

## **SCHEDULE A: HOSPITAL TREATMENT TABLES**

All Hospital Tables are Complying Health Insurance Products issued under the Health Insurance Business of the Fund.

### **Rules applicable to all Hospital Tables**

The following sections apply to all Hospital Tables:

#### **1. Hospital Treatment Payments**

For in-patient treatment in a shared ward of a Public Hospital, the Minimum Benefit prescribed pursuant to the current *Private Health Insurance (Benefit Requirements) Rules* or, in the absence of such prescription, an amount prescribed by the relevant Health Minister, Department or Authority as the amount payable for that treatment.

If an agreement exists between the Fund and the Public Hospital then the amount specified by the agreement will be payable in respect of the treatment provided to the patient. This amount will be payable in lieu of any prescribed amount.

For services provided in a Private Hospital whether or not an agreement is in place between the Fund and the Hospital in respect of the Hospital Treatment provided to the patient, the minimum benefit is payable at the level of shared ward accommodation in a public hospital.

No benefit is payable for theatre fees.

Section E should be read in conjunction with this section.

#### **2. Medical Services Payments while admitted**

##### Gap Benefits

Benefits are payable on the difference between the Medical Benefits Schedule Fee and the Medicare refund on medical services (including Pathology and Radiology) for inpatients. A standard Gap Medical Benefit of 25% of the Medical Benefit Schedule Fee is payable.

##### Gap Cover Scheme

In addition to the Standard Gap Medical Benefit, an additional 20% above the Medical Benefits Schedule, payable on services (excluding Pathology and Radiology Services) provided by the Medical Practitioner on individual services (Additional Gap Cover). Where the individual service is above \$200.00 a further 30% benefit is payable totaling 150% of the Medical Benefits Schedule Fee dependent on the charge made (Extra Gap Cover).

In the case of multiple services the net benefit is reduced for each service by the Multiple Services Rule.

Gap Cover benefits are payable where an agreement exists between the Fund and the Medical Practitioner in respect of the service provided while an inpatient. This extends to agreements between the Fund and a Hospital or billing entity, where that agreement implicitly includes the Medical Practitioner.

Where the Medical Practitioner / billing entity directly bills the Fund using the Fund Gap Scheme and has followed the Fund's guidelines in respect of using the scheme the Gap Cover Scheme benefit will be payable.

Where the Medical Practitioner does not directly bill the Fund then the Medical Practitioner must provide such financial disclosures to the patient / member as required by the Fund Gap Cover Scheme for the Gap Cover benefit to be payable.

Special benefits are available for certain item numbers in the Medical Benefits Schedule that relate to Obstetric Services.

Section E should be read in conjunction with this section.

### 3. Surgically Implanted Prosthesis

Prosthetic Benefits as prescribed pursuant to the *Private Health Insurance (Prostheses) Rules 2007* (as amended from time to time) or as prescribed in an agreement with the Hospital or, in the absence of a prescription, the amount indicated in the most recent Schedule for Surgically Implanted Prostheses produced by the Commonwealth Department of Health and Ageing.

Where the Prosthetic Item is not listed in the Schedule then the advice as to the clinical relevance of the procedure is obtained from the Medical Adviser. Benefit up to 100% of the cost of service as recommended by Advisor may then paid, at the discretion of the Fund.

### 4. Pharmaceutical Benefits Scheme PBS Pharmaceuticals

All costs that a Member incurs for pharmaceutical items dispensed to the Member while the Member is an admitted patient at the Hospital or Day Hospital Facility with which the Fund has a Hospital Purchaser Provider Agreement. The costs that are incurred for pharmaceutical items are contingent upon whether the Member has reached the Safety Net Threshold under Commonwealth Government Pharmaceutical Benefits Scheme arrangements.

A pharmaceutical item is defined as any medicine listed in the Schedule of Pharmaceutical Benefits (Commonwealth Department of Health and Ageing) that is dispensed to the Member. A pharmaceutical item referred to in this section of the Fund Rules must be intrinsic to the hospital treatment provided, clinically indicated and essential for the meeting of satisfactory health outcomes for the Member.

