



# Just Explain

## Understanding your Obstetric and Pregnancy cover

### Obstetric and pregnancy waiting periods

If you have been with Latrobe less than 12 months, including a transfer from another Fund that had pregnancy and obstetric exclusions or restrictions, a 12-month waiting period will apply from your join date to your estimated due date (EDD). There are no exceptions to this.

Providing your EDD is more than 12 months after you joined Latrobe (as confirmed in writing by your Doctor), you will be covered for the delivery of your baby even if your baby is born prior to your EDD.

This does not extend to any other inpatient hospital admission relating to your pregnancy that does not result in delivery prior to the completion of your waiting periods.

### Cover for obstetric and pregnancy

Once all waiting periods are served, all Latrobe hospital covers (with the exception of ST) provide obstetric and pregnancy cover. There are no exclusions on your cover.

### Hospital cover for your delivery at a Participating Private Hospital

- A list of Participating Private hospitals is available on our website under Publications & forms, [latrobehealth.com.au](http://latrobehealth.com.au)
- Any excess or co-payment is payable directly to the hospital on admission. Please note that the excess must be paid in full and does not accumulate.
- Accommodation and labour ward fees are covered in full, less any excess or co-payment.
- Admission to a Non-Participating Private Hospital will result in significant out-of-pocket costs.
- You are responsible for the supply of any medications that you are taking prior to your admission and for the cost of any medications that you take home with you on discharge.
- You are responsible for the cost of STD telephone calls and other personal items such as, but not limited to, newspapers.
- Incidental fees - some hospitals charge a non-rebateable fee to patients for the use of pay TV and Wi-Fi. We are unable to pay any benefit for this.
- Whilst it is a rare occurrence, there are a small number of prosthesis that have a gap between the charge imposed by the supplier and the Commonwealth Determined Benefit for that type of prosthesis. We recommend that you confirm with your surgeon that your prosthesis will be a no gap prosthesis.

# Understanding your Obstetric and Pregnancy cover

## Hospital Cover for your baby at birth

- If you have held a family membership for 2 months or more, your baby is automatically covered at birth.
- If you have a single membership, you will need to upgrade to Family Cover 2 months prior to your EDD to ensure your baby is covered from birth. This will cover your baby even if your baby is born early. You can arrange this at any time by calling our Member Service Centre, or through the Online Member Service portal on the website. We would just ask that as soon as is convenient, you let us know your baby's name and date of birth.

Following birth and providing all is well with your baby, your baby will not be officially admitted to hospital, the mother is the patient and your baby is a boarder.

Should your baby require even the shortest of admission in the nursery following birth, the baby is required to be an admitted patient. It is important to note that should your baby require admission, any excess or co-payment will apply to your baby's admission in addition to the excess or co-payment that applies to your admission.

If your baby needs to be transferred to a public hospital for intensive care treatment, you are not obliged to elect to use your private health insurance.

## Multiple pregnancy

All babies in excess of one are automatically admitted. Any excess or co-payment will apply to the admission of the second+ baby.

## Medical cover

### • Obstetrician

It is anticipated that you will have an out-of-pocket cost associated with your obstetrician's fee for your delivery. All antenatal visits are covered by Medicare only, no benefit is payable from health insurance for these visits.

### • Anaesthetist

It is anticipated that should you require these services, you will have an out-of-pocket cost associated with your anaesthetist fee. It is almost impossible to accurately anticipate the benefits payable for an anaesthetist as it is dependent on many variables that are unknown until the time of surgery. It is our experience that the out-of-pocket costs with the anaesthetist ranges between \$500 - \$1,000, depending on the anaesthetist.

### • Paediatrician

If your baby was a boarder, any paediatrician or other Doctors' fees for your baby are claimable through Medicare only and it is anticipated that you will have out-of-pocket costs.

If your baby was formally admitted, all Doctors' fees are claimable through both Latrobe and Medicare and it is anticipated that you will have some out-of-pocket costs.

### • Pathology and Radiology

It is unlikely that you will require pathology and radiology services however, just in case, these services are provided by providers independent to the hospitals, and they will raise separate invoices for any blood tests or x-rays performed. We pay an additional medical benefit of 6% for these services, but there may well be an out-of-pocket cost in addition to the benefit payable by Medicare and us.

### • Just Ask!®

A Just Ask!® brochure is provided explaining additional medical benefits.

## Other considerations

- Antenatal care, such as, but not limited to birth classes, midwife visits, scans and blood tests, are not covered under your hospital cover.
- Any fees associated with your partner staying with you during your hospital admission are not covered.

## Just Explain

If you have any queries regarding this information or any aspects of your cover, please call our Member Service Centre or email us.

**Member Service Centre, 1300 362 144**

8.30am – 5.30pm weekdays (closed Victorian public holidays)

[info@lhs.com.au](mailto:info@lhs.com.au)