

## Private Health Information Statement - Combined policy

### GMHBA Basic Plus Package

#### GMHBA Limited

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

#### Monthly Premium

**\$344.40<sup>#</sup>**

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)

Available in NSW & ACT

Closed to new members

<sup>#</sup> 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	✓ Hernia and appendix	R Hospital psychiatric services
✓ Ear, nose and throat	✓ Joint reconstructions	R Palliative care
✓ Eye (not cataracts)	✓ Tonsils, adenoids and grommets	R Rehabilitation

This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Digestive system	✗ Miscarriage and termination of pregnancy
✗ Back, neck and spine	✗ Gastrointestinal endoscopy	✗ Pain management
✗ Blood	✗ Gynaecology	✗ Pain management with device
✗ Bone, joint and muscle	✗ Heart and vascular system	✗ Plastic and reconstructive surgery (medically necessary)
✗ Brain and nervous system	✗ Implantation of hearing devices	✗ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits)
✗ Breast surgery (medically necessary)	✗ Insulin pumps	✗ Pregnancy and birth
✗ Cataracts	✗ Joint replacements	✗ Skin
✗ Chemotherapy, radiotherapy and immunotherapy for cancer	✗ Kidney and bladder	✗ Sleep studies
✗ Diabetes management (excluding insulin pumps)	✗ Lung and chest	✗ Weight loss surgery
✗ Dialysis for chronic kidney failure	✗ Male reproductive system	

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 \$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

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	2	\$600 per person up to \$1,200 per policy	Periodic oral examination - \$29.60 Scale & clean - \$60.20 Fluoride treatment - \$17.90
Optical	6	\$150 per person up to \$300 per policy	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Physiotherapy	2	\$200 per person up to \$400 per policy (combined limit for physiotherapy, exercise physiology & other services)	Initial visit - \$40.00 Subsequent visit - \$40.00
Chiropractic	2	\$200 per person up to \$400 per policy (combined limit for chiropractic & osteopathy)	Initial visit - \$32.00 Subsequent visit - \$32.00
Acupuncture	2	\$200 per person up to \$400 per policy (combined limit for acupuncture, remedial massage, chinese medicine & other services)	Initial visit - \$30.00 Subsequent visit - \$30.00
Remedial massage	2		Initial visit - \$25.00 Subsequent visit - \$25.00
Chinese medicine	2		Initial visit - \$30.00 Subsequent visit - \$30.00
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - \$25.00 Subsequent visit - \$25.00
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$32.00 Subsequent visit - \$32.00

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

 Blood glucose monitors	 Major dental	 Podiatry
 Endodontic	 Non PBS pharmaceuticals	 Psychology
 Hearing aids	 Orthodontic	 Other treatments - check with your insurer

**Other features of this general treatment cover**

Excludes chiropractic x-rays.

## Ambulance cover

In NSW & ACT 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

If you are a resident of NSW or ACT take out any hospital cover, you are automatically covered for emergency transportation within NSW. Ambulance NSW is a Levy Based Scheme which is why it operates under your hospital cover. If an ambulance is called, you will receive a bill. If you have a hospital product with us, you can send this bill on to us, and we'll let the NSW/ACT Ambulance service know you're covered.

### 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.