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: One adult
PRODUCT NAME: Frank Better Hospital MONTHLY PREMIUM: \$92.05 (no rebate)

AVAILABLE FOR: Residents of Queensland WITH 30% REBATE: \$64.40

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 SERVICES ARE NOT COVERED TO A LIMITED EXTENTION (Restrictions, Benefit Limitation Periods)	acpena on age and moonie levels.	The most common results of 50% is shown above. Oncor with your motion for more details.
COVERED AT ALL? (Exclusions) X Pregnancy and birth related services X Assisted reproductive services X Joint replacements ie shoulder, knee, hip and elbow, including revisions X Dialysis for chronic renal failure X Gastric banding and related services X Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery X Other services (see insurer for details) WHAT SERVICES ARE ONLY COVERED TO A LIMITED EXTENT? (Restrictions, Benefit Limitation Periods) No restrictions You are not fully covered for the time period listed after the services for: Psychiatric services - 24 months PERIODS FOR NEW AND UPGRADING MEMBERS? WILL I HAVE TO PAY ANYTHING IF I GO TO HOSPITAL? (Excesses, Co-payments, Medical/Hospital gaps) WEXESSES You will have to pay an excess of \$500 per admission. This is limited to a maximum of \$500 per year. EXTRA COST PER DAY (CO-PAYMENTS): Every time you go to hospital you will have to pay: \$ \$ (2ero) a day for a shared room \$ \$ (0ero) a day for a shared room		public hospital ✓ Doctors' bills in hospital (see below)
COVERED TO A LIMITED EXTENT? (Restrictions, Benefit Limitation Periods) HOW LONG ARE THE WAITING PERIODS FOR NEW AND UPGRADING MEMBERS? WILL I HAVE TO PAY ANYTHING IF I GO TO HOSPITAL? (Excesses, Co-payments, Medical/Hospital gaps) WEND (Zero) a day for a private room - up to \$700 per hospital stay No co-payment for day surgery (no overnight stay) DOCTORS' AND HOSPITAL BILLS: More than 7 out of 10 medical services paid for by this health insurer in Queensland have no out-of-pocket expenses on doctors' bills. You may also have to pay other costs depending upon: • the doctor(s) chosen • the treatment you are having • the hospital you go to hospital, you should ask your doctor, hospital and health insurer about any out-of-pocket costs that may apply to you. WHAT OTHER FEATURES DOES THIS POLICY HAVE? To waiting the waiting to other pre-existing ailments • 2 months for palliative care, rehabilitation and psychiatric treatment • 12 months for palliative care, rehabilitation and psychiatric treatment • 2 months for palliative care, rehabilitation and psychiatric treatment • 12 months for palliative care, rehabilitation and psychiatric treatment • 12 months for palliative care, rehabilitation and psychiatric treatment • 12 months for palliative care, rehabilitation and psychiatric treatment • 12 months for palliative care, rehabilitation and psychiatric treatment • 12 months for palliative care, rehabilitation and psychiatric treatment • 12 months for treatments relating to other pre-existing ailments • 2 months for lateratments • 2 months for palliative care, rehabilitation and psychiatric treatment • 12 months for palliative care, rehabilitation and psychiatric treatment • 12 months for palliative care, rehabilitation and psychiatric treatment • 12 months for pre-existing ailments • 2 months for lateratments • 2 months for palliative care, rehabilitation and psychiatric treatment • 12 months for lateratments • 2 months for later	COVERED AT ALL?	 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
PERIODS FOR NEW AND UPGRADING MEMBERS? It is nonths for treatments relating to other pre-existing ailments Importance of the provided in the provided provided in the provided provided in the provided	COVERED TO A LIMITED EXTENT? (Restrictions, Benefit Limitation	You are not fully covered for the time period listed after the services for:
EXTRA COST PER DAY (CO-PAYMENTS): Every time you go to hospital you will have to pay:	PERIODS FOR NEW AND	12 months for treatments relating to other pre-existing ailments
THIS POLICY HAVE? online member area - lodge claims, change your cover and read messages. Frank is an online brand	IF I GO TO HOSPITAL? (Excesses, Co-payments,	per year. EXTRA COST PER DAY (CO-PAYMENTS): Every time you go to hospital you will have to pay: \$ \$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) DOCTORS' AND HOSPITAL BILLS: More than 7 out of 10 medical services paid for by this health insurer in Queensland 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: the doctor(s) chosen the treatment you are having the hospital you go to Before you go to hospital, you should ask your doctor, hospital and health insurer about
		online member area - lodge claims, change your cover and read messages. Frank is an online brand