AIA Health Insurance

GOING TO HOSPITAL

A step-by-step guide

Effective 15 January 2025

This guide has been prepared to help you prepare for going to hospital, so you understand what to expect.

aia.com.au/health

AIA HEALTHIER, LONGER, BETTER LIVES

Contents

Introduction

Going to hospital can be overwhelming, whether it's for a planned visit or an unexpected emergency. This guide is designed to help you navigate the process with confidence, providing a clear understanding of the Australian healthcare system, how hospital cover works, what you're covered for, and how to prepare financially. We've also included practical tips and information to ensure you know what to expect before, during, and after your hospital stay, so you can focus on your health and recovery.

Understanding the Australian healthcare system

In Australia, healthcare operates through two main systems – public and private. Depending on your needs, you may receive treatment from a medical professional in either a public or private setting, such as a hospital or the doctor's consultation room. Let's break down how it all works.

Who pays for healthcare in Australia

Healthcare in Australia is funded by a mix of government support, private health insurance, and sometimes, your own contributions.

Here's a closer look at the key players:

MEDICARE

PRIVATE HEALTH INSURANCE

Medicare is Australia's universal health insurance scheme, funded by taxpayers. It ensures that all Australians, as well as some overseas visitors, have access to a wide range of healthcare services at low or no cost.

Here's what Medicare covers:

- Treatment as a public patient in a public hospital
- 75% of the Medicare Benefit Schedule (MBS) fee for doctors' services if you're a private patient in a hospital
- All or part of the cost of visiting a general practitioner (GP) or specialist, often referred to as 'bulk billing'
- Some tests and examinations your doctor prescribes, though not all
- Reduced cost on certain prescription medications through the Pharmaceutical Benefits Scheme (PBS)

What is the Medicare Benefit Schedule?

The Medicare Benefit Schedule (MBS) is a list of essential medical procedures that can be performed in Australia. The government and Medicare set a recommended fee for each procedure, which serves as a guide for doctors treating patients in the public system. However, in the private system, doctors and surgeons can set their own fees.

If your doctor charges more than the MBS fee, the difference is known as the 'gap', which could result in significant out-of-pocket expenses for you – unless your doctor participates in AIA Health's Access Gap Cover which helps reduce these costs (see Access Gap Cover for more details).

Private health insurance offers additional coverage beyond what Medicare provides, giving you more flexibility in your healthcare choices.

With private health insurance, you can:

- Help cover the cost of your treatment and hospital stay when treated as a private patient in a private or public hospital
- Reduce medical expenses through our Access Gap Cover Scheme
- Receive treatment faster for elective procedures by avoiding public waiting lists
- Help cover the cost of general treatments, known as 'Extras', like dental, optical, and physiotherapy services
- Include ambulance services in your policy, depending on which State you live in.

*ProductReview and Google Review rating as at December 2023.

Your options – private vs public

As an Australian resident with private health insurance, you have the flexibility to choose how you can receive your treatment. You can be treated as a private patient in either a public or private hospital, depending on the services covered by your policy, or you can opt to be treated as a public patient in a public hospital.

The table below outlines examples of what's included in different scenarios for both public and private hospitals, depending on your cover and subject to waiting periods.

	Private patient in a private hospital	**Private patient in a public hospital**	**Public patient in a public hospital**
How quickly will I be treated?	As soon as you and your specialist are available.	When a spot becomes available on the public waiting list (for non-emergencies).	When a spot becomes available on the public waiting list (for non-emergencies).
Can I choose my specialist?	**Yes** (unless treated as an emergency patient).	**Yes** (unless treated as an emergency patient).	**No**, the hospital will provide one for you.
Can I choose my hospital?	**Yes**, but this will depend on where your specialist works.	**Yes**, but this will depend on where your specialist works and the hospital's waiting list.	**Yes**, but this will depend on your location and the hospital's waiting list.
Can I get my own private room	**Yes**, if available and clinically appropriate.	**Possibly**, but this will depend on availability and medical need.	**Possibly**, but this will depend on availability and medical need.
Will I have to pay for my hospital accommodation?	**Possibly** - when treated for an included or restricted service as a private patient in one of our participating hospitals, we'll cover all or part of your hospital accommodation charges. Please note, you may have to pay an excess or co-payment.	**Possibly** - when treated for an included or restricted service at a public hospital, we'll cover all or part of your hospital accommodation charges. Please note, you may have to pay extra for a private room and an excess or co-payment.	**No**, you'll be treated as a public patient. This is covered by Medicare.
Will I have to pay in-hospital specialist fees?	**Possibly** – however, Medicare and AIA Health will cover some or all of your specialist fees. Please note, you may have out-of-pocket expenses.	**Possibly** – however, Medicare and AIA Health will cover some or all of your specialist fees. Please note, you may have out-of-pocket expenses.	**No**, you'll be treated as a public patient. This is covered by Medicare.

