## 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 <a href="http://www.gmhba.com.au">http://www.gmhba.com.au</a>.

HEALTH INSURER: GMHBA Limited WHO IS COVERED: One adult
PRODUCT NAME: Frank Basic Hospital MONTHLY PREMIUM: \$57.40 (no rebate)

AVAILABLE FOR: Residents of NSW & ACT

WITH 30% REBATE: \$40.15

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.

per year.  (Excesses, Co-payments, Medical/Hospital gaps)  per year.  EXTRA COST PER DAY (CO-PAYMENTS): No co-payments  Doctors' AND HOSPITAL BILLS: 7 out of 10 medical services paid for by this health insurer in NSW 8	<u>'</u>	,
COVERED AT ALL? (Exclusions)  WHAT SERVICES ARE ONLY COVERED TO A LIMITED EXTENT? (Restrictions, Benefit Limitation Periods)  No restrictions or benefit limitation periods  **Operations**  No restrictions or benefit limitation periods  **Operations**  No restrictions or benefit limitation periods  No restrictions or benefit limitation periods  **No restrictions or benefit limitation periods  No restrictions or benefit limitation periods  **No restrictions or benefit limitation periods  No restrictions or benefit limitation periods  No restrictions or benefit limitation periods  **No restrictions or benefit limitation periods  No restrictions or benefit limitation periods  **No restrictions periods  **No restri		hospital only
COVERED TO A LIMITED EXTENT? (Restrictions, Benefit Limitation Periods)  HOW LONG ARE THE WAITING PERIODS FOR NEW AND UPGRADING MEMBERS?  12 months for palliative care, rehabilitation and psychiatric treatment 12 months for obstetric treatments 12 months for all other treatments 12 months for all other treatments 12 months for all other treatments 12 months for obstetric treatments 12 months for ob	COVERED AT ALL?	➤ Gastric banding and related services
PERIODS FOR NEW AND UPGRADING MEMBERS?  • 12 months for treatments relating to other pre-existing ailments • 12 months for obstetric treatments • 2 months for all other treatments  WILL I HAVE TO PAY ANYTHING IF I GO TO HOSPITAL? (Excesses, Co-payments, Medical/Hospital gaps)  EXTRA COST PER DAY (CO-PAYMENTS): No co-payments  Doctors' AND HOSPITAL BILLS: 7 out of 10 medical services paid for by this health insurer in NSW 8 ACT 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 any out-of-pocket costs that may apply to you.  WHAT OTHER FEATURES DOES THIS POLICY HAVE?  • 12 months for treatments relating to other pre-existing ailments • 12 months for obstetric treatments • 12 months for all other treatments • 14 months for all other treatments • 15 months for all other treatments  EXCESS: You will have to pay an excess of \$500 per admission. This is limited to a maximum of \$50 per year.  EXTRA COST PER DAY (CO-PAYMENTS): No co-payments  Doctors' AND HOSPITAL BILLS: 7 out of 10 medical services paid for by this health insurer in NSW 8  ACT 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 any out-of-pocket costs that may apply to you.  WHAT OTHER FEATURES DOES THIS POLICY HAVE?	COVERED TO A LIMITED EXTENT? (Restrictions, Benefit Limitation	No restrictions or benefit limitation periods
Per year.	PERIODS FOR NEW AND	<ul> <li>12 months for treatments relating to other pre-existing ailments</li> <li>12 months for obstetric treatments</li> </ul>
THIS POLICY HAVE?  change cover and read messages from Frank. Frank is an online brand of GMHBA. Visit frankhealthinsurance.com.au for more information and to watch Frank View videos that explain	IF I GO TO HOSPITAL? (Excesses, Co-payments,	EXTRA COST PER DAY (CO-PAYMENTS): No co-payments  DOCTORS' AND HOSPITAL BILLS: 7 out of 10 medical services paid for by this health insurer in NSW & ACT 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
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