## 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: \$89.45 (no rebate)

AVAILABLE FOR: Residents of **Western Australia**WITH 30% REBATE: \$62.60

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'S COVERED IF I HAVE TO GO TO HOSPITAL?	<ul> <li>✓ Hospital treatment, including accommodation as a private patient in a shared room in a private or public hospital</li> <li>✓ Doctors' bills in hospital (see below)</li> </ul>
WHAT SERVICES ARE NOT COVERED AT ALL? (Exclusions)	<ul> <li>Cataract and eye lens procedures</li> <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> <li>Other services (see insurer for details)</li> </ul>
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
HOW LONG ARE THE WAITING PERIODS FOR NEW AND UPGRADING MEMBERS?	<ul> <li>2 months for palliative care, rehabilitation and psychiatric treatment</li> <li>12 months for treatments relating to other pre-existing ailments</li> <li>2 months for all other treatments</li> </ul>
WILL I HAVE TO PAY ANYTHING IF I GO TO HOSPITAL? (Excesses, Co-payments, Medical/Hospital gaps)	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: 6 out of 10 medical services paid for by this health insurer in Western 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 any out-of-pocket costs that may apply to you.
WHAT OTHER FEATURES DOES THIS POLICY HAVE?	Corneal surgery 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 of GMHBA. Visit frankhealthinsurance.com.au for more information.