Hospital cover

What is hospital cover?

When you're admitted to the hospital as a private patient, your hospital cover helps with a range of costs, including hospital accommodation, theatre fees, prostheses, intensive care, and medical services.

Inpatient services relate to the medical care you receive while *staying in hospital*. This can include emergency or elective surgery, accommodation, theatre fees, and pathology tests performed during your admission.

For services listed on the Medicare Benefits Schedule (MBS) that are included or restricted under your policy, Medicare covers 75% of the MBS fee, and AIA Health covers the remaining 25%. If your doctor charges more than the MBS fee, you may have to pay the difference, known as the 'gap'. However, if your doctors participate in AIA Health's Access Gap Cover, your out-of-pocket expenses may be lower or eliminated altogether (see the Access Gap Cover section for more details).

Medicare covers 100% of the cost for inpatient services when treated as a public patient in a public hospital.

Outpatient services include medical care provided when *you're not admitted* to the hospital, such as general practitioner (GP) and specialist consultations, pathology tests, radiology, and emergency department visits.

Health funds are unable to provide cover for outpatient services, but you may be eligible to receive a benefit from Medicare for these services.

Inclusions. Restrictions, Exclusions and Waiting Periods

Inclusions are Clinical Categories and the corresponding item numbers or procedures that AIA Health pay towards when you are treated as a private patient in a public or participating private hospital. This includes hospital accommodation, theatre fees, prostheses, and medication. However, excesses, co-payments, and out-of-pocket expenses may still apply.

Restrictions are Clinical Categories that are covered by AIA Health but with limited benefits, depending on whether you are treated in a private or public hospital. For 'restricted' benefits, AIA Health will pay the minimum default benefit set by the Australian Government for hospital accommodation only.

- **Public hospital** – if you choose to be treated as a private patient in a public hospital for a restricted benefit, AIA Health will pay the minimum amount toward your hospital accommodation in a shared room.
- **Private hospital** – if you choose to be treated in a private hospital for a restricted benefit, AIA Health will pay the minimum default benefit toward your hospital accommodation, which may result in significant out-of-pocket expenses.

Exclusions are services that are not covered by AIA Health, meaning no benefits will be paid if you receive private treatment. You will have to pay all expenses yourself, outside of any available Medicare benefits.

Waiting periods refer to the set amount of time you must serve before you can claim for an in-hospital service. AIA Health won't pay towards any items or services you receive while serving a waiting period. Refer to your Product Fact Sheet for the details of the waiting periods applicable to your policy. We will recognise waiting periods already served for equivalent services with your previous insurer when you switch to AIA Health.

Pre-existing conditions

A pre-existing condition is defined as any ailment, illness, or condition where signs and symptoms were present at any time during the six months before your cover commenced, as determined by a medical practitioner appointed by AIA Health (not your own doctor).

All AIA Health hospital products have a standard 12-month waiting period for claims related to pre-existing conditions. However, for pre-existing conditions related to palliative care, psychiatric care, and rehabilitation services, a two-month waiting period applies. If a condition is not deemed as pre-existing, you can claim after the two-month waiting period is served.

