

Private Health Information Statement - Hospital policy

Basic Plus - H1

Mildura Health Fund

<http://www.mildurahealthfund.com.au>
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 (03) 5023 0269

Monthly Premium

\$253.50 #
 (before any rebate, loading or discount)

Covers one adult & dependants
 (2 or more people, only one of
 whom is an adult)
Available in All States

You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading or an insurer discount. Check with your insurer for details.

This policy covers children and other dependants up to and including the age of 20, students up to and including the age of 24, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy does not provide accident cover or benefits for travel and accommodation (outside of hospital).

✓ Covered

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>

R Restricted

Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

✗ Not Covered

These categories are not covered by this policy.

This policy ✓ includes cover for

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

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on privatehealth.gov.au for which hospitals have arrangements with your insurer - <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

[The following payments may also apply for hospital admissions](#)

Excess: You will have to pay an excess of \$750 per admission. This is limited to a maximum of \$750 per person and \$1500 per policy per year.

Co-payments: No co-payments

[The following waiting periods for hospital admissions apply to new or upgrading members](#)

Waiting periods:

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 12 months for pregnancy and birth (obstetrics)
- 2 months for all other treatments

[Hospital Accommodation](#)

**Excess waived for all persons under 21. Additional medical gap benefits may be payable on this cover, contact the Fund for details.

[Gap Cover](#)

This provider does not offer any gap cover for medical bills for this product.

The [Medical Costs Finder](#) lets you find out more about the cost of specialist medical services.

[Other features of this hospital cover](#)

Shared Ward accommodation for private patients in a Public Hospital. Private Hospital admissions: Default benefits, as per Department of Health (Benefit Requirements) payable on bed fee NO theatre fee payable, prosthesis minimum benefit payable in accordance with schedule 5. Members paying by direct debit receive a 2.5% discount (cheque or savings account only). NSW & ACT residents are automatically covered for emergency transportation within either NSW or ACT. For more information go to the Ambulance NSW website www.ambulance.nsw.gov.au or ACT Ambulance <http://esa.act.gov.au/actas/fees-and-charges/>.

For further information about this policy see

<http://www.mildurahealthfund.com.au>

[Ambulance cover](#)

Ambulance cover is provided by the State government in Tasmania (https://www.health.tas.gov.au/ambulance/fees_and_accounts) and Queensland (<https://www.ambulance.qld.gov.au/>). In other states concession card holders may have free cover and there are subscription services in several states (https://privatehealth.gov.au/health_insurance/what_is_covered/ambulance.htm).

For further information about this policy see

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[Disclaimer](#)

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.