

TAL Gold Hospital

Included Hospital Services

- ✓ Assisted reproductive services
- ✓ Back, neck and spine
- ✓ Blood
- ✓ Bone, joint and muscle
- ✓ Brain and nervous system
- ✓ Breast surgery (medically necessary)
- ✓ Cataracts
- ✓ Chemotherapy, radiotherapy and immunotherapy for cancer
- ✓ Dental surgery
- ✓ Diabetes management (excluding insulin pumps)
- ✓ Dialysis for chronic kidney failure
- ✓ Digestive system
- ✓ Ear, nose and throat
- ✓ Eye (not cataracts)
- ✓ Gastrointestinal endoscopy
- ✓ Gynaecology
- ✓ Heart and vascular system
- ✓ Hernia and appendix
- ✓ Hospital psychiatric services
- ✓ Implantation of hearing devices
- ✓ Insulin pumps
- ✓ Joint reconstructions
- ✓ Joint replacements
- ✓ Kidney and bladder
- ✓ Lung and chest
- ✓ Male reproductive system
- ✓ Miscarriage and termination of pregnancy
- ✓ Pain management
- ✓ Pain management with device
- ✓ Palliative care
- ✓ Plastic and reconstructive surgery (medically necessary)
- ✓ Podiatric surgery (provided by a registered podiatric surgeon)¹
- ✓ Pregnancy and birth
- ✓ Rehabilitation
- ✓ Skin
- ✓ Sleep studies
- ✓ Tonsils, adenoids and grommets
- ✓ Weight loss surgery

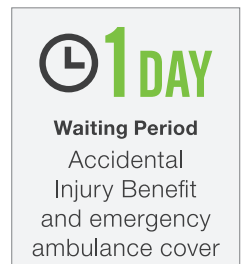
¹ Hospital Treatment provided by a registered podiatric surgeon is limited to cover for accommodation and prosthetic devices. No benefits are payable for podiatric surgeon fees, medical specialist fees (e.g. anaesthetist) or theatre costs. Refer to the Policy Booklet for more information.

Other Included Services

Accidental Injury Benefit - Cover for accidental injury after just 1 day on this policy.

- ✓ Immediate and necessary hospital treatment as an admitted patient required as a result of an accident.
- ✓ This requires treatment to be sought at a hospital emergency department or through a medical practitioner within 72 hours after the accident to receive benefits in-line with our best level of hospital cover for the next 90 days.

Ambulance - Emergency ambulance transport.



Excluded Hospital Services

- ✗ Cosmetic surgery
- ✗ Procedures not covered by Medicare

Standard Waiting Periods

- 1 day - Accidental injury
- 1 day - Ambulance services
- 2 months² - Hospital psychiatric services
- 2 months - Rehabilitation or palliative care services (whether pre-existing or not)
- 2 months - Any other conditions requiring hospitalisation that aren't pre-existing
- 12 months - Pre-existing conditions (where the symptoms were evident at any time during the 6 months immediately prior to joining or upgrading products as determined by our medical practitioner) except hospital psychiatric services, rehabilitation or palliative care services
- 12 months - Pregnancy & birth

² A two month wait period applies to new members who take out this cover. Members upgrading to this cover may be able to waive the 2 month waiting period for hospital psychiatric services. The Mental Health Waiver is only available to members who have held hospital cover for at least the previous 2 months, have not previously used their waiver with us or any other fund, have been admitted to a hospital and is under the care of an addiction medicine specialist or consultant psychiatrist.

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TAL Gold Hospital

We can help you minimise out-of-pocket expenses for hospital related fees

- To help you reduce or eliminate out-of-pocket expenses choose a private hospital or day facility that has an agreement with us.
- Ask your doctor or specialist to participate in our MediGap Scheme to eliminate the 'gap' for their in-hospital fees.

Always call us first if you need to go to hospital on
1300 209 089

What is Covered In-Hospital at Agreement Private Hospitals and Public Hospitals

When you're admitted as a private patient in a private hospital that has an agreement with us, or a public hospital, we will pay towards the cost of the following things that relate to Included Hospital Services on TAL Gold Hospital cover (out-of-pocket expenses may apply to these services³):

- ✓ Selected Medical admissions relating directly to included services on TAL Gold Hospital cover
- ✓ Medical treatments not requiring surgery, investigative procedures and surgeries
- ✓ Day surgery
- ✓ Overnight accommodation (private room where available)
- ✓ Special care unit accommodation (e.g. intensive care)
- ✓ Operating theatre fees
- ✓ Doctors' surgical fees and in-hospital consultations
- ✓ Government approved prosthetic devices
- ✓ Allied health services (e.g. physiotherapy, occupational therapy)
- ✓ Pharmaceuticals approved by the Pharmaceutical Benefits Scheme required for specific treatment when in hospital
- ✓ Ward-drugs and sundry medical supplies (e.g. bandages, painkillers)
- ✓ Nursing care
- ✓ Patient meals
- ✓ Common treatments and support treatments⁴
- ✓ Associated treatment for complications and associated unplanned treatment⁵

³ Refer to the Policy Booklet for more information on out-of-pocket expenses.

⁴ Common treatments means a number of Medical Benefits Schedule (MBS) items commonly used across services covered by your policy. Support treatments means a number of MBS items used to support a principal treatment covered by your policy. Common and support treatments will be covered in line with the level of cover your product provides for the principal treatment. Refer to the Policy Booklet for more information.

⁵ Associated treatment for complications means treatment provided during an episode of covered hospital treatment to address a complication that arises during that episode. Associated unplanned treatment means unplanned treatment provided during an episode of covered planned surgery that is, in the view of the medical practitioner providing the unplanned treatment, medically necessary and urgent. Associated treatments will be covered in line with the level of cover your product provides for the principal treatment. Refer to the Policy Booklet for more information.

What is Covered In-Hospital at a Non-Agreement Private Hospital

If you choose to be treated at a private hospital that does not have an agreement with us, we will pay towards the costs of the services listed above but you are likely to incur greater out-of-pocket expenses for most hospital related services than you would at an agreement hospital.

Hospital Excess

A hospital excess is the amount you pay towards the cost of a hospital stay before any benefits are payable by us. **A higher excess means your premiums with us will be lower.**

You only pay an excess if you or someone (other than a dependant child under 21 years of age) on your policy goes to hospital. The excess applies per person per calendar year and is payable directly to the hospital prior to your admission. The excess for couples, single parents and families is capped at twice the chosen level of excess in any calendar year.

Please note: If you've recently switched hospital covers your previous level of excess may apply for up to 12 months for pre-existing conditions. Refer to the Policy Booklet for more information.

Excess options
on this cover:

\$500 | \$750

per person
per calendar year

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