What does Step Up Hospital cover you for?

Over the page, you’ll find a comprehensive list of the types of treatments, services and products you are covered for under your Step Up Hospital cover. You’ll also see information on the things you are not covered for (exclusions), the things you are covered for in a public hospital (restrictions), as well as the waiting periods that apply before you can make different types of claims.

Your hospital cover pays benefits on four types of costs:

1. Private or public hospital of your choice
   With Step Up Hospital, you’re up to 100% covered for all of the hospital costs when you are treated in any private hospital that it has a contract with. You are also covered in all public hospitals across Australia. You’ll be covered for both overnight and same-day procedures. The only costs that won’t be covered are additional services such as television (if not hospitalised), internet access, newspaper delivery etc. Plus, some hospitals may charge administration fees.

2. Doctors of your choice
   When you are treated as an inpatient in hospital, your doctors’ fees are shared between Medicare, your hospital cover and yourself. Medicare will reimburse you for 75% of the Medicare Benefits Schedule (MBS) fee and your Step Up Hospital cover pays the remaining 25%. Any amount your doctor chooses to charge above the MBS fee is an out-of-pocket cost you will be responsible for paying.

3. Implanted prostheses and in-hospital transportation
   If you choose to upgrade your cover, you are only covered for treatment in a private hospital for:
   • assisted reproductive services and
   • cardiac procedures
   • kidney dialysis
   • major eye surgery (including treatment of cataract, glaucoma, cornea, and sclera transplants)
   • obstetrics and other pregnancy-related services and treatments
   • assisted reproductive services and treatments (e.g. IVF).

   If you wish to be covered for these services, please contact our member care team. Waiting periods will apply if you choose to upgrade your cover.

4. Ambulance attendance and transportation
   Depending on where you live, you’re covered for emergency ambulance attendance and transportation. You’ll find full details over the page.

How do you make a hospital cover claim?

Planned hospital stays

1. Decide whether you wish to go private or public
   Healthcare private hospital cover gives you the best of all options when it comes to deciding where, when and by whom you want to be treated, as you have the option of choosing not to use your hospital cover and to instead be treated as a public patient. As a private patient, you have more control over the timing of your treatment and can nominate the doctor you wish to treat you, but you may have to pay any excess costs following the procedure. As a public patient, you are less likely to have a high out-of-pocket cost, but you often have no control over the timing of your treatment or the doctors who are appointed to care for you. With private hospital cover, you have the ability to make the choice that suits you best.

2. Make sure that you have served your waiting periods
   Depending on your hospital cover, the first time you enter a hospital cover, you’ll be given a new excess. Where you are claiming through Access Gap cover, your excess will only apply to the first time you are admitted to hospital. In all other cases, your excess will apply to your excess for all claims you make in a certain period of time. To be able to claim on your Step Up Hospital cover, you must first claim through Access Gap cover. Therefore, please check your excess has been reset to zero before you enter a hospital prior to admission what your out-of-pocket expenses will be.

3. Have your doctors declared or to use your private cover if it doesn’t suit you – you have the option of choosing to be treated as a public patient at no cost. Some private hospitals also have emergency departments, and if you attend one of these, you are not covered for the costs. Hospital cover only comes into play when you are treated as an inpatient to hospital. If your doctors decide that you need to be admitted, you will be asked if you have private hospital cover. If you decide to declare or to use your private cover if it doesn’t suit you – you have the option of choosing to be treated as a public patient under Medicare rather than using your cover.

7. Find out if you’re suitable for our Hospital cover.
   Hospital cover may suit you if you don’t have any specific health issues or concerns, or simply want a hospital second opinion. If the hospital does decide that you need to be admitted, you will be asked if you have private hospital cover. If you decide to declare or to use your private cover if it doesn’t suit you – you have the option of choosing to be treated as a public patient at no cost. Some private hospitals also have emergency departments, and if you attend one of these, you are not covered for the costs. Hospital cover only comes into play when you are treated as an inpatient to hospital. If the hospital does decide that you need to be admitted, you will be asked if you have private hospital cover. If you decide to declare or to use your private cover if it doesn’t suit you – you have the option of choosing to be treated as a public patient under Medicare rather than using your cover.