If you've had your current hospital cover for less than 12 months, you'll need to complete a pre-existing condition determination to assess whether the 12-month waiting period applies. This assessment can take up to five business days, so it's important to consider this when you're booking your hospital stay. If you proceed with your admission without confirming your entitlements and your condition is later determined to be pre-existing, you'll be responsible for paying all outstanding hospital and medical charges not covered by Medicare.

What you're covered for

Types of hospital cover

Private health insurers in Australia offer hospital products classified into four tiers: Basic, Bronze, Silver, or Gold. The Australian Government sets the minimum and mandatory inclusions for each tier, ensuring a consistent standard across all insurers. These inclusions cover specific clinical categories that your insurer is required to pay benefits towards.

If a policy meets the minimum requirements of a tier, but also includes additional coverage, then it can be called a 'Plus' policy – for example, Bronze Plus or Silver Plus.

To understand exactly what your policy covers, it's important to refer to your Product Fact Sheet. This will outline what is included, restricted, and excluded under your specific policy.

Participating hospitals

AIA Health has agreements with a vast network of private hospitals and day surgeries across Australia. When you're treated for an included service as a private patient in one of our participating hospitals, we generally cover all hospital accommodation charges as part of our agreement with that hospital.

This means your out-of-pocket expenses are usually limited to your excess, co-payment, any fees related to your medical provider, gaps for medical devices or human tissue products, high-cost drugs, and inpatient pathology or imaging services. To confirm whether your hospital has an agreement with AIA Health, please reach out to our Member Services team.

Accident benefit

All AIA Health products include cover for accidents that occur while your policy is active. We define an accident as an unforeseen event caused by an external force or object, resulting in involuntary injury that requires immediate treatment. It's important to note that an accident does not include conditions that arise due to medical causes, pre-existing conditions, pregnancies, or injuries from surgical procedures.

To be eligible for accident benefits under your policy, you must seek treatment from a doctor or an emergency department within 48 hours of sustaining the injury.

Out-of-pocket expenses

Before a hospital admission, you may need to visit a general practitioner (GP), specialist, and have pathology tests. These are known as outpatient services, which are not covered by AIA Health.

However, once you're admitted to hospital, both Medicare and AIA Health can contribute towards your private patient medical expenses.

If your medical provider charges more than the Medicare Benefits Schedule (MBS) fee for inpatient medical services, you'll be responsible for paying the difference, known as the gap. As for hospital costs – like accommodation, theatre fees, and pharmacy – these are generally covered by us when you're treated for an included service as a private patient in a participating hospital, with the exception of your excess and any discharge or take-home medications.

Access Gap Cover

AIA Health's Access Gap Cover is designed to help reduce or eliminate your out-of-pocket costs. If your doctor participates in Access Gap Cover, we'll pay an additional amount above the 25% of the scheduled fee, potentially saving you from unexpected expenses.

To find out if your doctor is registered for AIA Health's Access Gap Cover, it's best to ask them directly. Participation can vary, with some doctors opting in or out on a case-by-case basis.

If your doctor does participate, they can either choose:

1. **'No Gap'** – Your doctor participates in Gap Cover and does not charge you any out-of-pocket fees for your inpatient treatment, or
2. **'Known Gap'** – Your doctor participates in Gap Cover but charges you a reduced out-of-pocket fee for your inpatient treatment. The maximum out-of-pocket cost a doctor can charge per MBS item is $500 per episode or $800 for pregnancy and birth.

It's crucial to be aware of any potential costs before undergoing surgery. For more details, see the section on Informed Financial Consent.

Remember, Access Gap Cover does not apply to pathology, imaging, or outpatient services, so always confirm any out-of-pocket fees with your doctor before agreeing to treatment.

Things you might not be covered for

Excess and co-payments

Depending on your level of cover, you may be required to pay an excess and/or a co-payment when you're admitted to the hospital.

- An **excess** is the amount you need to contribute towards the cost of hospital treatment each calendar year.
  The excess is applied per person, per calendar year, and is capped at the amount specified in your Product Fact Sheet.
- A **co-payment** is the daily contribution you make towards the cost of your hospital stay, whether in a private or public hospital. The co-payment applies per day, per person, per calendar year and is capped at the amount specified in your Product Fact Sheet.

