Bare Essentials Hospital

'Our Essentials Cover - covering you only for the basic essentials'

With this level of cover, ACA Health pays benefit on Included services and limited benefit on Restricted services (rehabilitation and psychiatric services). There is no benefit payable on Excluded services (heart surgery, joint replacements, pregnancy & related services). There is an excess payable of \$500 per adult person, per calendar year (whether in a private or public hospital) which does not apply to child dependants. Call us before you book a treatment and ask about the benefits you can expect to receive and any out-of-pocket expenses you may incur.



What are you covered for?

Service		Benefit for Included Services	Benefit for Restricted Services		
Public hospital accommodation and services, including:	Private room		Not covered		
	Shared room (as a private patient)	100% cover (\$500 excess applies)	100% cover* at Federal Governmen		
·	Surgical prosthesis		Default Rate (\$500 excess applies)		
	Private room	100% cover with contracted	Not covered		
Private hospital accommodation and	Shared room/intensive care fees	private hospitals & day facilities in			
services, including:	Theatre fees	Australia.* (\$500 excess applies)			
	Surgical prosthesis	100% cover for No-Gap Prosthesis List Items (\$500 excess applies)			

^{*} Access Gap Cover Scheme is available with participating doctors to minimise any out-of-pocket gap costs.

For Bare Essentials Hospital benefits, the Federal Government Default Benefit is applied for restricted services in a Public Hospital. This is the amount of benefit determined by the Federal Government as the minimum amount private health insurers must pay for shared accommodation in public hospitals. Default Benefits are payable only towards the cost of hospital accommodation and provide no cover for other hospital charges such as operating theatre costs. Please call us on 1300 368 390 if you would like to know if the Default Benefit applies to any treatment you anticipate. 100% cover applies to private hospitals when they are contracted with the fund through the Australian Health Service Alliance (AHSA). This does involve most licensed private hospitals and day facilities in Australia. To view the hospitals contracted with the fund, you can use the Hospital Search when you login to your account on our website at www.gacahealth.com.gu.

What's not covered?

- Excluded Services (heart surgery, joint replacements, pregnancy & related services, (this includes miscarriages and assisted reproductive services) See Inside for more details
- × Surgeon's fees for podiatric surgery
- Services for which Medicare pays no benefit e.g. cosmetic surgery & laser-eye surgery
- × Restricted services in a Private Hospital
- × Services while a membership is in arrears
- Services incurred before waiting periods are served (including any service for a pre-existing condition)
- Services received as an outpatient, such as in the Emergency department or visit to your General Practitioner/Specialist
- × Services including entitlement under compensation insurance
- × Pharmaceutical prescriptions
- × Hospital substitute services (i.e. early discharge program)
- x Labour ward fees
- × Accommodation for nursing home type patients
- × Chronic disease management programs
- × Services claimed beyond the 2 years after the service date
- × Services provided in countries outside of Australia
- × No special assistance
- X Allied health services which are not included in the hospital agreement (where no Ancillary cover exists)

Waiting periods					
Accidents requiring hospital treatment, not related to a pre-existing condition	No waiting period				
Ambulance	No waiting period				
Treatment relating to a pre-existing condition	12 Months				
All other services	2 Months				

On joining hospital cover for the first time, waiting periods must be served before benefits will be paid. If you have upgraded your hospital cover, waiting periods will apply before the higher benefits will be paid.

Other features

- Qualifies for government incentives:
 - Access to the Federal Government Rebate as a reduced premium
 - Exemption from the Medicare Levy Surcharge (MLS).
 - Exemption from Lifetime Health Cover (LHC) penalties if joining before age 31
- Ambulance Cover for included services for residents of NSW &
 ACT in these states (for other states, ambulance cover is available
 under General Treatment Products). No Ambulance cover for
 Excluded services.
- ✓ Dependants covered to age 21 (or 25 if eligible fulltime students)
- Dependant Extension (for dependants who are not full time students aged 21-25 when combined with a general treatments cover)

Note: With this level of cover there is an **excess payable of \$500** per adult person, per calendar year (whether in a private or public hospital) which does not apply to child dependants.

Pre-Existing Conditions

If you are suffering from a medical condition, illness or ailment at the time of commencing or upgrading hospital cover there will be a 12-month waiting period before hospital benefits can be paid on claims relating to that condition.

