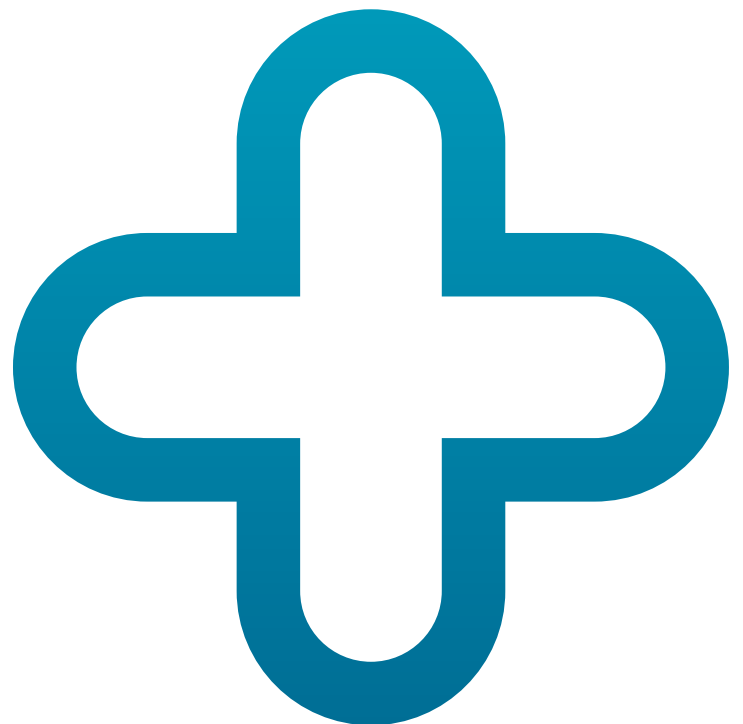


Starter Package Plus

Key Facts Sheet 01.04.2018



Starter Package Plus

A basic hospital and extras package which includes cover for a minimum number of hospital procedures in a private hospital. One extras annual limit across a range of extras, lets you get the most out of your health insurance with 60% back at any recognised health care provider Australia wide.

What's covered in a participating private hospital?

You are covered¹ at a participating private hospital² for the following services only:

- ▶ Accidents sustained after joining
- ▶ Surgical removal of wisdom teeth in hospital
- ▶ Appendix removal
- ▶ Removal of tonsils and adenoids
- ▶ Minor gynaecological procedures
- ▶ All joint investigations and reconstructions (not replacements)
- ▶ Australia wide ambulance cover for all clinically necessary, emergency ambulance services in Australia³

When you are admitted for one of the above services, you are also covered for the following:

- ▶ Private hospital accommodation in a shared or single room (where available)
- ▶ Theatre fees
- ▶ Surgically implanted prosthesis⁴
- ▶ Inpatient Doctors, Specialists and Surgeons medical fees

Services restricted to public hospital benefits

Default public hospital benefits apply to the following services, in a shared room⁵. Out of pocket expenses may be incurred if you use any of the following services in a private hospital:

- ▶ Rehabilitation
- ▶ Psychiatric services
- ▶ Palliative care

Excluded services

- ▶ Cosmetic surgery (not medically necessary)
- ▶ All other medical services not listed above

Excess options

All Budget Direct Health Insurance covers have an excess. The most you'll pay each year for hospital visits is:

- ▶ \$500 for Singles
- ▶ \$1000 for Couples and Families

If one person from a Couple or Family cover goes to hospital, they will have a maximum excess of \$500. It's only when more than one person from the cover is hospitalised that the maximum excess is \$1000.

¹ Limited benefits may apply to high cost drugs. Drugs purchased outside of hospital are not included.

² Fixed benefits are payable in non-participating private hospitals. Contact Budget Direct Health Insurance for further details.

³ Budget Direct Health Insurance covers emergency ambulance services by a recognised provider Australia wide. Does not include cover for non-emergency ambulance transport i.e. from a hospital to your home or ambulance transfers between hospitals. Publicly funded ambulance services and State Government transport schemes are excluded (eg.TAS/NSW/ACT/QLD).

⁴ Benefits are no higher than the No-Gap Government prescribed benefit.

