

Private Health Information Statement - Combined policy

Frank Essentials Bundle (Silver)

Frank Health Insurance

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

frank@frankhealthinsurance.com.au

1300 209 428

Underwritten by GMHBA Limited

Monthly Premium

\$525.25 #

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)

Available in Tasmania

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

✓ 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
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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

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - https://www.health.tas.gov.au/ambulance/fees_and_accounts.

Other features of this ambulance cover

Tasmanian residents are covered by a State based scheme. Please contact Ambulance Tasmania for more details regarding coverage.

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.