

## Complete Gold Hospital

### Included Hospital Services

- ✓ Assisted reproductive services
- ✓ Back, neck and spine
- ✓ Blood
- ✓ Bone, joint and muscle
- ✓ Brain and nervous system
- ✓ Breast surgery (medically necessary)
- ✓ Cataracts
- ✓ Chemotherapy, radiotherapy and immunotherapy for cancer
- ✓ Dental surgery<sup>1</sup>
- ✓ Diabetes management (excluding insulin pumps)
- ✓ Dialysis for chronic kidney failure
- ✓ Digestive system
- ✓ Ear, nose and throat
- ✓ Eye (not cataracts)
- ✓ Gastrointestinal endoscopy
- ✓ Gynaecology
- ✓ Heart and vascular system
- ✓ Hernia and appendix<sup>2</sup>
- ✓ Hospital psychiatric services
- ✓ Implantation of hearing devices
- ✓ Insulin pumps
- ✓ Joint reconstructions
- ✓ Joint replacements
- ✓ Kidney and bladder
- ✓ Lung and chest
- ✓ Male reproductive system
- ✓ Miscarriage and termination of pregnancy
- ✓ Pain management
- ✓ Pain management with device
- ✓ Palliative care
- ✓ Plastic and reconstructive surgery (medically necessary)
- ✓ Podiatric surgery (provided by a registered podiatric surgeon)<sup>3</sup>
- ✓ Pregnancy and birth
- ✓ Rehabilitation
- ✓ Skin
- ✓ Sleep studies
- ✓ Tonsils, adenoids and grommets
- ✓ Weight loss surgery

<sup>1</sup> This product does not cover benefits for dentists' fees in hospital. However, other hospital costs related to dental surgery (anaesthetist fees, hospital fees) will be covered in line with the benefits provided by the policy. Dentists' fees in hospital are covered when an extras product is held.

<sup>2</sup> Hospital investigation and treatment of a hernia or appendicitis. This benefit only covers a limited number of hernia repairs. It's essential to check the Medicare Benefits Schedule (MBS) item number for your procedure, as the treatment of hernias can fall under a different category (such as Digestive System).

<sup>3</sup> Hospital Treatment provided by a registered podiatric surgeon is limited to cover for accommodation and prosthetic devices. No benefits are payable for podiatric surgeon fees, medical specialist fees (e.g. anaesthetist) or theatre costs. Refer to Your Membership Guidelines for more information.

### Restricted Hospital Services

- Cosmetic surgery

**"Restricted Hospital Services"** means if a member goes to hospital for a Restricted Service on their hospital product they will only be paid benefits equivalent to those paid for Private Patients receiving treatment in a shared ward of a Public Hospital.

### Excluded Hospital Services

- ✗ Accidental injury benefit

### Other Included Services

**Ambulance** - Ambulance transport by a recognised state ambulance provider Australia-wide<sup>^</sup>

<sup>^</sup> Cover includes medically-necessary ambulance transport and on-the-spot treatment by a recognised ambulance provider Australia-wide. Excludes residents of QLD and TAS who have ambulance services provided by their State ambulance schemes.

### In-Hospital Carer Benefit

- ✓ 100% of cost to annual limit of \$500.
- ✓ Up to \$60 per night for accommodation.
- ✓ Up to \$30/day for hospital meals provided at the cafeteria or patient meal menu.

### Special nursing when provided by a registered nurse in private practice

- ✓ 100% of cost to annual limit of \$1,000.
- ✓ \$20 per hour payable to a maximum of \$1,000 per calendar year.

### Exceptional drugs

- ✓ 100% of cost to annual limit of \$300 per membership year.

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### Waiting Periods

- **2 months<sup>4</sup>** - Hospital psychiatric services, rehabilitation or palliative care services (whether pre-existing or not)
- **12 months** - Pre-existing conditions (where the symptoms were evident at any time during the 6 months immediately prior to joining or upgrading products as determined by our medical practitioner) except hospital psychiatric services, rehabilitation or palliative care services
- **12 months** - Pregnancy and birth

<sup>4</sup> Members who hold this product may be able to waive the 2 month waiting period for hospital psychiatric services when upgrading to a product with a higher hospital psychiatric services benefit. The Mental Health Waiver is only available to members who have held hospital cover for at least the previous 2 months, have not previously used their waiver with us or any other fund, have been admitted to a hospital and are under the care of an Addiction Medicine Specialist or Consultant Psychiatrist.

## Complete Gold Hospital

### We can help you minimise out-of-pocket expenses for hospital related fees

- To help you reduce or eliminate out-of-pocket expenses choose a private hospital or day facility that has an agreement with us.
- Ask your doctor or specialist to participate in our MediGap Scheme to eliminate the 'gap' for their in-hospital fees.

Always call us first if you need to go to hospital on  
**1800 249 966**

### What is Covered In-Hospital at Agreement Private Hospitals and Public Hospitals

When you're admitted as a private patient in a private hospital that has an agreement with us, or a public hospital, we will pay towards the cost of the following things that relate to Included Hospital Services on Complete Gold Hospital cover (out-of-pocket expenses may apply to these services<sup>5</sup>):

- ✓ Selected medical admissions relating directly to included services on Complete Gold Hospital cover
- ✓ Medical treatments not requiring surgery, investigative procedures and surgeries
- ✓ Day surgery
- ✓ Overnight accommodation (private room where available)
- ✓ Special care unit accommodation (e.g. intensive care)
- ✓ Operating theatre fees
- ✓ Doctors' surgical fees and in-hospital consultations
- ✓ Government approved prosthetic devices
- ✓ Allied health services (e.g. physiotherapy, occupational therapy)
- ✓ Pharmaceuticals approved by the Pharmaceutical Benefits Scheme required for specific treatment when in hospital
- ✓ Ward-drugs and sundry medical supplies (e.g. bandages, painkillers)
- ✓ Nursing care
- ✓ Patient meals
- ✓ Common treatments and support treatments<sup>6</sup>
- ✓ Associated treatment for complications and associated unplanned treatment<sup>7</sup>

<sup>5</sup> Refer to Your Membership Guidelines for more information on out-of-pocket expenses.

<sup>6</sup> Common treatments means a number of Medical Benefits Schedule (MBS) items commonly used across services covered by your policy. Support treatments means a number of MBS items used to support a principal treatment covered by your policy. Common and support treatments will be covered in line with the level of cover your product provides for the principal treatment. Refer to Your Membership Guidelines for more information.

<sup>7</sup> Associated treatment for complications means treatment provided during an episode of covered hospital treatment to address a complication that arises during that episode. Associated unplanned treatment means unplanned treatment provided during an episode of covered planned surgery that is, in the view of the medical practitioner providing the unplanned treatment, medically necessary and urgent. Associated treatments will be covered in line with the level of cover your product provides for the principal treatment. Refer to Your Membership Guidelines for more information.

### What is Covered In-Hospital at a Non-Agreement Private Hospital

If you choose to be treated at a private hospital that does not have an agreement with us, we will pay towards the costs of the services listed above but you are likely to incur greater out-of-pocket expenses for most hospital related services than you would at an agreement hospital.