

Private Health Information Statement - Combined policy

Frank Freedom Saver Flexi-Bundle (Basic+)

Frank Health Insurance

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

frank@frankhealthinsurance.com.au

1300 209 428

Underwritten by GMHBA Limited

Monthly Premium

\$154.60 #

(before any rebate, loading or discount)

Covers only one person

Available in NSW & ACT

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.

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

✓ Dental surgery	✓ Joint reconstructions	R Hospital psychiatric services
✓ Gynaecology	✓ Miscarriage and termination of pregnancy	R Palliative care
✓ Hernia and appendix	✓ Tonsils, adenoids and grommets	R Rehabilitation

This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Digestive system	✗ Male reproductive system
✗ Back, neck and spine	✗ Ear, nose and throat	✗ Pain management
✗ Blood	✗ Eye (not cataracts)	✗ Pain management with device
✗ Bone, joint and muscle	✗ Gastrointestinal endoscopy	✗ 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)	✗ Implantation of hearing devices	✗ Pregnancy and birth
✗ Cataracts	✗ Insulin pumps	✗ Skin
✗ Chemotherapy, radiotherapy and immunotherapy for cancer	✗ Joint replacements	✗ Sleep studies
✗ Diabetes management (excluding insulin pumps)	✗ Kidney and bladder	✗ Weight loss surgery
✗ Dialysis for chronic kidney failure	✗ Lung and chest	

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 on admission. This is limited to a maximum of \$750 per person and \$750 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.

General Treatment Cover

This health insurer does not operate a preferred provider scheme.

This policy  includes General treatment (Extras) cover for

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	2	\$700 per policy (combined limit for general dental, endodontic, physiotherapy, chiropractic, acupuncture, remedial massage, chinese medicine, dietetics/dietary advice, exercise physiology & osteopathy)	Periodic oral examination - \$26.60 Scale & clean - \$54.20 Fluoride treatment - \$16.10
Endodontic	12		Filling of one root canal - \$91.40
Optical	6	\$150 per policy	Single vision lenses & frames - 100% of charge
Physiotherapy	2	Combined limit - see General dental	Initial visit - \$32.00 Subsequent visit - \$32.00
Chiropractic	2	Combined limit - see General dental	Initial visit - \$28.00 Subsequent visit - \$28.00
Acupuncture	2	Combined limit - see General dental	Initial visit - \$25.00 Subsequent visit - \$25.00
Remedial massage	2	Combined limit - see General dental	Initial visit - \$22.00 Subsequent visit - \$22.00
Chinese medicine	2	Combined limit - see General dental	Initial visit - \$25.00 Subsequent visit - \$25.00
Dietetics/dietary advice	2	Combined limit - see General dental	Initial visit - \$25.00 Subsequent visit - \$25.00
Exercise physiology	2	Combined limit - see General dental	Initial visit - \$22.00 Subsequent visit - \$22.00
Osteopathy	2	Combined limit - see General dental	Initial visit - \$32.00 Subsequent visit - \$32.00

With the Freedom Saver Flexi-Bundle (basic+) you receive a \$700 Freedom Limit to spend on your included extras, with a separate limit of \$150 to spend on Optical. In addition, Loyalty Benefit rewards you for staying with Frank by increasing your Freedom Limit for each full calendar year you serve (capped at 4 years).

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

 Blood glucose monitors	 Non PBS pharmaceuticals	 Psychology
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✗ Hearing aids	✗ Orthodontic	✗ Other treatments - check with your insurer
✗ Major dental	✗ Podiatry	

Other features of this general treatment cover

Excludes chiropractic x-rays. Remember, Frank is all online. For more information contact Frank on 1300 437 265 or visit www.frankhealthinsurance.com.au

Ambulance cover

In NSW & ACT 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

If you are a resident of NSW or ACT take out any hospital cover, you are automatically covered for emergency transportation within NSW. Ambulance NSW is a Levy Based Scheme which is why it operates under your hospital cover. If an ambulance is called, you will receive a bill. If you have a hospital product with us, you can send this bill on to us, and we'll let the NSW/ACT Ambulance service know you're covered.

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.