

Private Health Information Statement - Combined policy

GMHBA Silver Plus Everyday Family Package \$500

GMHBA Limited

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 1300 4 GMHBA (46422)

Monthly Premium

\$700.60[#]

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)

Available in Western Australia

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

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

This policy ✗ does not include cover for

| | | |
|---------------------------------------|-------------------------------|-----------------------|
| ✗ Cataracts | ✗ Joint replacements | ✗ Weight loss surgery |
| ✗ Dialysis for chronic kidney failure | ✗ Pain management with device | |
| ✗ Insulin pumps | ✗ Sleep studies | |

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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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 person and \$1000 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

Covers fund approved hospital-substitution, healthy start benefits, New Family Program & chronic disease management services. Rates disc. 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

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 | \$800 per person | Periodic oral examination - 100% of charge Scale & clean - 100% of charge Fluoride treatment - 100% of charge |
| Major dental | 12 | \$800 per person (combined limit for major dental & endodontic) | Surgical tooth extraction - 65% of charge Full crown veneered - 65% of charge |
| Endodontic | 12 | | Filling of one root canal - 65% of charge |
| Orthodontic | 12 | \$400 per person \$2,300 lifetime limit | Braces for upper & lower teeth, including removal plus fitting of retainer - 65% of charge |
| Optical | 6 | \$250 per person | Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals* | 2 | \$300 per person up to \$35 per service (combined limit for non pbs pharmaceuticals & vaccinations - Sub-limits apply) | Per eligible prescription - 100% of charge |
| Physiotherapy | 2 | \$500 per person (combined limit for physiotherapy, exercise physiology & other services) | Initial visit - 65% of charge Subsequent visit - 65% of charge |
| Chiropractic | 2 | \$300 per person (combined limit for chiropractic & osteopathy - Sub-limits apply) | Initial visit - 65% of charge Subsequent visit - 65% of charge |
| Podiatry | 2 | \$300 per person (combined limit for podiatry & other services - Sub-limits apply) | Initial visit - 65% of charge Subsequent visit - 65% of charge |

| | | | |
|--------------------------------|----|--|---|
| Psychology | 2 | \$300 per person | Initial visit - 65% of charge Subsequent visit - 65% of charge |
| Acupuncture | 2 | \$300 per person (combined limit for acupuncture & remedial massage) | Initial visit - 65% of charge Subsequent visit - 65% of charge |
| Remedial massage | 2 | | Initial visit - 65% of charge Subsequent visit - 65% of charge |
| Hearing aids | 12 | \$400 per person (combined limit for hearing aids, blood glucose monitors & other services) | Hearing aid - 65% of charge |
| Blood glucose monitors | 12 | | Per monitor - 65% of charge |
| Audiology | 2 | \$300 per person | Initial visit - 65% of charge Subsequent visit - 65% of charge |
| Ante-natal/Post-natal classes | 2 | \$300 per person | Initial visit - 65% of charge Subsequent visit - 65% of charge |
| Dietetics/dietary advice | 2 | \$300 per person | Initial visit - 65% of charge Subsequent visit - 65% of charge |
| Exercise physiology | 2 | Combined limit - see Physiotherapy | Initial visit - 65% of charge Subsequent visit - 65% of charge |
| Eye therapy (orthoptics) | 2 | \$300 per person (combined limit for eye therapy (orthoptics) & speech therapy) | Initial visit - 65% of charge Subsequent visit - 65% of charge |
| Occupational therapy | 2 | \$300 per person | Initial visit - 65% of charge Subsequent visit - 65% of charge |
| Orthotics (podiatric orthoses) | 12 | \$300 per person | Orthotics supply & fit - 65% of charge |
| Osteopathy | 2 | Combined limit - see Chiropractic | Initial visit - 65% of charge Subsequent visit - 65% of charge |
| Speech therapy | 2 | Combined limit - see Eye therapy (orthoptics) | Initial visit - 65% of charge Subsequent visit - 65% of charge |
| Vaccinations | 2 | Combined limit - see Non PBS pharmaceuticals | Per service - 100% 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

\$500 p/p per year for preventative dental, all other dental benefits pay 65% of the cost. Rates discounted for direct debit.

Ambulance cover

In Western Australia this policy provides:

Emergency: Unlimited with no waiting period.

Call-out fees: will be paid for each attendance, including emergency treatment without transport to hospital.

Other features of this ambulance cover

WA ambulance services depend on whether you live within the Perth metropolitan area or regional WA. Benefits for emergency transportations are available on hospital and selected eligible extras covers. To avoid unexpected out of pockets, we strongly recommend taking out a subscription to be covered Australia wide, regardless of your health insurance. If you have eligible extras cover, provide us with the subscription receipt to receive a benefit up to 100% of the subscription cost.

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.