

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 1300 4 GMHBA (46422) or visit <http://www.gmhba.com.au>.

HEALTH INSURER: **GMHBA Limited**

WHO IS COVERED:

Two adults

PRODUCT NAME: **Frank Better Hospital**

MONTHLY PREMIUM:

\$178.95 (no rebate)

AVAILABLE FOR: Residents of **Western Australia**

WITH 30% REBATE: \$125.25

MEDICARE LEVY SURCHARGE: **Exempt**

Your actual premium may include a Lifetime Health Cover loading or insurer discounts. Australian Government Rebates also range from 0% to 40% and depend on age and income levels. The most common rebate of 30% is shown above. Check with your insurer for more details.

WHAT'S COVERED IF I HAVE TO GO TO HOSPITAL?	<ul style="list-style-type: none"> ✓ Hospital treatment, including accommodation as a private patient in a shared room in a private or public hospital ✓ Doctors' bills in hospital (see below)
WHAT SERVICES ARE NOT COVERED AT ALL? (Exclusions)	<ul style="list-style-type: none"> ✗ Cataract and eye lens procedures ✗ Pregnancy and birth related services ✗ Assisted reproductive services ✗ Joint replacements ie shoulder, knee, hip and elbow, including revisions ✗ Dialysis for chronic renal failure ✗ Gastric banding and related services ✗ Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery ✗ Other services (see insurer for details)
WHAT SERVICES ARE ONLY COVERED TO A LIMITED EXTENT? (Restrictions, Benefit Limitation Periods)	<p><i>No restrictions</i></p> <p>You are not fully covered for the time period listed after the services for:</p> <ul style="list-style-type: none"> • Psychiatric services - 24 months
HOW LONG ARE THE WAITING PERIODS FOR NEW AND UPGRADING MEMBERS?	<ul style="list-style-type: none"> • 2 months for palliative care, rehabilitation and psychiatric treatment • 12 months for treatments relating to other pre-existing ailments • 2 months for all other treatments
WILL I HAVE TO PAY ANYTHING IF I GO TO HOSPITAL? (Excesses, Co-payments, Medical/Hospital gaps)	<p>EXCESS: You will have to pay an excess of \$500 per admission. This is limited to a maximum of \$500 per person and \$1000 per policy per year.</p> <p>EXTRA COST PER DAY (CO-PAYMENTS): Every time you go to hospital you will have to pay:</p> <ul style="list-style-type: none"> • \$0 (zero) a day for a shared room • \$100 a day for a private room - up to \$700 per hospital stay • No co-payment for day surgery (no overnight stay) <p>DOCTORS' AND HOSPITAL BILLS: 6 out of 10 medical services paid for by this health insurer in Western Australia 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:</p> <ul style="list-style-type: none"> • the doctor(s) chosen • the treatment you are having • the hospital you go to <p>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.</p>
WHAT OTHER FEATURES DOES THIS POLICY HAVE?	<p>Corneal surgery and dental implants performed in hospital excluded. Fast online sign-up, secure online member area - lodge claims, change your cover and read messages. Frank is an online brand of GMHBA. Visit frankhealthinsurance.com.au for more information.</p>