

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 <http://www.gmhba.com.au>.

HEALTH INSURER: **GMHBA Limited**

WHO IS COVERED:

One adult & dependant(s)

PRODUCT NAME: **Frank Best Hospital**

MONTHLY PREMIUM:

\$226.20 (no rebate)

AVAILABLE FOR: Residents of **Tasmania**

WITH 30% REBATE: \$158.30

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 style="list-style-type: none"> ✓ Hospital treatment, including accommodation as a private patient in a private or public hospital ✓ Doctors' bills in hospital (see below) (Ambulance is covered by State government)
WHAT SERVICES ARE NOT COVERED AT ALL? (Exclusions)	<ul style="list-style-type: none"> ✗ Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery
WHAT SERVICES ARE ONLY COVERED TO A LIMITED EXTENT? (Restrictions, Benefit Limitation Periods)	<p><i>No restrictions</i></p> <p>You are not fully covered for the time period listed after the services for:</p> <ul style="list-style-type: none"> • Dialysis for chronic renal failure - 24 months • Gastric banding and related services - 24 months • Psychiatric services - 24 months
HOW LONG ARE THE WAITING PERIODS FOR NEW AND UPGRADING MEMBERS?	<ul style="list-style-type: none"> • 2 months for palliative care, rehabilitation and psychiatric treatment • 12 months for treatments relating to other pre-existing ailments • 12 months for obstetric treatments • 2 months for all other treatments
WILL I HAVE TO PAY ANYTHING IF I GO TO HOSPITAL? (Excesses, Co-payments, Medical/Hospital gaps)	<p>EXCESS: You will have to pay an excess of \$500 per admission. This is limited to a maximum of \$500 per person and \$1000 per policy per year.</p> <p>EXTRA COST PER DAY (CO-PAYMENTS): No co-payments</p> <p>DOCTORS' AND HOSPITAL BILLS: More than 7 out of 10 medical services paid for by this health insurer in Tasmania 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:</p> <ul style="list-style-type: none"> • the doctor(s) chosen • the treatment you are having • the hospital you go to <p>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.</p>
WHAT OTHER FEATURES DOES THIS POLICY HAVE?	<p>Fast online sign-up with no forms, plus a secure online member area where you can lodge claims, change cover and read messages from Frank. Frank is an online brand of GMHBA. Visit frankhealthinsurance.com.au for more information and to watch Frank View videos that explain health insurance.</p>