## 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 Better Hospital MONTHLY PREMIUM: \$94.45 (no rebate)

AVAILABLE FOR: Residents of **South Australia**WITH 30% REBATE: \$66.10
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.

| public hospital voctors' bills in hospital (see below)  WHAT SERVICES ARE NOT COVERED AT ALL? (Exclusions)  **Cataract and eye lens procedures **Yerganacy and birth related services **X Assisted reproductive services **X Assisted reproductive services **X Assisted reproductive services **X Joint replacements is 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)  HOW LONG ARE THE WAITING PERIODS FOR NEW AND UPGRADING MEMBERS?  **You are not fully covered for the time period listed after the services for: **Psychiatric services - 24 months **Precious For New And UPGRADING MEMBERS?  **WILL! HAVE TO PAY ANYTHING IF 1GO TO HOSPITAL? (Excesses, Co-payments, Medical/Hospital gaps)  **EXTER COST PET DAY (CO-PAYMENTS): Every time you go to hospital you will have to pay: **SO (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 South 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: **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  **Corneal surgery and dental implants performed in hospital excluded. Fast online sign-up, secure   | acpena on age and moonie levels.                               | The most common reside of 50% is shown above. One of with your model for more details.  |
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| 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)  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)  Will A STRICE COPPAYMENTS, Every time you go to hospital you will have to pay: S (2ero) 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 South Australia 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 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?  Yengnancy and dental implants performed in hospital excluded. Fast online sign-up, secure online member area - lodge claims, change your cover and read messages. Frank is an online brand   |  | public hospital   |
| 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)  EXTERA COST PER DAY (CO-PAYMENTS): Every time you go to hospital you will have to pay:  \$\int \text{SQ} (2ero) a day for a shared room \$\int \text{SQ} (2ero) a day fo | COVERED AT ALL?  | <ul> <li>Pregnancy and birth related services</li> <li>Assisted reproductive services</li> <li>Joint replacements ie shoulder, knee, hip and elbow, including revisions</li> <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>  |
| PERIODS FOR NEW AND UPGRADING MEMBERS?  It is no hospital?  Excess: 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:  \$\$\$\$ \$\$ \$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 South 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:  **the doctor(s) chosen.**  **the treatment you are having.**  **the treatment 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?  **This Policy Have?*  **This policy Have?*  **This policy Have?*  **To pay an excess of \$500 per admission. This is limited to a maximum of \$500 per you go to hospital excluded to a maximum of \$500 per you go to hospital you go to hospital stay.  **This policy Have?*  **This policy Have?*  **To pay an excess of \$500 per admission. This is limited to a maximum of \$500 per you an excess of \$500 per admission. This is limited to a maximum of \$500 per you go to hospital you go to hospital stay.  **This policy Have?*  **To pay an excess of \$500 per admission. This is limited to a maximum of \$500 per you go to hospital you go to hospital you go to hospital stay.  **To pay and you go to hospital stay.  **To pay an excess of \$500 per admission. This is limited to a maximum of \$500 per you go to hospital you go to hospital you go to hospital stay.  **To pay an excess of \$500 per admission. This is limited to a maximum of \$500 per you go to hospital you go to hospital stay.  **To pay an excess of \$500 per admission. This is limited to a maximum of \$500 pe       | COVERED TO A LIMITED EXTENT? (Restrictions, Benefit Limitation | You are not fully covered for the time period listed after the services for:  |
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| 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 South 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:  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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