A pre-existing condition is defined as an ailment or illness where, in the opinion of a medical practitioner, the signs or symptoms existed at any time during the six months before, or on the day which a member joins private health insurance or upgrades to a higher level of cover.

Excluded services

If a service is excluded, no benefits are payable on the hospital or medical accounts. Excluded services include heart surgery, joint replacement, pregnancy & related services, assisted reproductive services.

(MBS items of excluded services are provided as a guide only and are subject to change).

SERVICE	MBS I	TEM NU	MBER									
Assisted Reproductive	13200	13201	13202	13203	13206	13209	13212	13215	13218	13221	13251	13290
Services	13292	20943	35694	35697	35700	35703	35706	35709	35710	37605	37606	37616
	11700	11701	11702	11708	11709	11710	11711	11712	11713	11715	11718	11721
	11722	11724	11727	13400	13818	13847	13848	13851	13854	20410	20440	20470
	20472	20474	20500	20520	20522	20524	20526	20528	20540	20542	20546	20548
	20560	21930	21936	21941	21942	21943	22008	22015	22051	22055	22060	22070
	30090	30530	30532	30533	30535	30536	30538	30539	30545	30547	30548	30550
	30551	30553	30696	30710	32708	32710	32711	33103	33109	33145	33148	34136
	34139	34160	34163	34166	35003	35006	35300	35303	35307	35330	35331	35360
	35361	35362	38200	38203	38206	38209	38212	38213	38215	38218	38220	38222
	38225	38228	38231	38234	38237	38240	38241	38243	38246	38256	38270	38272
	38275	38285	38286	38287	38290	38293	38300	38303	38306	38309	38312	38315
	38318	38350	38353	38356	38358	38359	38362	38365	38368	38371	38384	38387
	38390	38393	38415	38418	38421	38424	38427	38430	38436	38438	38440	38441
Cardiac (heart and artery)	38446	38447	38448	38449	38450	38452	38453	38455	38456	38457	38458	38460
	38462	38464	38466	38468	38469	38470	38473	38475	38477	38478	38480	38481
	38483	38485	38487	38488	38489	38490	38493	38496	38497	38498	38500	38501
	38503	38504 38559	38505	38506 38565	38507 38568	38508 38571	38509	38512	38515 38588	38518	38550	38553 38609
	38556 38612	38613	38562 38615	38618	38621	38624	38572 38627	38577 38637	38640	38600 38643	38603 38647	38650
	38653	38654	38656	38670	38673	38677	38680	38700	38703	38706	38709	38712
	38715	38718	38721	38724	38727	38730	38733	38736	38739	38742	38745	38748
	38751	38754	38757	38760	38763	38766	38800	38803	38806	38809	38812	41889
	43900	43903	43906	43909	43912	43915	55113	55114	55115	55116	55117	55118
	55130	55135	59903	59912	59925	59970	59971	59972	59973	59974	60000	60003
	60006	60009	60012	60015	60018	60021	60060	60063	60066	60069	61302	61303
	61306	61307	61310	61313	61314	61316	61317	61320	61328	61340	61348	61523
	61529	61577	63385	63388	63391	63401	63404	63443				
	21214	21216	47522	49315	49318	49319	49321	49324	49327	49330	49333	49336
Joint Replacement - Hip	49339	49342	49345	49346								
1 D	21402	21403	49515	49517	49518	49519	49521	49524	49527	49530	49533	49534
Joint Replacement - Knee	49554											
	21486	21760	21832	46309	46324	46325	47522	48406	48409	48412	48415	49112
Joint Replacement - Other	49115	49116	49117	49209	49210	49211	49215	49715	49716	49717	49839	49842
	50218	50224	50227									
Joint Replacement - Shoulder	21638	48615	48618	48621	48624	48918						
	16399	16400	16401	16404	16406	16500	16501	16502	16504	16505	16508	16509
	16511	16512	16514	16515	16518	16519	16520	16522	16525	16527	16528	16564
	16567	16570	16571	16573	16590	16591	16600		16606	16609	16612	16615
	16618	16621	16624	16627	16633	16636	17680	18226	18227	20850	20940	20946
Pregnancy Releated	35640	35643	35674	35676	35677	35678	51306	55700	55701	55702	55703	55704
Services	55705	55706	55707	55708	55709	55710	55711	55712	55713	55714	55715	55716
	55717	55718	55719	55720	55721	55722	55723	55724	55725	55726	55727	55729
	55730	55759	55760	55762	55763	55764	55765	55766	55767	55768	55769	55770
	55771	55772	55773	55774	55775	81000	81005	81010	82100	82105	82110	82115
	82120	82125	82130	82135	82140							