⁵ If you elect to be admitted to a public hospital as a private patient, you are entitled to the minimum benefits payable by private health insurers for a shared room in a public hospital. Electing to be a private patient in a public hospital could result in out of pocket costs to you. Ensure you receive written informed financial consent for any hospital admission. You may be subject to doctor's waiting lists in a public hospital. Default benefits are paid for all public hospital episodes.

Medical Gap Cover

Budget Direct Health Insurance's medical gap cover is a billing system that provides higher benefits than the scheduled fee. Budget Direct covers you for an additional 20% on top of the schedule fee. This will reduce or potentially eliminate your out of pocket costs for doctors or specialists fees when treated in hospital.

What is the Schedule Fee?

The Federal Government has created a schedule of fees (Medicare Benefits Schedule) set for eligible services by doctors in a hospital or day surgery. Medicare pays 75% of this scheduled fee for inpatient medical treatments and Budget Direct Health Insurance pays 45% up to 120% of the Medicare Benefit Schedule (MBS) fee.

For more information contact Budget Direct Health Insurance on **1300 665 623**.

Waiting Periods

Waiting periods exist to protect members from claims made by those who join the fund or increase their level of cover because they have an ailment or illness that may require treatment. Waiting periods will apply to:

- ▶ New memberships (previously uninsured).
- ▶ Additions to a membership (unless the addition /s has already served all waiting periods with another fund).
- ▶ A new baby, adopted and permanent foster children will have no waiting periods providing they're added from birth, adoption or commencement of foster arrangement.
- ▶ Existing Budget Direct Health Insurance memberships, and transfers to Budget Direct Health Insurance from another fund where the level of cover and / or benefit entitlement is upgraded or increased and / or where the waiting periods have not been completed.
- ▶ 0 days for accidents (accident must occur after joining)
- ▶ 0 days for emergency ambulance services
- ▶ 2 month waiting period exists for palliative care, rehabilitation and psychiatric treatment
- ▶ 2 month waiting period for all other services

Pre-existing Conditions and Waiting Periods

Waiting periods apply to new members who have a pre-existing condition. The waiting period also applies to existing members who have recently upgraded their level of hospital cover.

A pre-existing condition is one where signs or symptoms of your ailment, illness or condition, in the opinion of a medical practitioner appointed by Budget Direct Health Insurance (not your own doctor), existed at any time during the six months preceding the day on which you purchased your hospital cover /or benefit entitlement.

If the ailment, illness or condition is considered pre-existing:

- ▶ New members must wait 12 months for any hospital benefits.
- ▶ Members transferring /upgrading to a higher level of cover must wait 12 months to get the higher hospital benefits. Existing members with at least 12 months membership in total across their old and new cover are entitled to the lower benefits on their old cover.

Accidents

An accident is an unforeseen event occurring by chance by an external force or object, which results in involuntary injury to the body requiring immediate treatment. You are covered for accidental injuries sustained after joining Budget Direct Health Insurance (joint investigations & reconstructions are covered if they are required as a result of an accident). For an accident to be covered, treatment must be sought through a Doctor or an Emergency Department within 48 hours of sustaining the injury. The Doctors letter/Hospital report must be supplied to Budget Direct Health Insurance.

Extras Services

Budget Direct Health Insurance will pay 60% of what your treatment costs across the following services. You pay the other 40%.

Extras Services	Waiting Periods	Yearly limit (maximum you can claim per person unless otherwise stated)
General & Preventative Dental	2 Months	\$1000 per person
Endodontic	12 Months	
From 1 May 2018, save 15-40% off dental treatments performed by any smile.com.au approved dentist across Australia. Savings may vary between dentists. It is recommended that members obtain a quote prior to treatment.		
Physiotherapy Includes Pilates by a Registered Physiotherapist	2 Months	
Exercise Physiology	2 Months	
Optical	6 Months	
Remedial Massage	2 Months	
Chiropractic	2 Months	
Osteopathy	2 Months	
Acupuncture	2 Months	
Naturopathy	2 Months	
Myotherapy	2 Months	
Homeopathy	2 Months	
Travel Vaccinations A limit of \$40 per item applies	2 Months	

Find out more

If you're planning treatment or a hospital admission, please contact us to discuss your options to ensure you're covered and have served all waiting periods.

For further information please call **1300 665 623** or visit health.budgetdirect.com.au