

Private Health Information Statement - Combined policy

GMHBA Basic Plus Young Singles \$500

GMHBA Limited

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 1300 4 GMHBA (46422)

Monthly Premium

\$156.00[#]

(before any rebate, loading or discount)

Covers only one person
 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

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

This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Insulin pumps	✗ Weight loss surgery
✗ Cataracts	✗ Joint replacements	
✗ Dialysis for chronic kidney failure	✗ Pregnancy and birth	

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

PolicyID: GMH/J7/TARM10

Date statement issued: 01 April 2026

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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 \$500 per admission. This is limited to a maximum of \$500 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
- 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

Covers fund approved hospital-substitution & chronic disease management services. Rates discounted for premiums paid by direct debit.

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	\$500 per policy (combined limit for general dental, major dental, endodontic, orthodontic & other services - Sub-limits apply) \$1,050 lifetime limit for Orthodontic	Periodic oral examination - \$39.20 Scale & clean - \$84.00 Fluoride treatment - \$31.50
Major dental	12		Surgical tooth extraction - \$83.30 Full crown veneered - \$225.00
Endodontic	12		Filling of one root canal - \$60.50
Orthodontic	12		Braces for upper & lower teeth, including removal plus fitting of retainer - \$300.00
Optical	6	\$120 per policy	Single vision lenses & frames - \$120.00 Multi-focal lenses & frames - \$120.00
Physiotherapy	2	\$350 per policy (combined limit for physiotherapy, chiropractic, acupuncture, osteopathy & other services - Sub-limits apply)	Initial visit - \$17.00 Subsequent visit - \$17.00
Chiropractic	2		Initial visit - \$17.00 Subsequent visit - \$17.00
Acupuncture	2		Initial visit - \$17.00 Subsequent visit - \$17.00
Osteopathy	2		Initial visit - \$17.00 Subsequent visit - \$17.00

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

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

Other features of this general treatment cover

An annual sub-limit up to \$200 per person per calendar year applies for preventative dental.

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.