

Private Health Information Statement - Combined policy

GMHBA Silver Package

GMHBA Limited

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 1300 4 GMHBA (46422)

Monthly Premium

\$575.25[#]

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)

Available in Queensland

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

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

This policy ✗ does not include cover for

| | | |
|---------------------------------------|-------------------------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Insulin pumps | ✗ Pregnancy and birth |
| ✗ Cataracts | ✗ Joint replacements | ✗ Sleep studies |
| ✗ Dialysis for chronic kidney failure | ✗ Pain management with device | ✗ 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 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 \$750 per admission. This is limited to a maximum of \$750 per person and \$1500 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
- 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.

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 *: 60% back on General Dental. 100% back on preventative dental item numbers O11, O12, O13, O14, 121, service limits apply: 1 x O11 per 2 calendar years, combined total maximum 3 per calendar year for O11, O12, O14. Pharmacy benefits apply for approved travel vaccines only.*

| Treatment | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated) | Examples of maximum benefits |
|--------------------------|-------------------------|--|---|
| General dental* | 2 | \$800 per person (no limit on preventative dental) | 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 - 60% of charge Full crown veneered - 60% of charge |
| Endodontic | 12 | | Filling of one root canal - 60% of charge |
| Orthodontic | 12 | \$500 per person \$1,800 lifetime limit | Braces for upper & lower teeth, including removal plus fitting of retainer - 60% of charge |
| Optical | 6 | \$250 per person | Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge |
| Physiotherapy | 2 | \$400 per person (combined limit for physiotherapy, chiropractic, exercise physiology, osteopathy & other services) | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Chiropractic | 2 | | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Podiatry | 2 | \$250 per person (combined limit for podiatry, orthotics (podiatric orthoses) & other services) | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Psychology | 2 | \$250 per person | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Acupuncture | 2 | \$300 per person (combined limit for acupuncture, remedial massage & other services) | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Remedial massage | 2 | | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Dietetics/dietary advice | 2 | \$250 per person | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Exercise physiology | 2 | Combined limit - see Physiotherapy | Initial visit - 60% of charge Subsequent visit - 60% of charge |

| | | | |
|--------------------------------|----|------------------------------------|---|
| Orthotics (podiatric orthoses) | 12 | Combined limit - see Podiatry | Orthotics supply & fit - 60% of charge |
| Osteopathy | 2 | Combined limit - see Physiotherapy | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Vaccinations | 2 | \$100 per person | Per service - 60% of charge |

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

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

Other features of this general treatment cover

Get cover for a range of wellbeing and preventative health benefits.

Ambulance cover

Ambulance cover is provided by the State government for Queensland residents (<https://www.ambulance.qld.gov.au/>). This includes cover whilst interstate.

Other features of this ambulance cover

All Queensland residents are automatically covered for the cost of emergency services Australia wide. This is paid for by the QLD state government.

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.