

# Thinking of having IVF?

Sometimes Mother Nature can challenge us. If IVF's the answer for you, we've put together this handy guide for who pays what.

You've got two options for cover if you're being admitted to hospital for IVF:

### Gold Hospital & Premium (Gold) Hospital\*

If you'd rather go to a private hospital, you'll need on of these Hospital covers. You've got the option of no excess for Premium (Gold) Hospital cover, and a \$250 excess or a \$500 excess with both covers.

### Mid Hospital (Basic Plus)\*

If you're happy to go to a public hospital as a private patient, this cover is for you. You'll have a \$500 excess, which is halved when you're admitted to a public hospital (so it'll only be \$250 when you're admitted for IVF treatment). If you're admitted to a private hospital for these services you'll have large out-of-pocket costs.

There's no cover for IVF with our Bronze, Silver, Silver Plus or Basic Hospital (Basic Plus)\* covers.

## So who pays what?

Service	Peoplecare		Medicare	You
	Hospital cover	Extras cover		
<b>In-patient IVF</b> IVF services while you're admitted to hospital (these are things like accommodation, doctors and specialists during your stay etc.)	✓ Gold Hospital & Premium Hospital (Gold)* R <sup>^</sup> Mid Hospital (Basic Plus)* ✗ All other hospital products	✗	✓ Public hospital as a public patient	✓ Your excess (if you've got one), additional services, incidental fees, etc.
<b>Out-patient IVF</b> IVF services outside of hospital (things like standard doctors' appointments, scans and tests)	✗	✗	✓ Up to 85% of the Medicare Scheduled Fee	✓ Any gap between what Medicare pays & the doctor charges
<b>Pharmacy</b> (like nasal sprays, pessaries, etc.)	✗	✓	✗	✓

R<sup>^</sup> – this is a restricted service under Mid Hospital cover, which means you're covered as a private patient in a public hospital. If you're admitted to a private hospital for in-patient IVF services you'll have large out-of-pocket costs.

**IMPORTANT:** There could be out-of-pocket costs on any of these services that you'll need to pay for yourself. Your doctor and other providers should tell you about any out-of-pocket costs that you'll have. If you're not sure, give us a buzz and we'll help you work through it. Please also keep in mind that there can be restrictions, excesses and limits on any of these services, depending on your level of cover.

### Things to remember:

- **To claim for IVF services in a hospital, you'll need to have one of our Gold Hospital, Mid Hospital (Basic Plus)\* or Premium Hospital (Gold)\* covers.** All pregnancy & birth related services have a 12-month waiting period. There are other waiting periods you might have to serve, so it's best to get in touch with us before starting any treatment.
- **Out-patient services are only claimed through Medicare.** Please call them to find out how much you'll get back from them.
- **While you're in hospital, Medicare pays 75% of the Medicare Scheduled Fee for medical services and we pay the remaining 25%.** If your doctor charges more than the Medicare Scheduled Fee, you'll have out-of-pocket costs (known as a gap payment). Your doctor should tell you about any out-of-pocket costs you'll have before you go to hospital - this is called informed financial consent. As always it's best to get in touch with us before you start treatment so we can tell you what you're covered for.
- **We offer the Access Gap scheme, which aims at giving you low or no gap payments.** We have an Access Gap agreement with over 36,000 doctors, but it's up to the doctor on a case-by-case basis whether they'll take part. Ask your doctor whether they'll participate in Access Gap for your services whilst in hospital. If they do, they'll bill us directly and you won't have to worry about a thing.
- **Refer to your cover description** or give us a buzz for more info.

\*Our Premium Hospital (Gold), Mid Hospital (Basic Plus) and Basic Hospital (Basic Plus) products are closed to new members. All info supplied in this fact sheet is based around the 12-month waiting period for obstetrics. If you haven't served this waiting period, you won't be able to make any claims under your level of Hospital cover.