

Private Health Information Statement - General treatment policy

GMHBA Ultra Extras

GMHBA Limited

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 1300 4 GMHBA (46422)

Monthly Premium

\$328.70[#]

(before any rebate or insurer discount)

Covers one adult & dependants (2 or more people, only one of whom is an adult)

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 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.

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 a private Schedule 4 or Schedule 8 and dispensed via a provider in private practice. PBS contribution applies to Travel Vaccinations

| Treatment | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated) | Examples of maximum benefits |
|--------------------------|-------------------------|--|---|
| General dental | 2 | \$2,000 per person (combined limit for general dental, major dental, endodontic, orthodontic & other services - Sub-limits apply) \$2,900 lifetime limit for Orthodontic | Periodic oral examination - \$56.00 Scale & clean - \$120.00 Fluoride treatment - \$45.00 |
| Major dental | 12 | | Surgical tooth extraction - \$101.15 Full crown veneered - \$300.00 |
| Endodontic | 12 | | Filling of one root canal - \$86.45 |
| Orthodontic | 12 | | Braces for upper & lower teeth, including removal plus fitting of retainer - \$400.00 |
| Optical | 6 | \$300 per person (combined limit for optical & other services) | Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals* | 2 | \$350 per person up to \$550 per policy (combined limit for non pbs pharmaceuticals & vaccinations - Sub-limits apply) | Per eligible prescription - 80% of charge |
| Physiotherapy | 2 | \$700 per person up to \$1,000 per policy (combined limit for physiotherapy & other services - Sub-limits apply) | Initial visit - 80% of charge Subsequent visit - 80% of charge |
| Chiropractic | 2 | \$700 per person up to \$1,000 per policy (combined limit for chiropractic, osteopathy & other services - Sub-limits apply) | Initial visit - 80% of charge Subsequent visit - 80% of charge |
| Podiatry | 2 | \$350 per person (combined limit for podiatry & other services - Sub-limits apply) | Initial visit - 80% of charge Subsequent visit - 80% of charge |
| Psychology | 2 | \$500 per person up to \$800 per policy (Sub-limits apply) | Initial visit - 80% of charge Subsequent visit - 80% of charge |
| Acupuncture | 2 | \$600 per person up to \$900 per policy (combined limit for acupuncture, remedial massage & other services - Sub-limits apply) | Initial visit - 80% of charge Subsequent visit - 80% of charge |
| Remedial massage | 2 | | Initial visit - 80% of charge Subsequent visit - 80% of charge |
| Hearing aids | 12 | \$800 per person 1 appliance(s) every 3 years | Hearing aid - 100% of charge |

| | | | |
|--------------------------------|----|--|---|
| Blood glucose monitors | 12 | \$650 per policy 1 appliance(s) every 3 years (combined limit for blood glucose monitors & other services) | Per monitor - 80% of charge |
| Audiology | 2 | \$350 per person | Initial visit - 80% of charge Subsequent visit - 80% of charge |
| Dietetics/dietary advice | 2 | \$350 per person (combined limit for dietetics/dietary advice & other services) | Initial visit - 80% of charge Subsequent visit - 80% of charge |
| Eye therapy (orthoptics) | 2 | \$500 per person (combined limit for eye therapy (orthoptics) & speech therapy) | Initial visit - 80% of charge Subsequent visit - 80% of charge |
| Occupational therapy | 2 | \$500 per person up to \$800 per policy | Initial visit - 80% of charge Subsequent visit - 80% of charge |
| Orthotics (podiatric orthoses) | 12 | \$230 per person up to \$115 per service up to \$460 per policy | Orthotics supply & fit - 80% of charge |
| Osteopathy | 2 | Combined limit - see Chiropractic | Initial visit - 80% of charge Subsequent visit - 80% of charge |
| Speech therapy | 0 | Combined limit - see Eye therapy (orthoptics) | Initial visit - 80% of charge Subsequent visit - 80% of charge |
| Vaccinations* | 2 | Combined limit - see Non PBS pharmaceuticals | Per service - 80% of charge |

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

X Other treatments - check with your insurer

Other features of this general treatment cover

Annual sub-limit up to \$450 per person, per calendar year applies for preventative dental. Rates discounted for direct debit payment.

Ambulance cover

Health Care Concession Card, Pensioner Concession Card, and Commonwealth Seniors Health Card holders are entitled to free ambulance transport services. If you are not eligible for a concession and want to be covered, you can purchase insurance from a private health fund.

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.