

## 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 such 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.

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 <a href="http://www.hba.com.au">http://www.hba.com.au</a>	
HEALTH INSURER: HBA	WHO IS COVERED: One adult
PRODUCT NAME: Hospital Saver	MONTHLY PREMIUM: \$50.15 (inclusive only)
AVAILABLE FOR: Residents of NSW & ACT	MEDICARE LEVY SURCHARGE: Exempt
The price shown is monthly premium with the 50% 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?	<input checked="" type="checkbox"/> Hospital treatment, including accommodation as a private patient in a private or public hospital <input checked="" type="checkbox"/> Doctors' bills in hospital (see below) <input checked="" type="checkbox"/> Comprehensive cover for ambulance (see insurer for details) - 0 day waiting period applies
WHAT MEDICAL SERVICES ARE NOT COVERED AT ALL?	<input checked="" type="checkbox"/> Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery
(Exclusions) WHAT MEDICAL SERVICES ARE ONLY COVERED TO A LIMITED EXTENT? (Restrictions, Benefit Limitation Periods)	You are not fully covered for: <ul style="list-style-type: none"> <li>• Cardiac and cardiac related services</li> <li>• Cataract and eye lens procedures</li> <li>• Pregnancy and birth related services</li> <li>• Assisted reproductive services</li> <li>• Hip and knee replacements</li> <li>• Surgery by podiatrists - partly covered (see insurer for details)</li> <li>• Rehabilitation</li> <li>• Psychiatric services</li> <li>• Other services (see insurer for details)</li> </ul> No benefit limitation periods
HOW LONG ARE THE WAITING PERIODS FOR NEW AND UPGRADING MEMBERS?	<input checked="" type="checkbox"/> 2 months for palliative care, rehabilitation and psychiatric treatment <input checked="" type="checkbox"/> 12 months for treatments relating to other pre-existing ailments <input checked="" type="checkbox"/> 12 months for obstetric treatments <input checked="" type="checkbox"/> 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: <ul style="list-style-type: none"> <li>• the doctor(s) chosen</li> <li>• the treatment you are having</li> <li>• the hospital you go to</li> </ul> Before you go to hospital, you should ask your doctor, hospital and health insurer about any out-of-pocket costs that may apply to you.
WHAT OTHER FEATURES DOES THIS POLICY HAVE?	Low cost cover for the young and healthy not ready to start a family. Incorporates an excess and you don't pay for full cover for those services you are less likely to use, like pregnancy and cataract surgery for example (see Fund for full details).



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:

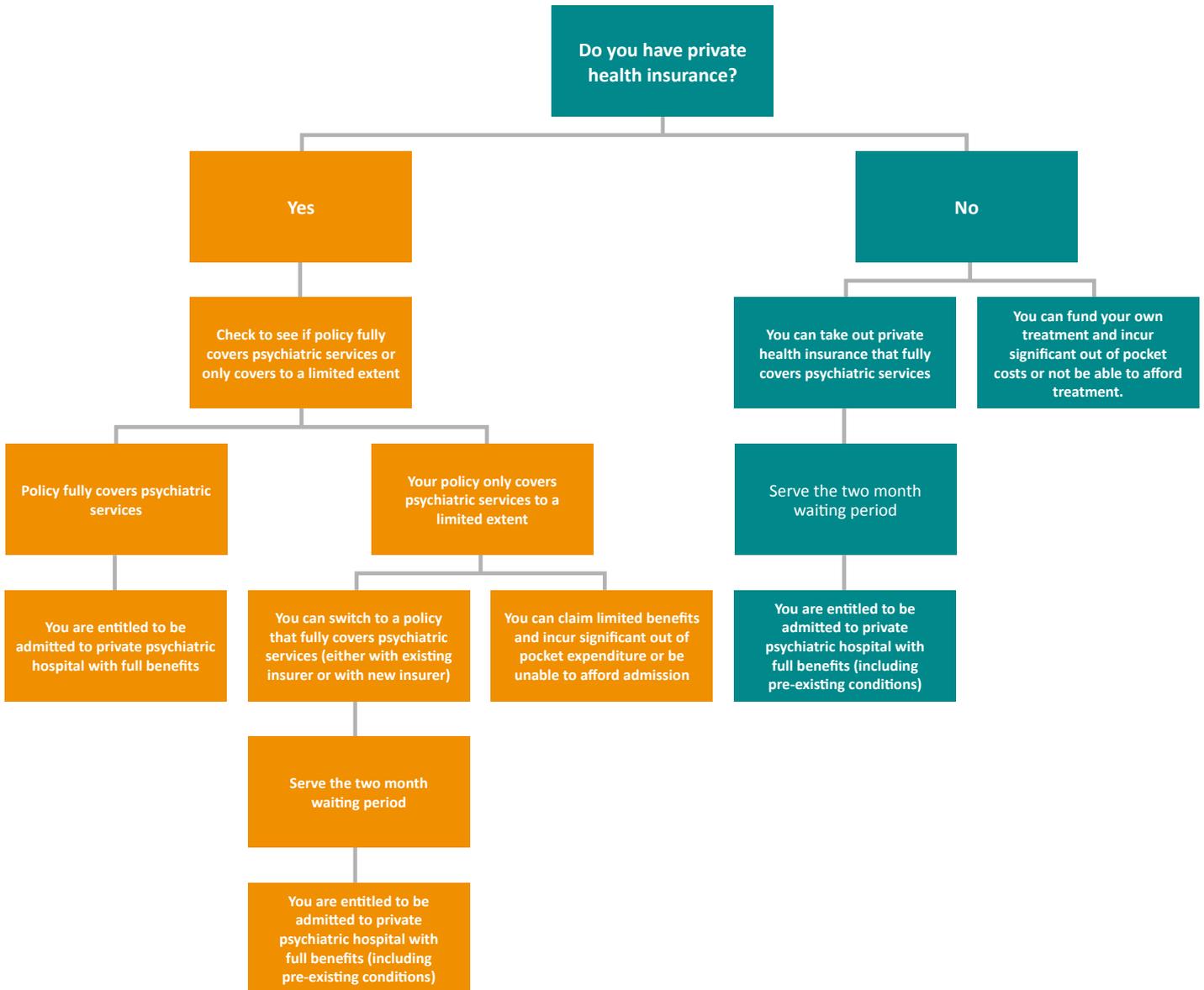
- A** *Take out private health insurance that fully covers psychiatric services and serve a two month waiting period, or*
- B** *Pay the out of pocket costs that will occur during your treatment or stay.*

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

(Exclusions)	
WHAT MEDICAL SERVICES ARE ONLY COVERED TO A LIMITED EXTENT? (Restrictions, Benefit Limitation Periods)	<p>You are not fully covered for:</p> <ul style="list-style-type: none"> <li>• Cardiac and cardiac related services</li> <li>• Cataract and eye lens procedures</li> <li>• Pregnancy and birth related services</li> <li>• Assisted reproductive services</li> <li>• Hip and knee replacements</li> <li>• Surgery by podiatrists - partly covered (see insurer for details)</li> <li>• Rehabilitation</li> <li>• Psychiatric services</li> <li>• Other services (see insurer for details)</li> </ul> <p>No benefit limitation periods</p>
HOW LONG ARE THE WAITING	<ul style="list-style-type: none"> <li>• 2 months for palliative care, rehabilitation and psychiatric treatment</li> </ul>

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



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### Need further advice?

You can obtain independent information about the range of health insurance policies that provide full coverage for psychiatric services through [www.privatehealth.gov.au](http://www.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:** 1800 640 495, [www.phio.org.au](http://www.phio.org.au)

This document was produced by the Australian Private Hospitals Association

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