



Lite Hospital Cover

Lite Hospital is our entry level hospital cover.

Lite Hospital fully covers you for a shared room in a public hospital or a GMF Health contracted private hospital.

Lite Hospital excludes coronary/ heart and cardiothoracic procedures, dialysis, gastric banding, joint replacement, major eye surgery, maternity and birth related services and assisted reproductive services.

Excess

You have the option of taking out an excess. An excess is a simple and effective way to reduce your health cover premiums without reducing your level of cover.

You'll only pay the excess if you stay in hospital overnight and you'll only pay it once per member, per calendar year, regardless of how many times you may need to stay in hospital. You won't be required to pay an excess for same day procedures.

Your options are:

- \$300 per member up to a maximum of \$600 per couple/family membership per calendar year.
- \$500 per member up to a maximum of \$1000 per couple/family membership per calendar year.

Lite Hospital Services Covered

Fully covered for a shared room in a public hospital or a GMF Health contracted private hospital.	YES
GMF Health Medical Gap cover	YES
Excess Options	Options available
Ambulance (road transport only)	YES
Broader Health	YES
Plastic and reconstructive	YES
Psychiatric Care	YES
Rehabilitation	YES
Theatre Fees	YES

Lite Hospital Services Not Covered

Coronary/ heart and cardiothoracic procedures	Not Covered
Dialysis	
Gastric Banding	Not Covered
Joint Replacement	Not Covered
Major Eye Surgery	Not Covered
Maternity and assisted reproductive services	Not Covered
Treatment that does not have a CMBS item number	Not Covered

Lite Hospital Waiting Periods (including Medical benefits)

Psychiatric Care	
Rehabilitation	2 month waiting period
Palliative	
Plastic and reconstructive (with CMBS item number only)	2 month waiting period
Other Hospital Treatments	(unless deemed pre-existing)
Pre-existing Ailments or Conditions^	12 month waiting period

^ An ailment, illness or condition, the signs or symptoms of which, in the opinion of an independent medical practitioner appointed by GMF Health existed at any time during the six months before you became a member or transferred to a higher level of cover. Does not apply for psychiatric, rehabilitation or palliative care.