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THANKS FOR COMPARING HEALTH INSURANCE

It's a good idea to read through the following pages to learn more about this policy. If you have any questions or need more information, chat with one of our health insurance specialists by calling **1800 46 29 55**.

On the other hand, if you're ready to buy, here's what you need to do:

1. Review the enclosed policy brochure to ensure it meets your health insurance needs
2. Buy direct at **comparethemarket.com.au**; or
3. Call **1800 46 29 55** to speak to one of our Health Insurance Specialists

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It is much appreciate!



Need assistance?
Call **1800 46 29 55**

Bronze Young Singles Package cover

BHYSZp (Closed to new members)

This information is important, please read and retain for future reference.

Bronze Young Singles Package is an ideal option if you want to avoid the Medicare Levy Surcharge, lock in your Lifetime Health Cover certified entry age and claim on popular extras services such as dental and optical.

What is covered in a public hospital?

You are covered¹ 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. This cover is not recommended for members who would like to be treated in a private hospital.

What is covered in a private hospital?

For services not listed under 'exclusions', fixed benefits are payable for services and accommodation in a private hospital and will result in significant out of pocket expenses. Additional private hospital costs such as theatre and delivery suite charges are not covered through Bronze Hospital. Please call 1300 446 422 for further details.

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.

Hospital Exclusions

You are not covered (excluded) for:

- ✗ Cataract surgery and corneal transplants.
- ✗ Joint replacement.
- ✗ Gastric banding and all obesity surgeries.
- ✗ Haemodialysis.
- ✗ Pregnancy.
- ✗ IVF and related services.

Excess

The Bronze Young Singles Package is only available with a calendar year excess. The excess is payable once a calendar year and reduces your premium and you will not pay the excess unless you are admitted to hospital.

Excess Table	Excess
Maximum annual excess	\$500
Waived for dependants under 21	No

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

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 Young Singles Package 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 including Pregnancy 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.

Extras Service	Waiting Periods	Benefit
Ambulance¹	N/A	
Annual subscription refund		100%
Chiropractic / Osteopathy²	2 months	
Initial visit		\$17
2-10 subsequent visits		\$17
Further visits		\$17
Annual limit per person/single membership each calendar year		\$350
Dental		
Major Dental (see important note for dental)	12 months	
Orthodontic – Benefits example: Fixed appliance treatment – upper and lower jaw treatment by a registered specialist	12 months	
Maximum benefits per calendar year		75% up to \$300 per year
Maximum benefit per course of treatment		\$900
Lifetime benefit limit		\$1,050
Dentures (see important note for dental)	12 months	
New full upper and lower dentures per 2 years		\$420
Combined crown and bridgework (see important note for dental)	12 months	
Annual limit per person each calendar year		\$450
Indirect restorations (see important note for dental)	12 months	
Annual limit per person/single membership each calendar year		\$350
Implants (see important note for dental)		
Annual limit		\$400
General Dental (for more information see general dental note)	2 months	
a) Diagnostic services	2 months	Set benefits apply
b) Preventative services e.g. periodic examination 2 per calendar year, removal of plaque 3 per calendar year. Annual limit per person per calendar year. See preventative dental note.	2 months	Up to \$200 per person
c) Simple extractions (not including surgical extractions of wisdom teeth)		Set benefits apply
d) Restorative services (limited benefits apply to precious restorations)	2 months	Set benefits apply
Annual limit (see important note for dental)		
Annual limit per person each calendar year		\$500
Naturopathy/Homeopathy/Acupuncture³	2 months	
Initial visit		\$17

Important: The table below must be read along with the footnotes below.

1. Ambulance - To be fully covered for Ambulance services, we recommend that you take out an ambulance subscription in your state or territory. You can claim a refund on one ambulance subscription per membership each calendar year. Publicly funded ambulance services and State Government Ambulance transport schemes are excluded.

2. Chiropractic/Osteopathy - Benefits will be paid for the one consultation and/or treatment per provider per day. The annual limit of \$350 per person/single membership each calendar year includes combined benefits for chiropractic, osteopathy, naturopathy, homeopathy, acupuncture, physiotherapy, myotherapy and hydrotherapy.

Important note for Dental - The benefits shown are the annual limits for each type of dental service. There are further sub limits within some of these dental service e.g. the individual benefit for one crown on Bronze Young Singles Package is \$225.

General Dental - There are a range of dental procedure that cannot be claimed when provided on the same day e.g. a filling that has been removed. There are also limits on the number of dental procedures you can have e.g. periodic examinations are limited to two per calendar year. Dental benefits for some procedures cannot be paid unless tooth identifications (ID) are supplied by the provider.

The general dental limits for dental examinations and scale and clean procedures are available per person on a calendar year basis.

For services other than Dental, benefits for 1 initial consultation are available each calendar year.

Preventative Dental – Benefits are based on specific item numbers. We recommend you contact GMHBA for a benefit estimate to confirm the benefit payable.

3. Naturopathy/Homeopathy/Acupuncture - Benefits will be paid for one consultation and/or treatment per provider per day. The annual limit of \$350 per person each calendar year includes combined benefits for naturopathy, acupuncture, homeopathy, physiotherapy, myotherapy, chiropractic, osteopathy and hydrotherapy.

2-10 subsequent visits		\$17
Further visits		\$17
Annual limit per person/single membership each calendar year		\$350
Optical⁴	6 months	
Prescription spectacles, contact lenses and frames – benefit of up to		80%
Annual limit per person each calendar year		\$120
Physiotherapy/Myotherapy/Hydrotherapy⁵	2 months	
Initial visit		\$17
2-10 subsequent visits		\$17
Further visits		\$17
Class attendance		\$10
Annual limit per person/single membership each calendar year		\$350

4. Optical - Non-prescription sunglasses and repairs are excluded.

5. Physiotherapy/Myotherapy/Hydrotherapy - For physiotherapy and hydrotherapy only, class attendance is limited to \$240 per person each calendar year and this limit is included within your annual limit. Benefits will be paid for one consultation and/or treatment per provider per day. Physiotherapy consultation must be for a minimum of 15 – 20 minutes to qualify for one-on-one physiotherapy benefits.

The annual limit of \$350 per person each calendar year includes combined benefits for chiropractic (excluding x-ray), osteopathy, naturopathy, homeopathy, physiotherapy, hydrotherapy, myotherapy and acupuncture.

Bronze Young Singles Package cover is only available within a combined hospital and extras package.

Important

All extras services must be provided by practitioners in a private practice who are appropriately registered with recognised bodies approved by GMHBA. We recommend you contact us for a benefit estimate before commencing treatment to confirm the benefit payable. For services other than dental, benefits for one initial consultation per therapy type are available each calendar year.

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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