

Admissions to private psychiatric hospitals



What you need to know before you are admitted to a private psychiatric hospital

You may not realise until you are admitted to a private psychiatric hospital that your health insurance will not adequately cover you.

There have been a number of changes to the level of psychiatric cover offered by a number of private health insurance companies. Less than half of all policies on sale from the major insurers cover the cost of an admission to private psychiatric hospital. This document provides an update on the private health insurance options available to fund your treatment at a private psychiatric hospital.

Key points about private health insurance and psychiatric treatment:



More than half of the policies on offer do not provide adequate cover for a stay in a private psychiatric hospital.



Some insurers have moved psychiatric treatment from full benefits to a restricted benefit on some of their policies.



If you are to be admitted to a day program at a private psychiatric hospital, you should check to ensure that your fund covers that particular program.

If you have private health insurance

Your private health insurance policy must cover basic in-patient psychiatric services. However, it may not fully cover your stay within a private psychiatric hospital.

Check your policy to see whether it says psychiatric services are:

- **fully covered, or**
- **covered to a limited extent.**

If you are to be admitted for a day program you should specifically check to see that your health fund will cover that particular program.

If your policy only covers psychiatric services to a limited extent this will leave you with significant out-of-pocket costs if you are admitted to a private psychiatric hospital.

To avoid out-of-pocket costs you can switch to another policy (either with your insurer or with a different insurer) that fully covers psychiatric treatment within a private hospital.

The maximum waiting time before you would be fully covered is two months. This applies if you stay with your current insurer or switch insurers.

Alternatively, you can take up a once-in-a-lifetime offer to upgrade your insurance immediately to access psychiatric care. You must have held your private health insurance hospital cover for at least two months to take advantage of this offer. Conditions apply.

Policies that cover psychiatric treatment may have a higher premium than your current policy.

Private Health Insurance Standard Information Statement - Hospital Policy	
This Statement provides basic information for the purposes of comparison only. For full explanation of this hospital policy please contact the health insurer on 131 243 or visit http://www.hba.com.au	
HEALTH INSURER: HBA	WHO IS COVERED: One adult
PRODUCT NAME: Hospital Saver	MONTHLY PREMIUM: \$50.15 (indicative only)
AVAILABLE FOR: Residents of NSW & ACT	MEDICARE LEVY SURCHARGE: Exempt
The price shown is monthly premium with the 30% Rebate deducted. It does not include any Lifetime Health Cover loading or factor in any discounts that may be available or higher level of Rebate that may apply.	
WHAT'S COVERED IF I HAVE TO GO TO HOSPITAL?	✓ Hospital treatment, including accommodation as a private patient in a private or public hospital ✓ Doctors' bills in hospital (see below) ✓ Comprehensive cover for ambulance (see insurer for details) - 0 day waiting period applies
WHAT MEDICAL SERVICES ARE NOT COVERED AT ALL? (Exclusions)	✗ Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery
WHAT MEDICAL SERVICES ARE ONLY COVERED TO A LIMITED EXTENT? (Restrictions, Benefit Limitation Periods)	You are not fully covered for: • Cardiac and cardiac related services • Cataract and eye lens procedures • Pregnancy and birth related services • Assisted reproductive services • Hip and knee replacements • Surgery by podiatrists - partly covered (see insurer for details) • Rehabilitation • Psychiatric services • Other services (see insurer for details) No benefit limitation periods
HOW LONG ARE THE WAITING PERIODS FOR NEW AND UPGRADING MEMBERS?	• 2 months for palliative care, rehabilitation and psychiatric treatment • 12 months for treatments relating to other pre-existing ailments • 12 months for obstetric treatments • 2 months for all other treatments
WILL I HAVE TO PAY ANYTHING IF I GO TO HOSPITAL? (Excesses, Co-payments, Medical/Hospital gaps)	EXCESS: You will have to pay an excess of \$500 per admission. This is limited to a maximum of \$500 per year. EXTRA COST PER DAY (CO-PAYMENTS): No co-payments DOCTORS' AND HOSPITAL BILLS: 7 out of 10 medical services paid for by this health insurer in NSW & ACT have no out-of-pocket expenses. This insurer also has arrangements that may mean lower out-of-pocket expenses on doctors' bills. You may also have to pay other costs depending upon: • the doctor(s) chosen • the treatment you are having • the hospital you go to Before you go to hospital, you should ask your doctor, hospital and health insurer about any out-of-pocket costs that may apply.
WHAT OTHER FEATURES DOES THIS POLICY HAVE?	Low cost cover for the year you don't pay for full cover for example (see Fund 1)

This policy would not provide adequate benefits for a stay in a private psychiatric hospital