The Fund also covers the costs that a Member incurs for special patient contributions, brand premiums and therapeutic group premiums listed in the Schedule of Pharmaceutical Benefits that apply to certain pharmaceutical items, regardless of whether the Member has reached the Safety Net Threshold under Commonwealth Government Pharmaceutical Benefits Scheme arrangements.

The Fund covers costs for pharmaceutical items up to a maximum quantity dispensed. The maximum quantity covered is as listed in the Schedule of Pharmaceutical Benefits (Commonwealth Department of Health and Aged Care), or as recorded on an Authority Prescription Form (and authorised by the Medicare) where the quantity dispensed is clinically indicated, intrinsic to the hospital treatment provided and essential to the meeting of satisfactory health outcomes for the Member.

Where the cost to a Member for a drug or medicinal preparation listed in the Schedule of Pharmaceutical Benefits (Commonwealth Department of Health and Ageing) is less than the pharmaceutical benefit co-payment (as determined by the Commonwealth Department of Health and Ageing), these drugs are not considered to be pharmaceutical items and are not covered by the Fund under this section of the Rules.

### 5. Non PBS Pharmaceuticals

The cost of most non-Pharmaceutical Benefits dispensed to the Member while the Member is an admitted patient at the Hospital or Day Hospital Facility with which the Fund has a Hospital Purchaser Provider Agreement is covered as part of the agreed payment to the Hospital or Day Hospital facility provided that the pharmaceuticals directly relate to the reason for the Member's admission. The non-pharmaceutical Benefit must be intrinsic to the Hospital treatment provided, clinically indicated and essential for the meeting of satisfactory health outcomes for the Member.

The agreed benefit does not include non-Pharmaceutical Benefits that are dispensed to the Member where these are not directly related to treatment of the condition or ailment for which the Member has been admitted and does not cover non-Pharmaceutical Benefits dispensed to the Member for discharge from Hospital.

Under some exceptional circumstance where use of an unusually high cost non-Pharmaceutical Benefit is proposed, this may not be covered by the agreement. In such exceptional circumstances, the Fund may consider making some contribution towards the expense on presentation of documentary evidence satisfactory to the Fund justifying the expenditure. The

Fund does not guarantee that the cost of a high cost non-Pharmaceutical Benefit will be met either in whole or in part by the Fund on any occasion and there is a possibility that a Member may in some circumstances be required to pay all or part of the cost.

**6. Nursing Home Type Patients**

The Benefits prescribed pursuant to the *Private Health Insurance Act 2007*.

**7. Co-Payments**

No co-payments apply.

**8. Benefit Limitation Periods**

No benefit limitation periods apply.

**9. Loyalty Bonuses**

N/A

**10. Other Special**

If a Member resides in New South Wales or the Australian Capital Territory an entitlement from the respective State or Territory Governments of ambulance transport free of charge anywhere in Australia provided that a valid levy has been raised against the Fund for the provision of this service.

**Rules applicable to specific Hospital Tables**

The following sections detail rules applicable to each Hospital Table.

## 1. Top Gold Hospital Table (EH)

### 1.1. Eligibility

Not for sale (product closed 1 April 2016).

Policy holders and their dependants with an existing policy under this table as at 1 April 2016 can remain on this table, however should a policy holder withdraw from this table they are not eligible to rejoin this table.

Also refer to General Conditions.

### 1.2. Excesses

A policy holder may elect to contribute a lesser premium based on the following two (2) options:

- Option 1 - For any hospital costs in a financial year a policy holder will pay \$250 excess per hospital admission, capped at \$250 (singles), and capped at \$500 (Family, couples and single parent) per financial year.
- Option 2 – For any hospital costs in a financial year a policy holder will pay \$500 excess per hospital admission, capped at \$500 (singles), and capped at \$1000 (Family, couples and single parents) per financial year.

For either option the excess payable per admission must be fully paid before any Fund benefits are payable for a hospital admission for that person.

NOTE: No excess is payable for a hospital admission for dependent children or for dependents registered under dependent-extension cover if they hold this type of cover.

