

Private Health Information Statement - General treatment policy

GMHBA Mid Extras Interstate

GMHBA Limited

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 1300 4 GMHBA (46422)

Monthly Premium

\$54.55 #

(before any rebate or insurer discount)

Covers only one person
 Available in Queensland
 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.

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.

| Treatment | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated) | Examples of maximum benefits |
|--------------------------|-------------------------|--|--|
| General dental | 2 | \$1,500 per policy (combined limit for general dental, major dental, endodontic, orthodontic & other services - Sub-limits apply) \$1,900 lifetime limit for Orthodontic | Periodic oral examination - \$36.65 Scale & clean - \$68.25 Fluoride treatment - \$21.45 |
| Major dental | 12 | | Surgical tooth extraction - \$118.60 Full crown veneered - \$520.00 |
| Endodontic | 12 | | Filling of one root canal - \$86.19 |
| Orthodontic | 12 | | Braces for upper & lower teeth, including removal plus fitting of retainer - \$320.00 |
| Optical | 6 | \$170 per policy | Single vision lenses & frames - 80% of charge Multi-focal lenses & frames - 80% of charge |
| Non PBS pharmaceuticals* | 2 | \$250 per policy (combined limit for non pbs pharmaceuticals & vaccinations - Sub-limits apply) | Per eligible prescription - \$40.00 |
| Physiotherapy | 2 | \$350 per policy (combined limit for physiotherapy, occupational therapy & other services - Sub-limits apply) | Initial visit - \$31.00 Subsequent visit - \$21.00 |
| Chiropractic | 2 | \$350 per policy (combined limit for chiropractic, acupuncture, osteopathy & other services - Sub-limits apply) | Initial visit - \$25.00 Subsequent visit - \$17.00 |
| Podiatry | 2 | \$400 overall limit for Podiatry, Orthotics (podiatric orthoses) and surgical podiatric items. Sub-limit applies per item for Orthotics. | Initial visit - \$35.00 Subsequent visit - \$35.00 |
| Psychology | 2 | \$350 per policy (Sub-limits apply) | Initial visit - \$40.00 Subsequent visit - \$25.00 |
| Acupuncture | 2 | Combined limit - see Chiropractic | Initial visit - \$19.00 Subsequent visit - \$17.00 |
| Hearing aids | 12 | \$400 per policy 1 appliance(s) every 3 years (Sub-limits apply) | Hearing aid - 80% of charge |
| Blood glucose monitors | 12 | \$150 per policy 1 appliance(s) every 3 years | Per monitor - 100% of charge |

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|--------------------------------|----|---|---|
| Audiology | 2 | \$400 per policy (combined limit for audiology, eye therapy (orthoptics) & speech therapy) | Initial visit - \$35.00 Subsequent visit - \$35.00 |
| Dietetics/dietary advice | 2 | \$350 per policy (combined limit for dietetics/dietary advice & other services) | Initial visit - \$56.00 Subsequent visit - \$41.00 |
| Eye therapy (orthoptics) | 2 | Combined limit - see Audiology | Initial visit - \$27.00 Subsequent visit - \$21.00 |
| Occupational therapy | 2 | Combined limit - see Physiotherapy | Initial visit - \$31.00 Subsequent visit - \$21.00 |
| Orthotics (podiatric orthoses) | 12 | Combined limit - see Podiatry | Orthotics supply & fit - 80% of charge |
| Osteopathy | 2 | Combined limit - see Chiropractic | Initial visit - \$25.00 Subsequent visit - \$17.00 |
| Speech therapy | 2 | Combined limit - see Audiology | Initial visit - \$27.00 Subsequent visit - \$21.00 |
| Vaccinations | 2 | Combined limit - see Non PBS pharmaceuticals | Per service - \$40.00 |

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

| | |
|---------------------------|---|
| X Remedial massage | X Other treatments - check with your insurer |
|---------------------------|---|

Other features of this general treatment cover

An annual sub-limit up to \$400 per person per calendar year applies for preventative dental. Rates discounted for premiums paid by direct debit. Sub-limit per item for Orthotics is 80% cost up to a maximum of \$115.

Ambulance cover

Ambulance cover is provided by the State government for Queensland residents (<https://www.ambulance.qld.gov.au/>). This includes cover whilst interstate.

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.