

## Private Health Information Statement - General treatment policy

### GMHBA Top Extras Set Benefits

#### GMHBA Limited

<http://www.gmhba.com.au>

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1300 4 GMHBA (46422)

#### Monthly Premium

**\$202.50<sup>#</sup>**

(before any rebate or insurer discount)

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

Available in Tasmania

Closed to new members

<sup>#</sup> 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.

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 - <b>Sub-limits apply</b> ) \$3,200 lifetime limit for Orthodontic	Periodic oral examination - \$56.35 Scale & clean - \$105.00 Fluoride treatment - \$33.00
Major dental	12		Surgical tooth extraction - \$144.05 Full crown veneered - \$600.00
Endodontic	12		Filling of one root canal - \$99.45
Orthodontic	12		Braces for upper & lower teeth, including removal plus fitting of retainer - \$700.00
Optical	6	\$250 per person	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 - <b>Sub-limits apply</b> )	Per eligible prescription - \$28.00
Physiotherapy	2	\$500 per person up to \$1,000 per policy (combined limit for physiotherapy, exercise physiology & other services - <b>Sub-limits apply</b> )	Initial visit - \$43.00 Subsequent visit - \$33.00
Chiropractic	2	\$350 per person up to \$700 per policy (combined limit for chiropractic, osteopathy & other services - <b>Sub-limits apply</b> )	Initial visit - \$29.00 Subsequent visit - \$22.00
Podiatry	2	\$300 per person (combined limit for podiatry & other services - <b>Sub-limits apply</b> )	Initial visit - \$43.00 Subsequent visit - \$43.00
Psychology	2	\$500 per person up to \$800 per policy	Initial visit - \$47.00 Subsequent visit - \$36.00
Acupuncture	2	\$350 per person up to \$700 per policy (combined limit for acupuncture & remedial massage)	Initial visit - \$29.00 Subsequent visit - \$22.00
Remedial massage	2		Initial visit - \$29.00 Subsequent visit - \$22.00
Hearing aids	12	\$1,500 per person up to \$859 per service 1 appliance(s) every 3 years	Hearing aid - 100% of charge

Blood glucose monitors	12	\$200 per policy 1 appliance(s) every 3 years	Per monitor - 100% of charge
Audiology	2	\$500 per person	Initial visit - \$56.00 Subsequent visit - \$56.00
Ante-natal/Post-natal classes	2	\$350 per person	Initial visit - \$48.00 Subsequent visit - \$42.00
Dietetics/dietary advice	2	\$500 per person	Initial visit - \$60.00 Subsequent visit - \$45.00
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - \$40.00 Subsequent visit - \$30.00
Eye therapy (orthoptics)	2	\$500 per person (combined limit for eye therapy (orthoptics) & speech therapy)	Initial visit - \$35.00 Subsequent visit - \$26.00
Occupational therapy	2	\$500 per person up to \$1,000 per policy	Initial visit - \$42.00 Subsequent visit - \$31.00
Orthotics (podiatric orthoses)	12	\$250 per person up to \$450 per policy	Orthotics supply & fit - \$103.00
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$29.00 Subsequent visit - \$22.00
Speech therapy	2	Combined limit - see Eye therapy (orthoptics)	Initial visit - \$35.00 Subsequent visit - \$26.00
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - \$28.00

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 \$500 p/p per year applies for preventative dental. Rates discounted for direct debit.

#### 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](https://www.health.tas.gov.au/ambulance/fees_and_accounts).

#### 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.