### 1.3. Restrictions and Exclusions

<b>C</b>	Benefits apply.
<b>R</b>	Benefit for hospital accommodation is limited to the Minimum Benefit set by the Federal Government. No Benefit is paid toward operating theatre. Only prostheses recognised on the Government list attract Benefit and are paid at the minimum legislated amount.
<b>E</b>	No Benefit payable.

Clinical Category	Cover	Note
Rehabilitation	C	
Hospital Psychiatric Services	C	
Palliative Care	C	
Brain and Nervous System	C	
Eye (not Cataracts)	C	
Ear, Nose and Throat	C	
Tonsils, Adenoids and Grommets	C	
Bone, Joint and Muscle	C	
Joint reconstructions	C	
Kidney and Bladder	C	
Male reproductive system	C	
Digestive system	C	
Hernia and Appendix	C	
Gastrointestinal endoscopy	C	
Gynaecology	C	

Miscarriage and termination of pregnancy	C	
Chemotherapy, Radiotherapy and Immunotherapy for Cancer	C	
Pain management	C	
Skin	C	
Breast surgery (medically necessary)	C	
Diabetes management (excluding insulin pumps)	C	
Heart and Vascular system	C	
Lung and Chest	C	
Blood	C	
Back, Neck and Spine	C	
Plastic and Reconstructive surgery (medically necessary)	C	
Dental surgery	C	
Podiatric surgery (by an accredited podiatric surgeon)	C	(a)
Implantation of hearing devices	C	
Cataracts	C	
Joint replacements	C	
Dialysis for chronic kidney failure	C	
Pregnancy and birth	C	
Assisted reproductive services	C	
Weight loss surgery	C	
Insulin pumps	C	
Pain management with device	C	
Sleep studies	C	

- (a) **Podiatric Surgery:** Benefit payable for accommodation only at the Minimum or Basic benefit. Associated prosthesis paid at minimum legislated benefit.
- (b) **Other:** The Fund Gap Cover Scheme does not cover Pathology and Radiology services as defined in the Medicare Benefits Schedule.

This product does not provide benefit for cost of care and accommodation in aged care service.

## 2. Gold Hospital Table (T)

### 2.1. Eligibility

Not for sale (product closed November 2021).

Policy holders and their dependants with an existing policy under this table as at 1 November 2021 can remain on this table, however should a policy holder withdraw from this table they are not eligible to rejoin this table.

Also refer to General Conditions.

### 2.2. Excesses

This cover is available as a nil excess product.

A policy holder may elect to contribute a lesser premium based on the following two (3) options:

- Option 1 - For any hospital costs in a financial year a policy holder will pay \$250 excess per hospital admission, capped at \$250 (singles), and capped at \$500 (Family, couples and single parent) per financial year.
- Option 2 – For any hospital costs in a financial year a policy holder will pay \$500 excess per hospital admission, capped at \$500 (singles), and capped at \$1000 (Family, couples and single parents) per financial year.
- Option 3 – For any hospital costs in a financial year a policy holder will pay \$750 excess per hospital admission, capped at \$750 (singles), and capped at \$1500 (Family, couples and single parents) per financial year.

For either option the excess payable per admission must be fully paid before any Fund benefits are payable for a hospital admission for that person.

NOTE: No excess is payable for a hospital admission for dependent children or for dependents registered under dependent-extension cover if they hold this type of cover.

### 2.3. Restrictions and Exclusions

<b>C</b>	Benefits apply.
<b>R</b>	Benefit for hospital accommodation is limited to the Minimum Benefit set by the Federal Government. No Benefit is paid toward operating theatre. Only prostheses recognised on the Government list attract Benefit and are paid at the minimum legislated amount.
<b>E</b>	No Benefit payable.

