

accident boost hospital (basic)

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Let's be frank, nobody actually wants to use their hospital insurance. But if you need to use Accident Boost Hospital (basic), this Frank fact sheet details what you need to know; from what's covered to what's excluded plus excesses and waiting periods that apply. Accident Boost Hospital (basic) offers a 'youth discount'. To be eligible to receive a youth discount, you must commence a hospital or combined policy either by yourself or with your partner when one or both of you are aged between 18 – 29. We recommend that you read and retain this fact sheet along with the Private Health Information Statement for this product and Frank's Important Information Guide.

Hospital treatment by clinical category	
Rehabilitation	R
Hospital psychiatric services	R
Palliative care	R
Accident Protection	✓
Brain and nervous system	×
Eye (not cataracts)	×
Ear, nose and throat	×
Tonsils, adenoids and grommets	×
Bone, joint and muscle	×
Joint reconstructions	×
Kidney and bladder	×
Male reproductive system	×
Digestive system	×
Hernia and appendix	×
Gastrointestinal endoscopy	×
Gynaecology	×
Miscarriage and termination of pregnancy	×
Chemotherapy, radiotherapy and immunotherapy for cancer	×
Pain Management	×
Skin	×
Breast surgery (medically necessary)	×
Diabetes management (excluding insulin pumps)	×
Heart and vascular system	×
Lung and chest	×
Blood	×
Back, neck and spine	×
Plastic and reconstructive surgery (medically necessary)	×
Dental surgery	×
Podiatric surgery (provided by an accredited podiatric surgeon)	×
Implantation of hearing devices	×
Cataracts	×
Joint replacements	×
Dialysis for chronic kidney failure	×
Pregnancy and birth	×
Assisted reproductive services	×
Weight loss surgery	×
Insulin pumps	×
Pain Management with Device	×
Sleep studies	×

- ✓ **Included services (we pay benefits towards)**
- × Excluded services (we don't pay benefits)
- R **Restricted services**

Excess

Per person	\$750 per year
Couple/Family	\$1,500 per policy per year (if more than one person is hospitalised)

Learn more about [hospital excess](#).

What's covered

Accident Boost Hospital (basic) provides cover for hospital treatment that is required as the result of an accident. Frank will pay benefits towards participating private hospital theatre surgery costs, plus shared or private room accommodation charges in a private hospital or shared room accommodation charges in a public hospital. Outpatient medical treatment, or services rendered whilst a patient of the Emergency Department are not claimable. Fixed benefits are payable in a non-participating private hospital. Before receiving any treatment, check in with Frank so that you understand what you're covered for.

Accident Protection

Accident Protection provides cover for hospital treatment that is required as the result of an accident. If you have an accident, you'll be covered for treatments that are normally excluded or restricted on your cover, when initial treatment is sought through a doctor or an Emergency Department within 48 hours of sustaining the injury. Any related hospital admission must occur within 90 days from date of injury, and an Accident Declaration form must be supplied to Frank for benefits to be paid. Refer to our Important Information Guide for full terms and conditions.

Private Emergency Attendance Benefit

Private Emergency Attendance Benefit provides cover of 50% of the Emergency Department Attendance fee up to \$200 per person, per year. This benefit is payable towards up-front attendance fees charged by a Private Hospital Emergency Department, which vary by Private Hospital. It is not payable on additional fees such as radiology or pathology charges. Members need to submit a paid invoice by [email](#) to claim this benefit, therefore will incur an out-of-pocket cost up front. Two month waiting period applies.

Restricted services (R)

These are services which are limited to a minimum (default) benefit as set by the Australian Government for accommodation as a private patient in a shared room of a public hospital. This benefit is not sufficient to cover the cost of a private room in a public hospital or any room in a private hospital, and does not cover theatre costs. If you are admitted to a private hospital for treatment that is restricted by your policy, large out of pocket expenses will apply.

This product includes a restricted benefit for hospital psychiatric services, you can use a one-off waiver to upgrade your cover and get immediate access to applicable services. This waiver is available only once per person, per lifetime and if you have held hospital cover for at least two months.

* Fixed benefits are payable in non-participating private hospitals. View Frank's [participating private hospitals](#).

Waiting periods

Just because you buy hospital cover today, doesn't mean you can claim today. Generally a new health insurance member will need to be with a fund for a period of time before their fund will pay any benefits. This is called a 'waiting period'.

Accident Boost Hospital (basic) has the following waiting periods:

0 days	Hospital treatment for included services as a result of an accident (accident must occur after joining)
2 months	Psychiatric, rehabilitation, palliative care, hospital services and private emergency attendance benefit

If you've switched to Frank from another fund on an equal level of cover and have already served waiting periods, you might not have to wait again. Find out more about [waiting periods](#).

