

## 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 & dependant(s)**

PRODUCT NAME: **Frank Basic Hospital**

MONTHLY PREMIUM:

**\$111.80** (no rebate)

AVAILABLE FOR: Residents of **Western Australia**

WITH 30% REBATE:

\$78.25

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.

<b>WHAT'S COVERED IF I HAVE TO GO TO HOSPITAL?</b>	<ul style="list-style-type: none"> <li>✓ Hospital treatment, including accommodation as a private patient in a shared room in a public hospital only</li> <li>✓ Doctors' bills in hospital (see below)</li> </ul>
<b>WHAT SERVICES ARE NOT COVERED AT ALL?</b> (Exclusions)	<ul style="list-style-type: none"> <li>✗ Dialysis for chronic renal failure</li> <li>✗ Gastric banding and related services</li> <li>✗ Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery</li> </ul>
<b>WHAT SERVICES ARE ONLY COVERED TO A LIMITED EXTENT?</b> (Restrictions, Benefit Limitation Periods)	<i>No restrictions or benefit limitation periods</i>
<b>HOW LONG ARE THE WAITING PERIODS FOR NEW AND UPGRADING MEMBERS?</b>	<ul style="list-style-type: none"> <li>• 2 months for palliative care, rehabilitation and psychiatric treatment</li> <li>• 12 months for treatments relating to other pre-existing ailments</li> <li>• 12 months for obstetric treatments</li> <li>• 2 months for all other treatments</li> </ul>
<b>WILL I HAVE TO PAY ANYTHING IF I GO TO HOSPITAL?</b> (Excesses, Co-payments, Medical/Hospital gaps)	<p><b>EXCESS:</b> 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><b>EXTRA COST PER DAY (CO-PAYMENTS):</b> No co-payments</p> <p><b>DOCTORS' AND HOSPITAL BILLS:</b> 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"> <li>• the doctor(s) chosen</li> <li>• the treatment you are having</li> <li>• the hospital you go to</li> </ul> <p><b>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.</b></p>
<b>WHAT OTHER FEATURES DOES THIS POLICY HAVE?</b>	Fast online sign-up with no forms, plus a secure online member area where you can lodge claims, change cover and read messages from Frank. Frank is an online brand of GMHBA. Visit <a href="http://frankhealthinsurance.com.au">frankhealthinsurance.com.au</a> for more information and to watch Frank View videos that explain health insurance.