Clinical Category	Cover	Note
Rehabilitation	C	
Hospital Psychiatric Services	C	
Palliative Care	C	
Brain and Nervous System	C	
Eye (not Cataracts)	C	
Ear, Nose and Throat	C	
Tonsils, Adenoids and Grommets	C	
Bone, Joint and Muscle	C	
Joint reconstructions	C	
Kidney and Bladder	C	
Male reproductive system	C	
Digestive system	C	

Hernia and Appendix	C	
Gastrointestinal endoscopy	C	
Gynaecology	C	
Miscarriage and termination of pregnancy	C	
Chemotherapy, Radiotherapy and Immunotherapy for Cancer	C	
Pain management	C	
Skin	C	
Breast surgery (medically necessary)	C	
Diabetes management (excluding insulin pumps)	C	
Heart and Vascular system	C	
Lung and Chest	C	
Blood	C	
Back, Neck and Spine	C	
Plastic and Reconstructive surgery (medically necessary)	C	
Dental surgery	C	
Podiatric surgery (by an accredited podiatric surgeon)	C	(a)
Implantation of hearing devices	C	
Cataracts	C	
Joint replacements	C	
Dialysis for chronic kidney failure	C	
Pregnancy and birth	C	
Assisted reproductive services	C	
Weight loss surgery	C	
Insulin pumps	C	
Pain management with device	C	
Sleep studies	C	

- (a) **Podiatric Surgery:** Benefit payable for accommodation only at the Minimum or Basic benefit. Associated prosthesis paid at minimum legislated benefit.
- (b) **Other:** The Fund Gap Cover Scheme does not cover Pathology and Radiology services as defined in the Medicare Benefits Schedule.

This product does not provide benefit for cost of care and accommodation in aged care service.

### 3. Silver+ Pregnancy Hospital Table (N1 & N2)

#### 3.1. Eligibility

Refer to General Conditions.

#### 3.2. Excesses

A policy holder may elect to contribute a lesser premium based on the following two (2) options:

- Option 1 - For any hospital costs in a financial year a policy holder will pay \$250 excess per hospital admission, capped at \$250 (singles), and capped at \$500 (Family, couples and single parent) per financial year.
- Option 2 – For any hospital costs in a financial year a policy holder will pay \$500 excess per hospital admission, capped at \$500 (singles), and capped at \$1000 (Family, couples and single parents) per financial year.

For either option the excess payable per admission must be fully paid before any Fund benefits are payable for a hospital admission for that person.

NOTE: No excess is payable for a hospital admission for dependent children or for dependents registered under dependent-extension cover if they hold this type of cover.

#### 3.3. Restrictions and Exclusions

<b>C</b>	Benefits apply.
<b>R</b>	Benefit for hospital accommodation is limited to the Minimum Benefit set by the Federal Government. No Benefit is paid toward operating theatre. Only prostheses recognised on the Government list attract Benefit and are paid at the minimum legislated amount.
<b>E</b>	No Benefit payable.

Clinical Category	Cover	Note
Rehabilitation	R	
Hospital Psychiatric Services	R	
Palliative Care	R	
Brain and Nervous System	C	
Eye (not Cataracts)	C	
Ear, Nose and Throat	C	
Tonsils, Adenoids and Grommets	C	
Bone, Joint and Muscle	C	
Joint reconstructions	C	
Kidney and Bladder	C	
Male reproductive system	C	
Digestive system	C	
Hernia and Appendix	C	
Gastrointestinal endoscopy	C	
Gynaecology	C	
Miscarriage and termination of pregnancy	C	
Chemotherapy, Radiotherapy and Immunotherapy for Cancer	C	
Pain management	C	
Skin	C	
Breast surgery (medically necessary)	C	
Diabetes management (excluding insulin pumps)	C	

Heart and Vascular system	C	
Lung and Chest	C	
Blood	C	
Back, Neck and Spine	C	
Plastic and Reconstructive surgery (medically necessary)	C	
Dental surgery	C	
Podiatric surgery (by an accredited podiatric surgeon)	C	(a)
Implantation of hearing devices	C	
Cataracts	E	
Joint replacements	E	
Dialysis for chronic kidney failure	E	
Pregnancy and birth	C	
Assisted reproductive services	E	
Weight loss surgery	E	
Insulin pumps	C	
Pain management with device	C	
Sleep studies	C	

- (a) **Podiatric Surgery:** Benefit payable for accommodation only at the Minimum or Basic benefit. Associated prosthesis paid at minimum legislated benefit.
- (b) **Other:** The Fund Gap Cover Scheme does not cover Pathology and Radiology services as defined in the Medicare Benefits Schedule.