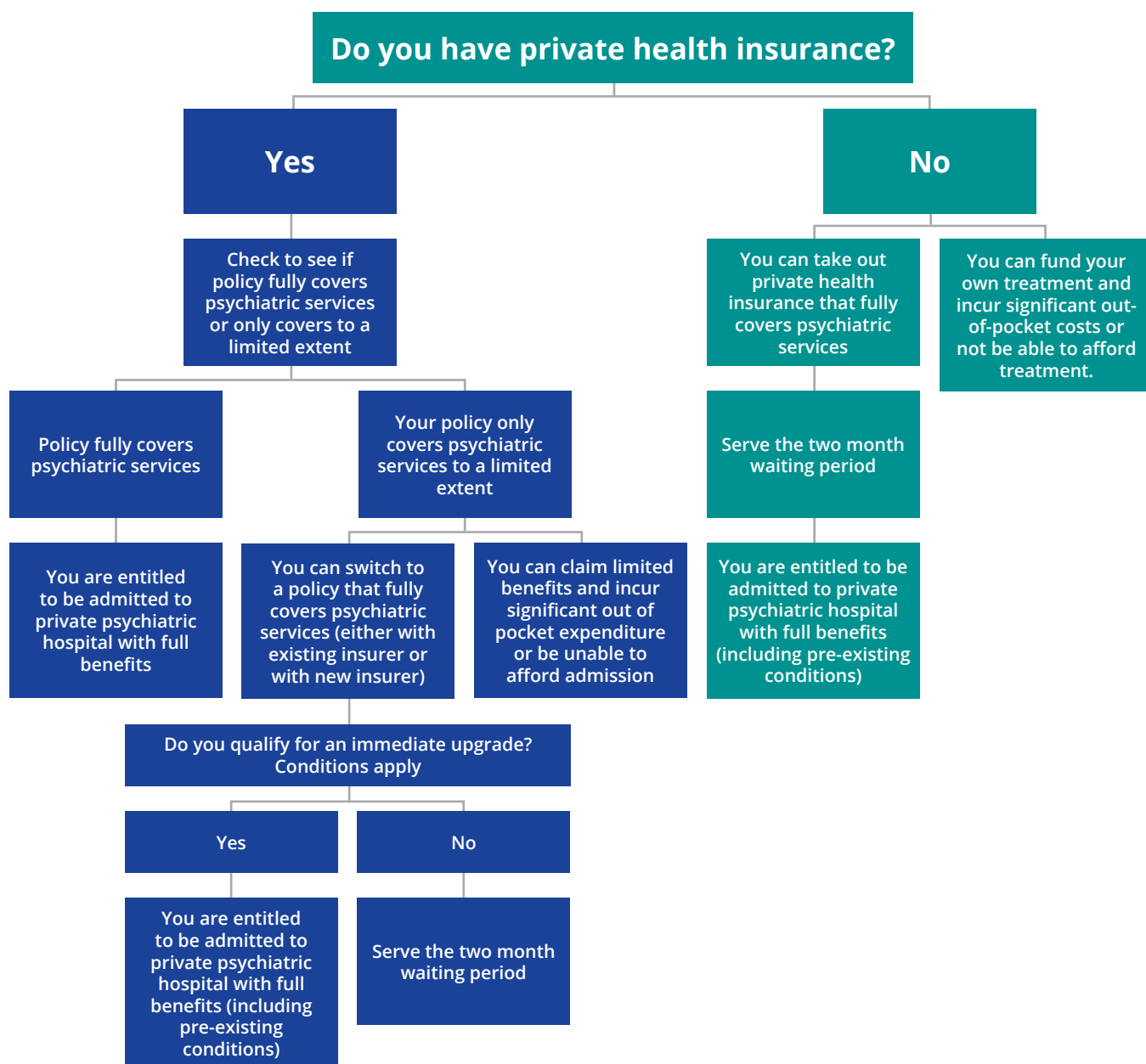


If you do not have private health insurance

If you not have private health insurance but your doctor would like to admit you to a private psychiatric hospital then you can do either of the following things:

- A** Take out private health insurance that fully covers psychiatric services and serve a two month waiting period
- B** Pay the out-of-pocket costs that will occur during your treatment or stay.

The steps to go through to ensure you are fully covered for private psychiatric treatment



Need further advice?

You can obtain independent information about the range of health insurance policies that provide full coverage for psychiatric services through privatehealth.gov.au

If you have a specific complaint about your health insurance you may wish to contact the Office of the Private Health Insurance Ombudsman, Complaints Hotline on 1800 640 495, phio.org.au

This document was produced by the Australian Private Hospitals Association

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