Silver Hospital - $0, $250 & $500 excess

SHO, SH1 & SH2

This information is important, please read and retain for future reference.
Silver Hospital gives you a moderate level of cover for common treatments in a private hospital, excluding a range of treatments and services to help reduce the premium.

What is covered in a participating private hospital?
For services not listed under 'exclusions,' you are covered[1] at participating private hospitals for:

- ✓ Hospital accommodation^ in a shared room.
- ✓ Partial cover in a single room (a co-payment of $100 per day, capped at seven days per admission applies).[2]
- ✓ Medical Gap.
- ✓ Theatre.
- ✓ Intensive and coronary care.
- ✓ Same day treatment.
- ✓ Surgically implanted prostheses (Government Prosthesis List group benefits).[3]
- ✓ Other agreed charges.

What is covered in a public hospital?
For services not listed under 'exclusions', you are covered[1] as a private patient in a public hospital for accommodation^ in a shared room or partial cover in a single room (co-payments of $100 per day apply for single rooms, capped at seven days per admission).

Exclusions
You are not covered (excluded) for:

- × Pregnancy.
- × Joint replacement.
- × Cosmetic surgery.
- × IVF and related services.
- × Cataract surgery and corneal transplants.
- × Haemodialysis.
- × Gastric banding and all obesity surgeries.
- × Dental implants.

Benefit limitation periods
A 24 month benefit limitation period applies to the following service:

- Psychiatric.

Excess options
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	No	No	No

1. 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.
2. Please note: Some Private Hospitals only have single rooms and co-payments will apply.
3. Benefits are no higher than the No Gap Government prescribed benefit.

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

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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.

Silver Hospital medical gap
In the event that your doctor chooses to use GMHBA's medical gap cover and where the actual fee for the anticipated service is greater than the Medicare Benefits Scheme (MBS) fee, an additional medical gap benefit will be paid equal to 20% of the MBS fee for each service. Additional medical gap benefits may not be payable towards the cost of imaging or pathology services.

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.

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 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.

Benefit limitation periods
During your first 24 months of cover – after the standard hospital waiting periods have been served you are subject to benefit limitations on selected services. This means that the benefits payable on these services are limited to receive the public hospital default benefits only, during the 24 month benefit limitation period. Once the waiting period and benefit limitation period has been served, you will have access to the benefits applicable on your level of 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.

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