This product does not provide benefit for cost of care and accommodation in aged care service.

#### 4. Silver+ Hospital (N & NX)

##### 4.1. Eligibility

Refer Section C Policies. **NX for sale from April 2023.**

##### 4.2. General Conditions

Refer Section E1 General Conditions Benefits

##### 4.3. Excesses

This cover is available as a nil excess product.

A policy holder may elect to contribute a lesser premium based on the following three (3) options:

- Option 1 - For any hospital costs in a financial year a policy holder will pay \$250 excess per hospital admission, capped at \$250 (singles), and capped at \$500 (Family, couples and single parent) per financial year.
- Option 2 – For any hospital costs in a financial year a policy holder will pay \$500 excess per hospital admission, capped at \$500 (singles), and capped at \$1000 (Family, couples and single parents) per financial year.
- Option 3 – For any hospital costs in a financial year a policy holder will pay \$750 excess per hospital admission, capped at \$750 (singles), and capped at \$1500 (Family, couples and single parents) per financial year.

For all options the excess payable per admission must be fully paid before any Fund benefits are payable for a hospital admission for that person.

NOTE: No excess is payable for a hospital admission for dependent children or for dependents registered under dependent-extension cover if they hold this type of cover.

##### 4.4. Restrictions and Exclusions

<b>C</b>	Benefits apply.
<b>R</b>	Benefit for hospital accommodation is limited to the Minimum Benefit set by the Federal Government. No Benefit is paid toward operating theatre. Only prostheses recognised on the Government list attract Benefit and are paid at the minimum legislated amount.
<b>E</b>	No Benefit payable.

Clinical Category	Cover	Note
Rehabilitation	<b>C</b>	
Hospital Psychiatric Services	<b>R</b>	
Palliative Care	<b>C</b>	
Brain and Nervous System	<b>C</b>	
Eye (not Cataracts)	<b>C</b>	
Ear, Nose and Throat	<b>C</b>	
Tonsils, Adenoids and Grommets	<b>C</b>	
Bone, Joint and Muscle	<b>C</b>	
Joint reconstructions	<b>C</b>	
Kidney and Bladder	<b>C</b>	
Male reproductive system	<b>C</b>	
Digestive system	<b>C</b>	
Hernia and Appendix	<b>C</b>	
Gastrointestinal endoscopy	<b>C</b>	

Gynaecology	C	
Miscarriage and termination of pregnancy	C	
Chemotherapy, Radiotherapy and Immunotherapy for Cancer	C	
Pain management	C	
Skin	C	
Breast surgery (medically necessary)	C	
Diabetes management (excluding insulin pumps)	C	
Heart and Vascular system	C	
Lung and Chest	C	
Blood	C	
Back, Neck and Spine	C	
Plastic and Reconstructive surgery (medically necessary)	C	
Dental surgery	C	
Podiatric surgery (by an accredited podiatric surgeon)	C	(a)
Implantation of hearing devices	C	
Cataracts	C	
Joint replacements	C	
Dialysis for chronic kidney failure	E	
Pregnancy and birth	E	
Assisted reproductive services	E	
Weight loss surgery	E	
Insulin pumps	C	
Pain management with device	C	
Sleep studies	C	

- (a) **Podiatric Surgery:** Benefit payable for accommodation only at the Minimum or Basic benefit. Associated prosthesis paid at minimum legislated benefit.
- (b) **Other:** The Fund Gap Cover Scheme does not cover Pathology and Radiology services as defined in the Medicare Benefits Schedule.

This product does not provide benefit for cost of care and accommodation in aged care service.

## 5. Silver+ Saver Hospital Table (V)

### 5.1. Eligibility

Refer to General Conditions.