If you've held an AIA Health policy for at least six months and your AIA Vitality Status is Silver or above at the time of admission, we'll refund your excess or one day's co-payment, depending on your cover and treatment. To claim your refund, simply use the AIA Health portal or AIA Health app to submit your invoice and receipt.

Please note, AIA Health must wait for the hospital to process your account before issuing a refund, which can take anywhere from one to eight weeks, depending on the hospital.

Please note, that Excess Refund and Co-Payment Refund are not available for certain clinical categories.
For more information, please refer to your Product Fact Sheet.

Pharmacy benefits

AIA Health will pay a benefit for Pharmaceutical Benefits Scheme (PBS) and Non-PBS pharmaceuticals where:

- the medical service provided is covered under your policy
- the treatment occurs while you're admitted in a participating hospital.

Please note, no benefits are payable for pharmaceuticals dispensed at discharge, high-cost medications, or experimental drugs.

Non-agreement private hospitals

If you choose to receive treatment at a non-agreement, second-tier, private hospital, AIA Health will cover default benefits equal to at least 85% of what we typically pay at a comparable agreement private hospital. If the hospital charges more than this default benefit, you'll be responsible for paying the difference, along with any applicable excess.

Before proceeding with treatment at a non-agreement hospital, it's essential to obtain Informed Financial Consent. Make sure you fully understand the out-of-pocket costs, as you will not be able to claim the gap. See the Informed Financial Consent section for more information.

Getting financially ready for your stay

Talk to your General Practitioner (GP)/ Specialist

To help you prepare for your hospital admission, it's important to have an open conversation with your GP or specialist.

Here are some key questions to ask:

- What are the MBS item numbers for my treatment?
- Will you participate in Access Gap Cover for each part of my treatment?
- Will other specialists bill me for my treatment? If so, will they participate in Access Gap Cover?
- What hospital will I be treated in? Is it public or private?
- Can you provide a full written breakdown of fees for my treatment from each treating doctor or specialist?
- What out-of-pocket expenses might I have?

Talk to AIA Health

Once you have the necessary details from your GP or specialist, reach out to us. We can help you understand your coverage and any potential costs.

Consider asking us the following questions:

- Do you pay towards my treatment?
- Have I completed my waiting periods?
- Do I need to pay an excess or co-payment for my hospital admission?
- Is the hospital a participating hospital?

Talk to your hospital

Before your treatment, you should contact the hospital directly to understand any out-of-pocket expenses you may incur.

Here are some questions to consider:

- Will there be additional costs for things like TV hire and medications? If so, how much?
- Are there any other out-of-pocket expenses I might have?

Informed Financial Consent

Before undergoing any treatment, you have the right to be fully informed about the costs you may incur. These details are provided in a summary of costs known as your Informed Financial Consent, or a written estimate of fees, which should be given to you in writing before your admission.

Your Informed Financial Consent should include:

- Details of the proposed procedure, including hospital name and admission date
- MBS items with a description and fee for each
- Other services or specialists involved in your care, such as an anaesthetist, assistant surgeon, pathologist, or radiologist, along with their fee estimates
- Any prosthetics that may be required and their associated costs
- A section for your (or your guardian's) signature and date

By signing the Informed Financial Consent, you're acknowledging that you've been advised of, understood, and agreed to the treatment plan, its costs, and any estimated out-of-pocket expenses.

In emergency situations, it may not always be possible to provide Informed Financial Consent in advance. In such cases, your emergency contact or next of kin may provide consent on your behalf.

Going to hospital

Unplanned hospital visit

Sometimes life throws the unexpected your way, like a broken bone or sudden illness that requires a trip to the hospital. It's important to be prepared for these situations, as you'll likely be asked a series of questions upon arrival. These might include whether you have any allergies, what medication you're taking, any past health conditions, whether you're pregnant or breastfeeding, and if you've recently travelled overseas.

Once you arrive, a nurse will assess your condition. Depending on the severity, you might be asked to wait if more critical cases are ahead of you, or you could be treated right away.

