Bronze Hospital - $0, $250 & $500 annual excess

BHO, BH1 & BH2

This information is important, please read and retain for future reference.
Bronze Hospital is an affordable, basic level of cover for treatment as a private patient in a public hospital. Bronze Hospital gives you a reduced premium because certain treatments and services are excluded.

What is covered in a public hospital?
You are covered[1] for accommodation costs when you're admitted to a shared room in a recognised public hospital, less any applicable excess. This is for services not listed under 'exclusions' and is subject to bed availability.[1] As a private patient in a public hospital you may have the choice of doctor if that doctor is available and has the rights of private practice at that hospital. Depending on the situation this may or may not be the same doctor who would have been allocated to you by the hospital as a public patient.

What is covered in a private hospital?
For services not listed under 'exclusions', fixed benefits are payable for accommodation in private hospitals. The benefit depends on the type of treatment, accommodation or surgery received and length of the hospital stay. Additional private hospital costs such as theatre and delivery suite charges are not covered through Bronze Hospital.

Additional benefits
In both public and private hospitals, Bronze Hospital cover includes benefits for:

- ✓ Medical gap.
- ✓ Surgically implanted prostheses (Government Prosthesis List group benefits).[2]
- ✓ Nursing home type patients – Government prescribed benefits are available towards non-acute hospital care.

Please note:
Benefits for a single room in a public hospital or treatment in a private hospital when using Bronze Hospital cover will result in significant out-of-pocket expenses. For further information on private patient benefits on Bronze Hospital cover, please call 1300 446 422.

Exclusions
You are not covered (excluded) for:

- × Haemodialysis.
- × Gastric banding and all obesity surgeries.

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
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

Excess - GMHBA Health Insurance's range of hospital covers often feature an excess to let GMHBA Health Insurance members share some of the cost of hospital admissions in return for lower premiums.

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.

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. Benefits are no higher than the No Gap Government prescribed benefit.

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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.

Bronze 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.

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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