### 5.2. Excesses

A policy holder may elect to contribute a lesser premium based on the following two (2) options:

- Option 1 - For any hospital costs in a financial year a policy holder will pay \$250 excess per hospital admission, capped at \$250 (singles), and capped at \$500 (Family, couples and single parent) per financial year.
- Option 2 – For any hospital costs in a financial year a policy holder will pay \$500 excess per hospital admission, capped at \$500 (singles), and capped at \$1000 (Family, couples and single parents) per financial year.

For either option the excess payable per admission must be fully paid before any Fund benefits are payable for a hospital admission for that person.

NOTE: No excess is payable for a hospital admission for dependent children or for dependents registered under dependent-extension cover if they hold this type of cover.

### 5.3. Restrictions and Exclusions

<b>C</b>	Benefits apply.
<b>R</b>	Benefit for hospital accommodation is limited to the Minimum Benefit set by the Federal Government. No Benefit is paid toward operating theatre. Only prostheses recognised on the Government list attract Benefit and are paid at the minimum legislated amount.
<b>E</b>	No Benefit payable.

Clinical Category	Cover	Note
Rehabilitation	<b>C</b>	
Hospital Psychiatric Services	<b>R</b>	
Palliative Care	<b>R</b>	
Brain and Nervous System	<b>C</b>	
Eye (not Cataracts)	<b>C</b>	
Ear, Nose and Throat	<b>C</b>	
Tonsils, Adenoids and Grommets	<b>C</b>	
Bone, Joint and Muscle	<b>C</b>	
Joint reconstructions	<b>C</b>	
Kidney and Bladder	<b>C</b>	
Male reproductive system	<b>C</b>	
Digestive system	<b>C</b>	
Hernia and Appendix	<b>C</b>	
Gastrointestinal endoscopy	<b>C</b>	
Gynaecology	<b>C</b>	
Miscarriage and termination of pregnancy	<b>C</b>	
Chemotherapy, Radiotherapy and Immunotherapy for Cancer	<b>C</b>	
Pain management	<b>C</b>	
Skin	<b>C</b>	
Breast surgery (medically necessary)	<b>C</b>	
Diabetes management (excluding insulin pumps)	<b>C</b>	

Heart and Vascular system	C	
Lung and Chest	C	
Blood	C	
Back, Neck and Spine	C	
Plastic and Reconstructive surgery (medically necessary)	C	
Dental surgery	C	
Podiatric surgery (by an accredited podiatric surgeon)	C	(a)
Implantation of hearing devices	C	
Cataracts	E	
Joint replacements	E	
Dialysis for chronic kidney failure	E	
Pregnancy and birth	E	
Assisted reproductive services	E	
Weight loss surgery	E	
Insulin pumps	C	
Pain management with device	C	
Sleep studies	C	

- (a) **Podiatric Surgery:** Benefit payable for accommodation only at the Minimum or Basic benefit. Associated prosthesis paid at minimum legislated benefit.
- (b) **Other:** The Fund Gap Cover Scheme does not cover Pathology and Radiology services as defined in the Medicare Benefits Schedule.

This product does not provide benefit for cost of care and accommodation in aged care service.

## 6. Bronze+ Hospital Table (Q)

### 6.1. Eligibility

Refer to General Conditions. For sale from November 2022.

### 6.2. Excesses

A policy holder may elect to contribute a lesser premium based on the following option:

- Option 1 – For any hospital costs in a financial year a policy holder will pay \$500 excess per hospital admission, capped at \$500 (singles), and capped at \$1000 (Family, couples and single parents) per financial year.

The excess payable per admission must be fully paid before any Fund benefits are payable for a hospital admission for that person.

NOTE: No excess is payable for a hospital admission for dependent children or for dependents registered under dependent-extension cover if they hold this type of cover.

### 6.3. Restrictions and Exclusions

<b>C</b>	Benefits apply.
<b>R</b>	Benefit for hospital accommodation is limited to the Minimum Benefit set by the Federal Government. No Benefit is paid toward operating theatre. Only prostheses recognised on the Government list attract Benefit and are paid at the minimum legislated amount.
<b>E</b>	No Benefit payable.