5. Ask your doctors if they will use our Access Gap cover
   You need to tell your doctor this arrangement before your hospital stay. If your doctors agree, they mean they are willing to accept a set fee for their services that is higher than the MBS fee, but probably less than what they might otherwise charge. This means you are likely to have lower out-of-pocket costs, and in some cases, none at all. We recommend you contact our team for more information about how to request Access Gap cover arrangements when you are planning your hospital stay.

6. Your excess is payable directly to the hospital
   Your Step Up Hospital comes with an excess. You will have chosen either a $250 or $500 excess. The hospital admissions staff will let you know whether you need to pay it before you are admitted or at the time of your admission. You can confirm the amount of the excess payable by contacting our team or asking the hospital admissions staff, who will confirm that information with us prior to your hospital stay. The excess for day surgery is capped at $100.

8. Following your hospital stay
   You usually won’t see any bills from the hospital, they get sent directly to us, but you will receive bills from all the doctors who treated you. If your doctors agreed to participate in our Access Gap cover, send your doctors’ ‘bills’ to us together with a completed claim form (available to download from our website, or ask our team to email or post one to you). With Access Gap cover you can help. Ask our team for more information about how to request Access Gap cover arrangements when you are planning your hospital stay.

Unplanned hospital stays

If you are taken to hospital as a result of an accident or emergency, please contact our team as soon as possible to make the choice that suits you best.

• If you don’t have hospital cover, please contact your hospital admission staff, who will confirm that your membership is paid and that there are no waiting periods. When you upgrade to a higher level of cover, you will be left with substantial out-of-pocket costs. These can add up to more than a year’s worth of dollar.

Please note that some state governments allow public hospitals to charge fees outside the default rate covered by the health funds. These additional charges are not covered by your Step Up Hospital cover. You should check with the hospital prior to admission what your out-of-pocket expenses will be.

If you are taken to hospital as a result of an accident or emergency, please contact our team as soon as possible to make the choice that suits you best.

• If you don’t have hospital cover, please contact your hospital admission staff, who will confirm that your membership is paid and that there are no waiting periods. When you upgrade to a higher level of cover, you will be left with substantial out-of-pocket costs. These can add up to more than a year’s worth of dollar.

Please note that some state governments allow public hospitals to charge fees outside the default rate covered by the health funds. These additional charges are not covered by your Step Up Hospital cover. You should check with the hospital prior to admission what your out-of-pocket expenses will be.

If you are taken to hospital as a result of an accident or emergency, please contact our team as soon as possible to make the choice that suits you best.
STEP UP HOSPITAL COVER

Here’s what you’re covered for:

Private or public hospital costs – contracted private hospitals and public hospitals

Accommodation
Up to 100% of the cost, after you’ve paid the excess applicable to your membership and provided that your treatment is not related to any of the items listed under ‘exclusions’ or ‘restrictions’.

Operating theatre / Intensive care / Coronary care
Up to 100% of the cost, provided that your treatment is not related to any of the items listed under ‘exclusions’ or ‘restrictions’.

Doctors’ costs
100% of the Medicare Benefits Schedule (MBS) fee for services provided by doctors in hospital.

When you are treated in hospital, Medicare will pay 75% of the MBS fee for each ‘item’ and private hospital cover is only allowed by law to pay the remaining 25%. Doctors are not limited to only charging the MBS fee – and that’s where people can end up with out-of-pocket costs, because the law prevents funds from paying more than 25% of the MBS fee.

We offer a program as part of all our hospital covers that can help to reduce the likelihood of out-of-pocket costs.

With Access Gap cover, you can ask your doctors to charge a set fee based on a different fee schedule, which is higher than the MBS fee but probably not as much as they might otherwise charge. If they agree to use Access Gap cover, you will either have no out-of-pocket costs or you will know in advance what the costs will be. We can give you more information and assistance with this when you are planning your hospital stay.

Please note that doctors usually work in a select few hospitals, which may limit the choice of hospital available to you if you wish to be treated by a particular doctor.

Prostheses and pharmaceutical costs

Prostheses
100% of the cost of government-approved no-gap prostheses (lower benefits apply for other prostheses), provided that the prostheses are not related to any of the items listed under ‘exclusions’.

We recommend you contact our member care team to find out exactly what you’re covered for before going into hospital.

Pharmaceuticals
• pharmacy items directly related to the reason for your hospitalisation, supplied to you during your admission
• pharmaceuticals listed on the Commonwealth Exceptional Drug List.

