

Private Health Information Statement - Combined policy

Frank Essentials Bundle (Silver)

Frank Health Insurance

<https://www.frankhealthinsurance.com.au>

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1300 209 428

Underwritten by GMHBA Limited

Monthly Premium

\$526.95 #

(before any rebate, loading or discount)

Covers two adults & dependants (3 or more people, only 2 of whom are adults)

Available in South Australia

Closed to new members

You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading, an age-based discount or an insurer discount. Check with your insurer for details.

This policy covers children and other dependants up to and including the age of 20, students up to and including the age of 24, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy does not provide accident cover or benefits for travel and accommodation (outside of hospital).

✓ Covered

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>

R Restricted

Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

✗ Not Covered

These categories are not covered by this policy.

This policy ✓ includes cover for

| | | |
|---|-----------------------------------|---|
| ✓ Back, neck and spine | ✓ Eye (not cataracts) | ✓ Miscarriage and termination of pregnancy |
| ✓ Blood | ✓ Gastrointestinal endoscopy | ✓ Pain management |
| ✓ Bone, joint and muscle | ✓ Gynaecology | ✓ Plastic and reconstructive surgery (medically necessary) |
| ✓ Brain and nervous system | ✓ Heart and vascular system | ✓ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits) |
| ✓ Breast surgery (medically necessary) | ✓ Hernia and appendix | ✓ Skin |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Implantation of hearing devices | ✓ Tonsils, adenoids and grommets |
| ✓ Dental surgery | ✓ Joint reconstructions | R Hospital psychiatric services |
| ✓ Diabetes management (excluding insulin pumps) | ✓ Kidney and bladder | R Palliative care |
| ✓ Digestive system | ✓ Lung and chest | R Rehabilitation |
| ✓ Ear, nose and throat | ✓ Male reproductive system | |

This policy ✗ does not include cover for

| | | |
|---------------------------------------|-------------------------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Insulin pumps | ✗ Pregnancy and birth |
| ✗ Cataracts | ✗ Joint replacements | ✗ Sleep studies |
| ✗ Dialysis for chronic kidney failure | ✗ Pain management with device | ✗ Weight loss surgery |

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on privatehealth.gov.au for which hospitals have arrangements with your insurer – <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

The following payments may also apply for hospital admissions

Excess: You will have to pay an excess of \$750 per admission. This is limited to a maximum of \$750 per person and \$1500 per policy per year.

Co-payments: No co-payments

The following waiting periods for hospital admissions apply to new or upgrading members

Waiting periods:

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 2 months for all other treatments

Gap Cover

This provider offers '[known gap](#)' or '[no gap](#)' cover for medical bills for this product.

The [Medical Costs Finder](#) lets you find out more about the cost of specialist medical services.

Other features of this hospital cover

Excess for dependents will apply as from 01/02/2020. Remember, Frank is all online. For more information contact Frank on 1300 437 265 or visit www.frankhealthinsurance.com.au.

General Treatment Cover

This health insurer does not operate a preferred provider scheme.

This policy  includes General treatment (Extras) cover for

*Note, for items marked with an asterisk *: Non PBS Pharmaceuticals must be private Schedule 4 or Schedule 8 and dispensed via a provider in private practice. * 60% back on 1 ambulance subscription per membership per calendar year, purchased from a Frank approved provider.*

| Treatment | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated) | Examples of maximum benefits |
|--------------------------|-------------------------|---|--|
| General dental | 2 | \$600 per person up to \$1,200 per policy (combined limit for general dental, major dental, endodontic & other services - Sub-limits apply) | Periodic oral examination - 60% of charge Scale & clean - 60% of charge Fluoride treatment - 60% of charge |
| Major dental | 12 | | Surgical tooth extraction - 60% of charge Full crown veneered - 60% of charge |
| Endodontic | 12 | | Filling of one root canal - 60% of charge |
| Orthodontic | 12 | \$500 per person \$1,700 lifetime limit (Sub-limits apply) | Braces for upper & lower teeth, including removal plus fitting of retainer - 60% of charge |
| Optical | 6 | \$250 per person | Single vision lenses & frames - 60% of charge Multi-focal lenses & frames - 60% of charge |
| Non PBS pharmaceuticals* | 2 | \$300 per person up to \$50 per service up to \$600 per policy (combined limit for non pbs pharmaceuticals & vaccinations - Sub-limits apply) | Per eligible prescription - 60% of charge |
| Physiotherapy | 2 | \$300 per person up to \$600 per policy (combined limit for physiotherapy, exercise physiology & other services - Sub-limits apply) | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Chiropractic | 2 | \$300 per person up to \$600 per policy (combined limit for chiropractic, osteopathy & other services - Sub-limits apply) | Initial visit - 60% of charge Subsequent visit - 60% of charge |

| | | | |
|--------------------------------|----|---|---|
| Podiatry | 2 | \$200 per person up to \$400 per policy (combined limit for podiatry & other services - Sub-limits apply) | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Psychology | 2 | \$200 per person up to \$400 per policy (Sub-limits apply) | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Acupuncture | 2 | \$400 per person up to \$800 per policy (combined limit for acupuncture, remedial massage & other services - Sub-limits apply) | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Remedial massage | 2 | | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Dietetics/dietary advice | 2 | \$200 per person up to \$400 per policy | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Exercise physiology | 2 | Combined limit - see Physiotherapy | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Orthotics (podiatric orthoses) | 12 | \$200 per person up to \$400 per policy | Orthotics supply & fit - 60% of charge |
| Osteopathy | 2 | Combined limit - see Chiropractic | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Speech therapy | 2 | \$200 per person up to \$400 per policy | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Vaccinations | 2 | Combined limit - see Non PBS pharmaceuticals | Per service - 60% of charge |

This policy **X** does not include General treatment (Extras) cover for

| | | |
|---------------------------------|-----------------------|---|
| X Blood glucose monitors | X Hearing aids | X Other treatments - check with your insurer |
|---------------------------------|-----------------------|---|

Other features of this general treatment cover

Update your details and check your cover when it suits you. Lodge claims, change cover and read messages from Frank in your secure online member area.

Ambulance cover

In South Australia this policy provides:

Emergency: Unlimited with no waiting period.

Call-out fees: will be paid for each attendance, including emergency treatment without transport to hospital.

Other features of this ambulance cover

Benefits for emergency transportations are available on hospital and selected eligible extras covers. To avoid unexpected out of pockets, we strongly recommend taking out a subscription to be covered Australia wide, regardless of your health insurance. If you have eligible extras cover, provide us with the subscription receipt to receive a benefit up to 100% of the subscription cost.

Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.