



Mid Hospital Cover

Mid Hospital is our intermediate level of hospital cover.

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

Mid Hospital excludes dialysis, gastric banding, joint replacement and major eye surgery.

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.

Mid 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
Psychiatric care	YES
Plastic and reconstructive	YES
Maternity and assisted reproductive services	YES
Rehabilitation	YES
Theatre Fees	YES

Mid Hospital Services Not Covered

Dialysis	Not Covered
Gastric Banding	Not Covered
Joint Replacement	Not Covered
Major Eye Surgery	Not Covered
Treatment that does not have a CMBS item number	Not Covered

Mid 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 (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.