If you can be treated in the emergency department, you'll typically be able to go home afterwards, as this is considered an outpatient service. However, if your condition is more serious, you'll be admitted to hospital and treated as an inpatient.

Ambulance services

In some emergencies, getting to the hospital might require an ambulance – whether by road, air, or sea. Understanding how ambulance services are covered is crucial, as Medicare does not cover these costs.

The cost of an ambulance is usually based on factors such as:

- a call out fee
- a per kilometre charge from the ambulance base to the call out location, hospital, or other location, and
- a per kilometre charge for the ambulance to return to the ambulance base.

As part of your health insurance, AIA Health will cover all clinically necessary ambulance services for emergencies in Australia. This applies to situations where immediate hospital care or on-site treatment is required. However, if you need an ambulance for non-emergency transport, significant out-of-pocket costs can arise without the right level of cover.

Each state has different rules, so it's important to check with your state ambulance authority to ensure you're fully covered for both emergency and non-emergency ambulance transport.

Note: Tasmania and Queensland have state schemes to cover ambulance services for residents of those states. AIA Health will not pay benefits towards ambulance services where it is provided by the state. We recommend that members purchase state-based ambulance membership where applicable to ensure they are fully protected against the cost of ambulance transport and treatment by paramedics. This is not required for Queensland and Tasmanian residents, where ambulance services are provided under state schemes. It may also not be required for New South Wales and Australian Capital Territory residents as when members have Hospital cover in those states, they pay a government-imposed ambulance levy as part of their health insurance premium. Check with your state ambulance authority to ensure you have the right level of cover for emergency treatment and non-emergency ambulance transport by paramedics within Australia.

Preparing for your admission

It's normal to feel anxious before a hospital stay.

To help ease the stress, here are some things you can do in preparation:

- **Understand pre-operative instructions** – follow any instructions provided by your doctor to prepare for surgery
- **Make necessary arrangements** – plan for your transportation to and from hospital, arrange for childcare or pet sitters, and take time off work if needed
- **Pack essentials** – bring what you need for your stay, and remember to remove any jewellery, makeup, or nail polish
- **Medications** – bring your medications and inform the nursing staff about the dosage and what each medication is for
- **Emergency contact** – ensure your emergency contact knows their role and is aware of your procedure schedule and if additional support is required while you recover

Tips for your stay

It's important to feel informed and in control during your hospital admission. To ensure a comfortable stay, you should:

- **Know your rights** – understand your rights as a patient
- **Ask questions** – don't hesitate to ask questions about your treatment
- **Provide accurate information** – ensure you give complete and accurate information to the hospital staff
- **Communicate your needs** – inform the hospital staff of any personal requirements, such as dietary, religious, or cultural needs, as well as accessibility needs
- **Speak up** – if something is unclear or doesn't seem right, speak up

Recovery after your treatment or surgery

After your surgery, you'll be moved to a recovery room where doctors or nurses will update you on how the procedure went and discuss your aftercare plan.

Depending on the type of surgery, your recovery may include:

- **Blood clot prevention** – this could involve anti-clotting medicine and compression stockings or devices
- **Pain relief** – pain management might be provided through an IV, an epidural, or oral medication
- **Antibiotics** – these may be prescribed to prevent infection

If you have any questions about your recovery, talk to your doctor.

Leaving hospital

What to take home

Before you leave the hospital, make sure you have the following:

- **Medication and prescriptions** – ensure you understand the instructions for taking your medication
- **Discharge paperwork** – collect any paperwork, including instructions for at-home care, such as wound care or exercises
- **Letters for your general practitioner (GP)** – If your doctor or specialist hasn't provided these, they may send them separately

Before leaving the hospital, make sure you understand:

- any follow-up appointment with your specialist
- whether you need any services to assist you at home
- when to call the doctor, for example, if there are any complications

Please note, discharge medication, crutches, wheelchairs, and any hired devices are not covered by AIA Health.

