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# THANKS FOR COMPARING HEALTH INSURANCE

It's a good idea to read through the following pages to learn more about this policy. If you have any questions or need more information, chat with one of our health insurance specialists by calling **1800 46 29 55**.

**On the other hand, if you're ready to buy, here's what you need to do:**

1. Review the enclosed policy brochure to ensure it meets your health insurance needs
2. Buy direct at **comparethemarket.com.au**; or
3. Call **1800 46 29 55** to speak to one of our Health Insurance Specialists

Thank you for not  
getting muddle with  
**comparethemeerkat.com.au**  
It is much appreciate!



Need assistance?  
Call **1800 46 29 55**

## Gold Hospital (No Pregnancy) with Gap Saver - \$0, \$250 & \$500 excess PGNO, PGN1 & PGN2

**This information is important, please read and retain for future reference.**

Gold Hospital (No Pregnancy) with Gap Saver gives you comprehensive cover for total peace of mind with increased medical gap coverage<sup>^</sup> and a single room guarantee.<sup>1</sup>

### What is covered in a participating private hospital?

Gold Hospital (No Pregnancy) with Gap Saver provides cover<sup>2</sup> at participating private hospitals for:

- ✓ Private hospital accommodation.<sup>^</sup>
- ✓ Single room guarantee.<sup>1</sup>
- ✓ Increased medical gap cover.
- ✓ Theatre.
- ✓ Intensive and coronary care.
- ✓ Same day treatment.
- ✓ Surgically implanted prostheses (Government Prostheses List group benefits).<sup>3</sup>
- ✓ Other agreed charges.

### What is covered in a public hospital?

For services not listed under 'exclusions', you will be covered<sup>2</sup> for hospital accommodation costs when you are admitted to a single or shared room (subject to bed availability) as a private patient in a public hospital.

### Exclusions

You are not covered (excluded) for:

- ✗ Pregnancy.
- ✗ IVF and related services.
- ✗ Delivery suite/theatre for C-section.

### Increased medical gap cover

Gold Hospital (No Pregnancy) with Gap Saver provides members with access to increased benefits when treated by a doctor or specialist if admitted to hospital. As a member on our comprehensive cover you will have a higher level of protection by receiving more back on selected services. We recommend you contact us for a benefit estimate before commencing treatment to confirm the benefit payable.

### Excess options

GMHBA's range of hospital covers often feature an excess to let GMHBA members share some of the cost of hospital admissions in return for lower premiums.

You can reduce your premium by selecting one of the following calendar year excess options:

Excess Options Table	Level 0 Excess	Level 1 Excess	Level 2 Excess
Admission excess (private hospital, overnight)	nil	\$250	\$500
Admission excess (public hospital or day stay)	nil	\$125	\$250
Maximum annual excess – per person	nil	\$250	\$500
Maximum annual excess – singles	nil	\$250	\$500
Maximum annual excess – families	nil	\$500	\$1,000
Waived for dependants under 21	Yes	Yes	Yes

<sup>1</sup> We will pay you \$50 per day (up to a maximum of \$150 for 3 days) if you stay in a shared room when you requested a single room.

<sup>2</sup> Limited benefits may apply to cosmetic surgery and high cost drugs. Drugs purchased outside of the hospital are not included. You may be subject to doctor's waiting lists in a public hospital. Default benefits are paid for all public hospital episodes.

<sup>3</sup> Benefits are no higher than the No Gap Government prescribed benefit.

<sup>^</sup> Fixed benefits are payable in non-participating private hospitals. Contact GMHBA for further details.

**Excess - Hospital only** - An excess is deducted from the benefit paid by GMHBA Health Insurance. For example, if GMHBA Health Insurance's full benefit for a hospital stay was \$5,000 and the member has a \$250 excess on their hospital cover, the benefit would reduce by the amount of the excess and an adjusted benefit of \$4,750 would be paid to the hospital.

Where one member of a couple, family or single parent excess cover is admitted to hospital they will only pay a maximum amount per person as opposed to the maximum amount per membership. This is usually half the maximum annual excess per policy.

### **What is medical gap cover?**

GMHBA's medical gap cover is a billing system that provides higher benefits than the scheduled fee which will reduce or even eliminate your out-of-pocket costs for doctor or specialist fees when treated in hospital.

### **Our medical gap cover options**

If your doctor or specialist is one of more than 14,000 who choose to participate in GMHBA's medical gap cover system, two options are available for our hospital products:

#### **Option 1 – Known Gap**

Your doctor chooses to use GMHBA's medical gap cover system and charges a known patient gap (an amount higher than the scheduled fee). To participate, your doctor must inform you in writing of the cost of the anticipated services, the Medicare and GMHBA benefits and the patient gap before any treatment commences. They must bill us directly for the GMHBA and Medicare benefits. We will arrange to pay these benefits direct to your doctor and all you will need to pay is the known gap.

#### **Option 2 – No Gap**

If your doctor chooses to use our medical gap cover and not charge a patient gap, your GMHBA benefit and the Medicare benefit will fully cover the doctor's charges. In these instances, your doctor will bill us directly and you will pay nothing.

### **Gold Hospital (No Pregnancy) with Gap Saver medical gap**

GMHBA's Gold Hospital (No Pregnancy) with Gap Saver provides medical gap cover regardless of whether your doctor participates or not. Where the actual fee for the anticipated service is greater than the Medicare Benefits Schedule (MBS) fee, an additional medical gap benefit will be paid for you, which in most cases will be in excess of 20% of the MBS fee for each service. The additional medical gap benefit will vary by eligible service, please contact GMHBA prior to treatment to determine your additional medical gap cover benefit.

### **Waiting periods**

Waiting periods exist to protect members from claims made by those who join the fund or increase their level of cover because they have an ailment or illness that may require treatment.

Waiting periods will apply to:

- New memberships (previously uninsured).
- Additions to a membership (unless the addition/s has already served all waiting periods with GMHBA or another fund) except newborns, adopted and permanent foster children where the family membership has been in existence for at least 2 months.
- Existing GMHBA memberships, and transfers to GMHBA from another fund where the level of cover and/or benefit entitlement is upgraded or increased and/or where the waiting periods have not been completed.

### **Pre-existing conditions and waiting periods**

Waiting periods apply to new members who have a pre-existing condition. The waiting period also applies to existing members who have recently upgraded their level of hospital cover.

If the ailment, illness or condition is considered pre-existing:

- New members must wait 12 months for any hospital benefits.
- Members transferring/upgrading to a higher hospital cover including Pregnancy must wait 12 months to get the higher hospital benefits. Existing members with at least 12 months membership in total across their old and new cover are entitled to the lower benefits on their old cover.

### **Find out more**

If you're planning treatment or a hospital admission, please call us to discuss your options to ensure you're covered and have served all relevant waiting and benefit limitation periods.

For further information please call 1300 446 422, visit your local branch or [gmhba.com.au](http://gmhba.com.au).



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