Accidents

Covers accidental injuries sustained after joining Frank. For an accident to be covered, treatment must be sought through a Doctor or an Emergency Department within 48 hours of sustaining the injury and the hospital admission must occur within 90 days. An Accident Declaration form must be supplied to Frank. Frank's definition of Accident excludes:

- Medical Conditions (disease or illness that is not immediately due to an external injury)
- Pre-Existing Conditions
- Pregnancy, birth and IVF procedures
- Accidents arising from surgical procedures
- Elective Cosmetic Surgery
- Podiatric Surgery by an accredited podiatrist
- Sudden Illness
- Injuries due to alcohol or drug use, or drugs not prescribed by a registered practitioner
- Aggravation of an existing condition
- Damage to teeth caused by eating or drinking
- Claims covered by third parties (such as Workcover and TAC)

Emergency Ambulance

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/ACT/NSW/QLD). Find out more about [emergency ambulance services](#).

Medical gap cover and out-of-pocket costs

What is medical gap cover?

Medical Gap Cover is an Australian Government initiative that ensures Public and Private Hospital patients receive benefits towards their Medical costs from either Medicare, their Private Health Fund or both. A schedule of fees, called the Medicare Benefits Schedule or MBS for short, has been set by the Department of Health. The MBS covers all eligible Medical services that can be provided by doctors and specialists when you are an in-patient in a hospital or day surgery. Under the MBS, Medicare will pay 75% of the schedule fee for your in-patient medical treatment and Frank pays the other 25%.

In Australia, Doctors and Specialists are able to set their own fees. This means, in some cases, they will charge higher fees than those set out in the MBS list described above. This higher fee is generally referred to as a "gap" fee or "out of pocket" cost.

Out-of-pocket costs or "gap" fees explained

The difference between the fees set by the MBS and what your doctor chooses to charge is commonly referred to as the 'gap'. If you hold private hospital cover, and are admitted to hospital for a procedure, your doctor can choose to bill above the MBS. This can leave you with a "gap" to pay or out of pocket costs that are not covered by Medicare or Frank. Before you go into hospital, you should discuss these fees with your doctor to understand the cost of your treatment. This is called informed financial consent.

Informed Financial Consent

You should always obtain written informed financial consent detailing any out of pocket costs with respect to medical services from the medical provider/s involved in your procedure prior to your admission to hospital. It is also recommended that you receive written financial consent from the hospital where your procedure will be conducted. If at any stage of this process you are concerned or have questions, just call Frank and we will guide you through the process. We are happy to answer any questions you may have.

What is Access Gap Cover? How Frank is helping to reduce your out of pocket costs.

Frank is partnering with the Australian Health Service Alliance (AHSA) and their Medical Gap initiative called Access Gap Cover. Access Gap Cover is a billing system that provides higher benefits than the schedule of fees set by the Department of Health which aims to reduce or even eliminate your out-of-pocket costs for doctor or specialist fees when you are treated as an in-patient in a hospital or day surgery.

Is your doctor, and any other specialist involved in your treatment, registered for Access Gap Cover?

It is your doctor's choice to participate in Access Gap Cover on a patient by patient basis. If they do, they will need to provide you with a written estimate of fees for your treatment. If you choose a doctor that does not participate in the Access Gap Cover program, you will be covered for the scheduled fee, but you will need to pay the gap. Please note: there may still be out-of-pocket costs even if your doctor uses Access Gap Cover however these costs are capped to ensure you are protected from being charged high out of pocket costs.

The additional medical gap benefit will vary by eligible service so please contact Frank prior to treatment to determine your additional medical gap cover benefit (if applicable).

Choice of doctor in a public hospital

When making a decision about which hospital you'll be treated at, keep in mind that not all doctors have admitting rights into all hospitals. Basically, if you have a preferred doctor they might not be allowed to treat you in a public hospital. Your doctor will be able to tell you what hospitals they have admitting rights to.

Are there times frank won't pay?

If you can claim from someone else you can't claim through Frank (think workers compensation). View the full list of [what Frank may not be able to pay](#) on a hospital or medical claim.

More information about what's covered.

Frank has a lot more information about hospital fees, doctors' fees, gap and all the nitty gritty. Find out more about [hospital and medical fees](#).

Before receiving any treatment, check in with Frank for a quote so that you know what you're covered for, how much we'll pay towards the treatment and any out of pocket expenses that you might face.