

Private Health Information Statement - Combined policy

GMHBA Basic Plus Starter Family Package \$250

GMHBA Limited

<http://www.gmhba.com.au>
service@gmhba.com.au
 1300 4 GMHBA (46422)

Monthly Premium

\$521.10[#]

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)

Available in Tasmania
 Closed to new members

[#] You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading, an age-based discount or an insurer discount. Check with your insurer for details.

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy does not provide accident cover or benefits for travel and accommodation (outside of hospital).

✓ Covered

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>

R Restricted

Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

✗ Not Covered

These categories are not covered by this policy.

This policy ✓ includes cover for

✓ Dental surgery	R Chemotherapy, radiotherapy and immunotherapy for cancer	R Miscarriage and termination of pregnancy
✓ Gastrointestinal endoscopy	R Diabetes management (excluding insulin pumps)	R Pain management
✓ Hernia and appendix	R Digestive system	R Pain management with device
✓ Joint reconstructions	R Ear, nose and throat	R Palliative care
✓ Tonsils, adenoids and grommets	R Eye (not cataracts)	R Plastic and reconstructive surgery (medically necessary)
R Assisted reproductive services	R Heart and vascular system	R Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
R Back, neck and spine	R Hospital psychiatric services	R Pregnancy and birth
R Blood	R Implantation of hearing devices	R Rehabilitation
R Bone, joint and muscle	R Joint replacements	R Skin
R Brain and nervous system	R Kidney and bladder	R Sleep studies
R Breast surgery (medically necessary)	R Lung and chest	
R Cataracts	R Male reproductive system	

This policy ✗ does not include cover for

✗ Dialysis for chronic kidney failure	✗ Insulin pumps
✗ Gynaecology	✗ Weight loss surgery

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on privatehealth.gov.au for

PrivateHealth.gov.au

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Page 1 of 3

which hospitals have arrangements with your insurer – <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

The following payments may also apply for hospital admissions

Excess: You will have to pay an excess of \$250 per admission. This is limited to a maximum of \$250 per person and \$500 per policy per year.

Co-payments: No co-payments

The following waiting periods for hospital admissions apply to new or upgrading members

Waiting periods:

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 12 months for pregnancy and birth (obstetrics)
- 2 months for all other treatments

Gap Cover

This provider offers '[known gap](#)' or '[no gap](#)' cover for medical bills for this product.

The [Medical Costs Finder](#) lets you find out more about the cost of specialist medical services.

Other features of this hospital cover

Private hospital cover for some services. For all other services, except exclusions you are covered as a private patient in a public hospital.

General Treatment Cover

This health insurer does not operate a preferred provider scheme.

This policy  includes General treatment (Extras) cover for

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	2	\$600 per person	Periodic oral examination - 100% of charge Scale & clean - 100% of charge Fluoride treatment - 100% of charge
Major dental	12	\$600 per person (combined limit for major dental & endodontic - Sub-limits apply)	Surgical tooth extraction - 55% of charge
Endodontic	12		Filling of one root canal - 55% of charge
Orthodontic	12	\$300 per person \$1,100 lifetime limit (Sub-limits apply)	Braces for upper & lower teeth, including removal plus fitting of retainer - 55% of charge
Optical	6	\$200 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Physiotherapy	2	\$300 per person (combined limit for physiotherapy, exercise physiology & other services)	Initial visit - 55% of charge Subsequent visit - 55% of charge
Acupuncture	2	\$200 per person (combined limit for acupuncture & remedial massage)	Initial visit - 55% of charge Subsequent visit - 55% of charge
Remedial massage	2		Initial visit - 55% of charge Subsequent visit - 55% of charge
Audiology	2	\$200 per person	Initial visit - 55% of charge Subsequent visit - 55% of charge
Ante-natal/Post-natal classes	2	\$200 per person	Initial visit - 55% of charge Subsequent visit - 55% of charge
Dietetics/dietary advice	2	\$200 per person	Initial visit - 55% of charge Subsequent visit - 55% of charge

Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - 55% of charge Subsequent visit - 55% of charge
Eye therapy (orthoptics)	2	\$200 per person (combined limit for eye therapy (orthoptics) & speech therapy)	Initial visit - 55% of charge Subsequent visit - 55% of charge
Speech therapy	2		Initial visit - 55% of charge Subsequent visit - 55% of charge

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

X Blood glucose monitors	X Non PBS pharmaceuticals	X Other treatments - check with your insurer
X Chiropractic	X Podiatry	
X Hearing aids	X Psychology	

Other features of this general treatment cover

\$400 p/p per year for preventative dental, all other dental benefits pay 65% of the cost. 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.

Other features of this ambulance cover

Tasmanian residents are covered by a State based scheme. Please contact Ambulance Tasmania for more details regarding coverage.

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.