

## Private Health Information Statement - Combined policy

### GMHBA Silver Plus Premium Family Package (No Pregnancy) \$250

#### GMHBA Limited

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

#### Monthly Premium

**\$817.85 #**

(before any rebate, loading or discount)

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

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.

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.

### 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

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

This policy ✗ does not include cover for

✗ Assisted reproductive services

✗ 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](https://privatehealth.gov.au) for 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.

Excess payments do not apply to hospital admissions for dependants.

**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

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                       | \$1,000 per person up to \$2,000 per policy (combined limit for general dental & other services)  | Periodic oral examination - 100% of charge<br>Scale & clean - 100% of charge<br>Fluoride treatment - 100% of charge |
| Major dental             | 12                      | \$1,000 per person up to \$2,000 per policy (combined limit for major dental & endodontic)  | Surgical tooth extraction - 75% of charge<br>Full crown veneered - 75% of charge                                    |
| Endodontic               | 12                      |   | Filling of one root canal - 75% of charge   |
| Orthodontic              | 12                      | \$700 per person<br>\$3,200 lifetime limit  | Braces for upper & lower teeth, including removal plus fitting of retainer - 75% of charge                          |
| Optical                  | 6                       | \$250 per person  | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge                      |
| Non PBS pharmaceuticals* | 2                       | \$400 per person up to \$40 per service up to \$800 per policy (combined limit for non pbs pharmaceuticals & vaccinations - <b>Sub-limits apply</b> ) | Per eligible prescription - 100% of charge  |
| Physiotherapy            | 2                       | \$600 per person up to \$1,200 per policy (combined limit for physiotherapy, exercise physiology & other services - <b>Sub-limits apply</b> )         | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge   |

|                                |    |  |   |
|--------------------------------|----|--|---|
| Chiropractic                   | 2  | \$400 per person up to \$800 per policy<br>(combined limit for chiropractic, osteopathy & other services - <b>Sub-limits apply</b> ) | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge |
| Podiatry                       | 2  | \$400 per person up to \$800 per policy<br>(combined limit for podiatry & other services - <b>Sub-limits apply</b> )                 | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge |
| Psychology                     | 2  | \$400 per person up to \$800 per policy<br><b>(Sub-limits apply)</b>   | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge |
| Acupuncture                    | 2  | \$400 per person up to \$800 per policy<br>(combined limit for acupuncture & remedial massage)                                       | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge |
| Remedial massage               | 2  |  | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge |
| Hearing aids                   | 12 | \$600 per person up to \$1,200 per policy<br>(combined limit for hearing aids, blood glucose monitors & other services)              | Hearing aid - 75% of charge                                       |
| Blood glucose monitors         | 12 |  | Per monitor - 75% of charge                                       |
| Audiology                      | 2  | \$400 per person up to \$800 per policy  | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge |
| Dietetics/dietary advice       | 2  | \$400 per person up to \$800 per policy  | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge |
| Exercise physiology            | 2  | Combined limit - see Physiotherapy   | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge |
| Eye therapy (orthoptics)       | 2  | \$400 per person up to \$800 per policy<br>(combined limit for eye therapy (orthoptics) & speech therapy)                            | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge |
| Occupational therapy           | 2  | \$400 per person up to \$800 per policy  | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge |
| Orthotics (podiatric orthoses) | 12 | \$400 per person up to \$800 per policy  | Orthotics supply & fit - 75% of charge                            |
| Osteopathy                     | 2  | Combined limit - see Chiropractic  | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge |
| Speech therapy                 | 2  | Combined limit - see Eye therapy (orthoptics)  | Initial visit - 75% of charge<br>Subsequent visit - 75% 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

100% back up to \$600 per person/\$1200 per membership per year for preventative dental, all other dental benefits pay 75% 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.