Restricted services

We pay minimum benefits for restricted services. This means that we will pay the minimum default benefit rate for a shared room as set out by the Federal Government, and minimum benefits for Government approved prosthesis list items. If you choose to be treated:

- In a private hospital there are no benefits payable for these services in a private hospital
- In a public hospital as a private patient in a shared room you may have an out-of-pocket expense to pay, in the event that the minimum benefit is less than your chosen public hospital charges.

Regardless of where you are treated, the hospital should advise before you are admitted into or have treatment in the hospital, of your out-of-pocket expenses that you may incur. Seeking your approval beforehand is known as financial consent.

SERVICE	BENEFITS
Rehabilitation	All rehabilitation and psychiatric
Psychiatric	treatments and programs are restricted services.

Note: No benefit is payable for restricted services in a private hospital.

Included services

This includes all services that are not part of the Excluded services or Restricted services as listed previously.

Going to hospital

As soon as possible before your hospital treatment;

- Contact us to confirm if you are covered for the treatment and check if any waiting periods apply, and
- Talk to your hospital and doctor for an estimate of any costs that are not covered by Medicare or by private health insurance.

In-hospital medical services and using the Access Gap Cover

These are the medical services you receive while admitted as an in-patient in hospital, or approved day facility, and may include services received from your specialist doctor, assisting surgeons, anaesthetist, pathology and radiology.

We are restricted by law to paying 25% of the MBS fee, while Medicare pays the other 75%. If the charges are more than the MBS fee, this is where your gap payment occurs.

The most common cost not covered by Medicare or by private health insurance, referred to as a "Gap", is the portion of the in-hospital medical services fees that are greater than the Medicare Benefits Schedule (MBS) Fee.

Medicare Benefits Schedule (MBS) Fee

75% covered by Medicare 25% covered by ACA Health

Portion of the fee above MBS = Gap Payment

OR this can be fully or partially covered by ACA Health where the Access Gap Cover Scheme is used

To help avoid or minimise your gap payment, ACA Health offers the Access Gap Cover Scheme. If your doctor chooses to participate in the scheme, and bills in accordance with these arrangements, we can pay a higher benefit and you will either:

- Have ZERO gap expenses, or
- ✓ Have a known gap of up to \$400 per item

Using Access Gap Cover also makes it much easier for you and the doctor to claim your benefits from Medicare and ACA Health (see "How to claim your benefits").

It is your doctor's choice whether to bill using the Access Gap Cover scheme, and they may do so on a case-by-case basis. It is important to discuss with them before your treatment begins that you would like them to participate in the scheme for you.

You can search to see which doctors have previously used Access Gap Cover and to check which hospitals are contracted with ACA Health by loging into your dashboard at www.acahealth.com.au

How to claim your benefits

Note: With this level of cover there is an excess payable of \$500 per adult person, per calendar year (whether in a private or public hospital) which does not apply to child dependants.

Hospital Claims

At the time of hospitalisation, the hospital will request details of your private health insurer - so keep your membership card handy and present this to the hospital when you are admitted. On discharge, check that all your details on the account are correct and then sign the hospital claim form signifying that you are satisfied that the details are accurate and are giving the hospital authority to claim from us on your behalf. From there on, we take care of the rest! The benefit will be forwarded to the hospital as payment of the account, or if you have paid the account yourself, the benefit will be sent directly to you.

Medical Claims

Doctors using the Access Gap Cover Scheme will usually bill ACA Health direct. We will claim from Medicare on your behalf and send the payment directly to your doctor. If the doctor gives you the account, but has stated they are billing using the Scheme, send the account to us – clearly identifying it is to be claimed through Access Gap Cover.

Doctors not using Access Gap Cover will give you the account and it is up to you to claim the Medicare re-imbursement first. Medicare will issue you a statement which you send, with a signed claim form to ACA Health, for us to pay the remaining 25% of the MBS fee.

If we receive an account for services that are not covered, we will return the account unpaid.

This product benefits sheet must be read in conjunction with your ACA Health Policy Booklet. Please read these documents carefully and retain them for your future reference.





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Contact us