Planning to have a BABY

Whether your pregnancy is planned, long awaited, or a surprise, you need to be aware of what your GU Health plan will cover.

There's so much to plan for when you're having a baby so, if possible, it's recommended that you get your health cover in order before you conceive. This will help to minimise any stress, as well as any out-of-pocket expenses.

You'll need to make sure that your hospital cover doesn't exclude pregnancy and birth-related services, as you may need to upgrade your membership before becoming pregnant. This is because pregnancy and birth-related services carry a 12-month waiting period.

In addition, upgrading to a family cover will ensure you/your partner and your baby are covered.

If you're on a single membership

If you're a soon-to-be parent on a single membership, and you have the right hospital cover, you can receive benefits for the costs of the birth but not for any costs incurred for the baby.

To make sure that your baby is covered and a 12-month waiting period doesn't apply, we strongly encourage you to upgrade the scale of your cover from single to family as soon as you're aware of the pregnancy, so the baby is covered from birth.

Doing this will protect you and your family if there is a complication, or the baby is premature.

At a minimum, you need to upgrade within at least 60 days before the expected due date. This guideline applies to any individual covered under a single membership who wishes to add a newborn to their cover.

If you're on a family membership

If you're a on a family membership and you have the right level of cover, your baby is automatically covered from birth.

You will need to let us know immediately after the birth so we can make sure the baby is listed on your membership and no waiting periods apply.

We'll allow up to a maximum of 12 months for you to add your newborn to an existing family membership before waiting periods begin to apply. By adding your baby immediately after birth, you can make sure the admission process will be smooth if your baby needs to be re-admitted to hospital.

Level of hospital cover

It's important to check that you have the level of hospital cover that you require.

Some levels of cover such as My Choice Hospital Saver have pregnancy and birth-related services as a restricted service. This means members are only covered in a shared ward of a public hospital.

To be covered as a private patient in a private hospital, you must be on a relevant level of cover for more than 12 months. Otherwise, you could incur large out-of-pocket costs if you don't have adequate cover.

In addition, always check with the hospital, your GU Health Member Relations Team and your doctor and obstetrician before proceeding with a hospital booking to ensure you will be covered and to discuss what costs you may incur.

continue over page ▶

Updated February 2016. The information contained within this document is current from the publication date and is subject to change.
If you're planning a treatment for which you anticipate a benefit from GU Health, contact us in advance to confirm your benefit entitlement.

GUHealth

Hospital excess

As with all hospital admissions, if you have a hospital excess and have not already paid it in your current membership year, you may need to pay this fee to the hospital prior to your admission. GU Health will then cover the remaining costs of you hospital accommodation directly with the hospital.

A new born baby is not charged accommodation. Only the mother is charged unless mother and child are in hospital for more than 10 days, or the baby is admitted to hospital as a patient.

In the case of multiple births, the first baby will not be charged for accommodation unless admitted as a patient. Subsequent babies will be automatically admitted and an excess may apply.

For your baby to be covered for hospital admission, in the weeks or months after their arrival, you will need to let us know their name, date of birth and sex within two months of their birth.

Outpatient costs

Your health cover will only pay for services while you are admitted as a patient in hospital (inpatient). For example, the cost of the delivery fee in hospital.

Costs such as scans, ultrasounds and check-ups are only covered through Medicare, so you may find that there is a gap you'll need to pay.

When you have selected your obstetrician, we recommend you ask for Informed Financial Consent. This just means that you both agree on the set charges for the services you receive throughout your pregnancy, so you know what you will be paying in advance.

You may also want to ask what happens in relation to their fees under the following circumstances:

- you experience complications during your delivery
- if you deliver outside of standard business hours e.g. middle of the night or a public holiday
- you require an anaesthetist
- your baby experiences complications and has to be admitted to hospital.

Boarder fees

In-hospital Carer Benefit

Depending on your level of cover, you may be entitled to an In-hospital Carer Benefit. If you're admitted as a private patient, this benefit can be claimed to help cover the cost of accommodation and meals for your carer (partner, family member or caretaker). The carer needs to stay with you in the hospital overnight in order for accommodation and the meal/s benefit to be paid. This benefit does not cover the cost for accommodation anywhere else. Only hospital cafeteria or patient menu meals are covered.

Ambulance cover

Depending on the state you live in and your level of hospital cover, you'll either receive full ambulance cover, or you may be entitled to emergency transport only.

Your benefit level will be outlined in *Your Plan Information*.

If your level of cover includes full ambulance, you're covered for medically-necessary ambulance transport and on-the-spot treatment by a recognised ambulance provider Australia-wide.

If your level of cover includes emergency transport only, and you live outside of New South Wales (NSW) or the Australian Capital Territory (ACT), this means you're only covered for ambulance transport that's deemed an emergency.

Please see the fact sheet on ambulance cover or refer to *Your Membership Guidelines* for more information about how ambulance cover works.

Ante-natal and post-natal classes

We want you and your baby to have the best possible care and as much supportive information as is available during this important time in your life.

As a result, we encourage you to take advantage of ante-natal and post-natal classes. Your level of cover for these classes will depend on your GU Health cover.

Please refer to your Online Member Services area at guhealth.com.au to determine your level of cover for ante-natal and post-natal classes.

Fertility treatment

If you're considering undergoing fertility treatment, take the time to contact us and talk through your cover.

There is cover for fertility treatment, and included in this category are assisted reproductive procedures such as In vitro Fertilisation (IVF) and Gamete Intra Fallopian Transfer (GIFT).

If you're covered under a resident plan which includes benefits for fertility treatment, you can only claim for treatments that result in a hospital admission (inpatient treatments). For example, egg collection/harvesting is typically carried out in an operating theatre, where you'd be admitted as a hospital inpatient.

If the service takes place without admission to hospital it's classified as outpatient and no benefits are payable from GU Health. For example, consultations with your clinic and doctor, scans, ultrasounds, some diagnostic procedures and pathology services are outpatient treatments and may only be claimable through Medicare.

It's important to understand the full extent of the services associated with your treatment and the level of benefits payable by GU Health and Medicare (where applicable).

There may be additional fees you may incur for services such as egg transportation, testing and freezing, storage, as well as costs for certain pharmaceuticals.

We strongly recommended that you contact your Member Relations Team before undergoing treatment so that you understand your entitlements. This includes obtaining Informed Financial Consent from your doctor and anaesthetist so you understand the medical fees being charged and any potential out-of-pocket expenses.

Please make sure you read the *Your Membership Guidelines* booklet in conjunction with *Your Cover at a Glance* and *Your Plan Information*, which you would have received in your *GU Health Welcome Pack*.

For further information about your GU Health cover or any queries relating to this document, please contact your GU Health Member Relations Team on **1800 249 966** or email **corporate@guhealth.com.au**

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