At-home recovery

Here are some tips to aid your recovery after your hospital stay:

- **Medication** – take your medication exactly as directed by your doctor. Contact them if you encounter any issues
- **Exercise** – if recommended by your doctor or specialist, staying active can promote your recovery
- **Nutrition** – eat balanced meals, as good nutrition is key to healing
- **Take precautions** – depending on your procedure and medication, you may be at higher risk of falls, so move carefully
- **Sleep** – rest is crucial for recovery. If you're having trouble sleeping, consult your doctor.

How to claim after your treatment or surgery

Your hospital admission will typically involve two separate claims:

- **Hospital claim** – covers costs associated with your accommodation, theatre fees, prostheses, and pharmaceuticals.
- **Medical claim** – covers costs related to your medical providers, such as surgeons, specialists, and anaesthetist, or in-hospital pathology and imaging.

Hospital claims

If you use a public or participating private hospital for a service included on your cover, the hospital will send the bill directly to AIA Health, and we'll pay it on your behalf. If you need to pay an excess, co-payment, or any other out-of-pocket costs, you'll typically pay these directly to the hospital either in advance or on the day of your admission.

For services restricted on your cover, we'll pay the minimum default benefit set by the Federal Government, which may result in significant out-of-pocket costs.

The claims process may take one to eight weeks, depending on the hospital.

Medical claims

You can claim the costs charged by specialists involved in your hospital treatment, such as surgeons and anaesthetists. Your benefits vary depending on whether your specialist participates in AIA Health's Access Gap Cover.

Access Gap claims

If your doctor participates in Access Gap Cover, you won't need to lodge a claim with Medicare or AIA Health. After your procedure, your doctor will send the bill to Medicare and AIA Health for payment. Any remaining costs will be out-of-pocket expenses which you'll need to pay.

Please note, your provider may charge up to $500 out-of-pocket expenses.

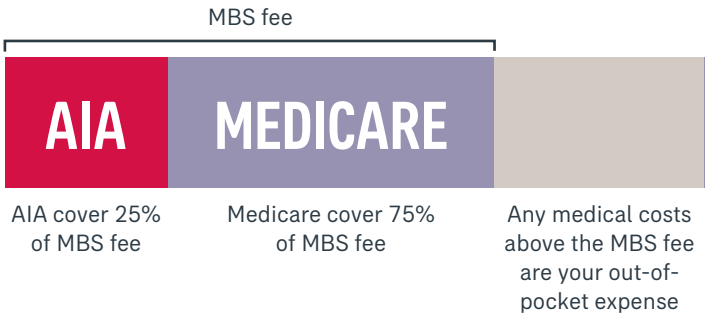
Non Access Gap claims

If your doctor doesn't participate in Access Gap Cover, you can still submit a claim for your medical costs by following these steps:

1. Complete a Medicare two-way claim form and a Medicare claim form.
2. Attach your medical invoice (paid or unpaid), and submit the claim to Medicare.
3. Medicare will cover their Medicare Benefit Schedule (MBS) portion (75%) of the procedure and issue a Statement of Benefits form as confirmation.
4. Once Medicare issues the Statement of Benefits, they will forward it to AIA Health to cover the remaining Private Health Insurance portion (25%). AIA Health will check if the treatment is included in your cover before paying any benefit.
5. Any remaining costs are your out-of-pocket expenses.

Some doctors may require full payment upfront, but the claim process remains the same. Simply provide proof of payment to be reimbursed accordingly.

The claims processing can take one to eight weeks, as we must receive and process the hospital claim first.



We're here to help

Our team are available to answer any questions you may have about your hospital stay or your insurance cover.

Feel free to contact us on **1800 333 004** between 8am and 6pm (AEDT/AEST) Monday to Friday, excluding public holidays, or send an email to **health.memberservices@aia.com.au.**

AIA Health Insurance
509 St Kilda Road
Melbourne VIC 3004
w: aia.com.au/health
e: health.memberservices@aia.com.au
p: 1800 333 004

Effective 15 January 2025. AIA Health is issued by AIA Health Insurance Pty Ltd ABN 32 611 323 034, a registered private health insurer.
AIA Vitality and AIA Vitality Starter are issued by AIA Australia Limited ABN 79 004 837 861.

01/25 – PHI8414