



# Complete Hospital Cover

**Complete Hospital is our highest level of hospital cover.**

Complete Hospital fully covers you for a private room in a public hospital or a GMF Health contracted private hospital.

Complete Hospital covers you for a range of services often excluded in other products including ambulance, dialysis, gastric banding, coronary/ heart and cardiothoracic, joint replacement, major eye surgery, maternity and assisted reproductive services, plastic and reconstructive and psychiatric.

## Excess

You have the option of taking out an excess. An excess is a simple and effective way to reduce your health cover premiums without reducing your level of cover.

You'll only pay the excess if you stay in hospital overnight and you'll only pay it once per member, per calendar year, regardless of how many times you may need to stay in hospital. You won't be required to pay an excess for same day procedures.

Your options are:

- \$300 per member up to a maximum of \$600 per couple/family membership per calendar year.
- \$500 per member up to a maximum of \$1000 per couple/family membership per calendar year.

## Complete Hospital Services Covered

|  |                   |
|--|-------------------|
| Fully covered for a private room in a public hospital or a GMF Health contracted private hospital. | YES               |
| Fully covered for a shared room in a public hospital or a GMF Health contracted private hospital.  | YES               |
| GMF Health Medical Gap cover   | YES               |
| Excess Options   | Options available |
| Ambulance  | YES               |
| Broader Health   | YES               |
| Coronary/ heart and cardiothoracic procedures  | YES               |
| Dialysis   | YES               |
| Gastric Banding  | YES               |
| Joint Replacement  | YES               |
| Major Eye Surgery  | YES               |
| Maternity and assisted reproductive services   | YES               |
| Plastic and reconstructive   | YES               |
| Psychiatric Care   | YES               |
| Rehabilitation   | YES               |
| Theatre Fees   | YES               |

## Complete Hospital Services Not Covered

|   |             |
|---|-------------|
| Treatment that does not have a CMBS item number | Not Covered |
|---|-------------|

## Complete Hospital Waiting Periods (including Medical benefits)

|   |                              |
|---|------------------------------|
| Psychiatric Care  |                              |
| Rehabilitation  | 2 month waiting period       |
| Palliative  |                              |
| Assisted Reproductive Services (including IVF)          |                              |
| Plastic and reconstructive (with CMBS item number only) | 2 month waiting period       |
| Joint Replacement                                       | (unless deemed pre-existing) |
| Other Hospital Treatments                               |                              |
| Maternity*  | 12 month waiting period      |
| Pre-existing Ailments or Conditions^                    | 12 month waiting period      |

\* If you are on a single policy, an application for family cover must be made within 30 days of your baby's date of birth for your baby to be covered on your policy.

^ An ailment, illness or condition, the signs or symptoms of which, in the opinion of an independent medical practitioner appointed by GMF Health existed at any time during the six months before you became a member or transferred to a higher level of cover. Does not apply for psychiatric, rehabilitation or palliative care.