Hospital excess  |                                 | \$                      | \$   |
| <b>TOTAL</b>   |                                 | <b>\$</b>               | <b>\$</b>  |

## Questions to ask your specialist or the hospital to reduce your out-of-pocket expenses

Would you be willing to participate in nib's MediGap Scheme so I don't have to pay this out-of-pocket?

Would you be willing to participate in nib's MediGap Scheme so I don't have to pay this out-of-pocket?

Would you be willing to participate in nib's MediGap Scheme so I don't have to pay this out-of-pocket?

Can we consider a prosthesis that will be fully covered by Medicare and my health insurance?

Can we use an alternative treatment that will be covered by Medicare and health insurance?

The nib Going to Hospital Pack provides more information about how to reduce or eliminate your out-of-pocket expenses when going to hospital and additional questions you should ask your specialist. Or call nib on **13 14 63**. We're here to help.