Ambulance attendance and transportation costs

Residents of WA, WA, TAS, NT – up to $5,000 per person per year for emergency ambulance attendance or transportation in the case of accident or illness. Cover applies anywhere in Australia.

Residents of ‘Territories’ are covered by a reciprocal state government ambulance scheme in all states except QLD and SA, so our ambulance cover only applies where the state government scheme does not. You can also purchase additional ambulance cover through a state government ambulance service.

Ambulance
Residents of NSW or the ACT – unlimited cover for emergency transportation, and medically necessary non-emergency transportation.

The services will be provided by a state government operated, authorised or approved ambulance scheme. Cover applies anywhere in Australia. Please contact the fund prior to using any non-emergency patient transportation supplied by a hospital for inter-hospital transfers.

Residents of QLD – unlimited cover under a QLD state government ambulance scheme. Cover applies anywhere in Australia.

Additional benefits

Hospital at Home (hospital substitution program)
Offers an alternative to a hospital admission or enables you to leave hospital early and receive treatment in your own home.

For more information, enrolment and external forms, call our member care team on 1300 886 123 or visit rthealth.com.au

Chronic disease prevention and management program
Helps people self-manage existing or potential chronic diseases (including asthma, diabetes, obesity and heart disease).

Here’s where out-of-pocket costs can come from:

Exclusions – things you are not covered for
• joint replacement procedures and their revisions
• kidney dialysis
• spinal surgery
• major eye surgery (including the treatment of glaucoma, cataracts, cornea and sclera transplantations).

Restrictions – things you are only covered for in a public hospital
• psychiatric treatment
• rehabilitation treatment
• anti-obesity (weight loss) surgery (e.g. lap band surgery)
• cardiac procedures
• obstetrics and other pregnancy-related services and treatments
• assisted reproductive services and treatments (e.g. IVF).

Treatments and procedures not covered by Medicare
If the treatment or procedure you are having is not covered by Medicare, your normal cover entitlements won’t apply. You will have substantial out-of-pocket costs.

Admission to a non-contracted private hospital
If you receive treatment in a private hospital that we do not have a contract with, we will pay a ‘default benefit’ toward your accommodation, but no other benefits for hospital costs are payable. You will have substantial out-of-pocket costs.

Hospital or medical costs for outpatient treatment
Your Step Up Hospital cover can only pay benefits for treatments and services you receive as an inpatient, that is, when you are admitted as a patient to hospital.

Private hospital emergency department fees
When you are treated in an emergency department, you are an outpatient (you have not yet been admitted to the hospital). No benefits are payable for outpatient treatment.

Discharge pharmaceuticals
These are items prescribed for you to take home after you are discharged from hospital. No benefits are payable for these items under your Step Up Hospital cover, but you may be able to claim under your extras cover.

Services such as television hire, internet access, purchase of newspapers, purchase of magazines or books related to the reason for your admission, hospital administration fees
Your Step Up Hospital cover does not pay benefits for these additional products or services.

Waiting periods:

Accidents
1 day

General services
2 months

Psychiatry, rehabilitation and palliative care
2 months

Cover for psychiatric and rehabilitation treatment is restricted to public hospital under this level of cover. If you wish to be covered for psychiatric and rehabilitation treatment in a private hospital, please contact our member care team. Waiting periods will apply if you choose to upgrade your cover.

Pre-existing conditions
12 months

A pre-existing condition is an illness or injury, the signs or symptoms of which were in existence at any time during the six months preceding the day on which the member joined the fund or upgraded to a higher level of cover. If you have a medical condition at the time you join (or, upgrade your existing if hospital cover, you may not have coverage for this condition. If a claim looks like it may pertain to a pre-existing condition, a medical practitioner appointed by us will examine information provided by your doctor’s and any other material relevant to the claim, and make a determination as to whether the condition is pre-existing or not.

Obstetrics and other pregnancy-related services and treatments
12 months

Cover for obstetrics and other pregnancy-related services and treatments is restricted to public hospital under this level of cover. If you wish to be covered for pregnancy-related services in a private hospital, please contact our member care team. Waiting periods will apply if you choose to upgrade your cover.

Read more about your hospital cover in our online A to Z guide in the forms and publications section of our website rthealth.com.au.

If you have a hospital stay coming up, we strongly recommend you call us for advice about how to make the most of your hospital cover, and to confirm that you are covered for the procedure you’re having.

We make it simpler