Clinical Category	Cover	Note
Rehabilitation	R	
Hospital Psychiatric Services	R	
Palliative Care	R	
Brain and Nervous System	C	
Eye (not Cataracts)	C	
Ear, Nose and Throat	C	
Tonsils, Adenoids and Grommets	C	
Bone, Joint and Muscle	C	
Joint reconstructions	C	
Kidney and Bladder	C	
Male reproductive system	C	
Digestive system	C	
Hernia and Appendix	C	
Gastrointestinal endoscopy	C	
Gynaecology	C	
Miscarriage and termination of pregnancy	C	
Chemotherapy, Radiotherapy and Immunotherapy for Cancer	C	
Pain management	C	
Skin	C	
Breast surgery (medically necessary)	C	
Diabetes management (excluding insulin pumps)	C	
Heart and Vascular system	E	
Lung and Chest	E	

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Blood	C	
Back, Neck and Spine	C	
Plastic and Reconstructive surgery (medically necessary)	E	
Dental surgery	C	
Podiatric surgery (by an accredited podiatric surgeon)	C	(a)
Implantation of hearing devices	C	
Cataracts	E	
Joint replacements	E	
Dialysis for chronic kidney failure	E	
Pregnancy and birth	E	
Assisted reproductive services	E	
Weight loss surgery	E	
Insulin pumps	E	
Pain management with device	E	
Sleep studies	E	

- (a) **Podiatric Surgery:** Benefit payable for accommodation only at the Minimum or Basic benefit. Associated prosthesis paid at minimum legislated benefit.
- (b) **Other:** The Fund Gap Cover Scheme does not cover Pathology and Radiology services as defined in the Medicare Benefits Schedule.

This product does not provide benefit for cost of care and accommodation in aged care service.

## 7. Basic+ Hospital Table (K)

### 7.1. Eligibility

Refer to General Conditions.

### 7.2. Excesses

This cover is available as a nil excess product.

### 7.3. Restrictions and Exclusions

<b>C</b>	Benefits apply.
<b>R</b>	Benefit for hospital accommodation is limited to the Minimum Benefit set by the Federal Government. No Benefit is paid toward operating theatre. Only prostheses recognised on the Government list attract Benefit and are paid at the minimum legislated amount.
<b>E</b>	No Benefit payable.

Clinical Category	Cover	Note
Rehabilitation	R	
Hospital Psychiatric Services	R	
Palliative Care	R	
Brain and Nervous System	R	
Eye (not Cataracts)	R	
Ear, Nose and Throat	R	
Tonsils, Adenoids and Grommets	R	
Bone, Joint and Muscle	R	
Joint reconstructions	R	
Kidney and Bladder	R	
Male reproductive system	R	
Digestive system	R	
Hernia and Appendix	R	
Gastrointestinal endoscopy	R	
Gynaecology	R	
Miscarriage and termination of pregnancy	R	
Chemotherapy, Radiotherapy and Immunotherapy for Cancer	R	
Pain management	R	
Skin	R	
Breast surgery (medically necessary)	R	
Diabetes management (excluding insulin pumps)	R	
Heart and Vascular system	R	
Lung and Chest	R	
Blood	R	
Back, Neck and Spine	R	
Plastic and Reconstructive surgery (medically necessary)	R	
Dental surgery	R	
Podiatric surgery (by an accredited podiatric surgeon)	R	(a)
Implantation of hearing devices	R	
Cataracts	R	
Joint replacements	R	

Dialysis for chronic kidney failure	R	
Pregnancy and birth	R	
Assisted reproductive services	R	
Weight loss surgery	R	
Insulin pumps	R	
Pain management with device	R	
Sleep studies	R	

- (a) **Podiatric Surgery:** Benefit payable for accommodation only at the Minimum or Basic benefit. Associated prosthesis paid at minimum legislated benefit.
- (b) **Other:** The Fund Gap Cover Scheme does not cover Pathology and Radiology services as defined in the Medicare Benefits Schedule.

This product does not provide benefit for cost of care and accommodation in aged care service.