

Private Health Information Statement - General treatment policy

GMHBA Ultra Extras

GMHBA Limited

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1300 4 GMHBA (46422)

Monthly Premium

\$326.00 #

(before any rebate or insurer discount)

Covers two adults & dependants (3 or more people, only 2 of whom are adults)

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 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.

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. PBS contribution applies to Travel Vaccinations

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	2	\$2,000 per person (combined limit for general dental, major dental, endodontic, orthodontic & other services - Sub-limits apply) \$2,900 lifetime limit for Orthodontic	Periodic oral examination - \$56.00 Scale & clean - \$120.00 Fluoride treatment - \$45.00
Major dental	12		Surgical tooth extraction - \$101.15 Full crown veneered - \$300.00
Endodontic	12		Filling of one root canal - \$86.45
Orthodontic	12		Braces for upper & lower teeth, including removal plus fitting of retainer - \$400.00
Optical	6	\$300 per person (combined limit for optical & other services)	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals*	2	\$350 per person up to \$550 per policy (combined limit for non pbs pharmaceuticals & vaccinations - Sub-limits apply)	Per eligible prescription - 80% of charge
Physiotherapy	2	\$700 per person up to \$1,000 per policy (combined limit for physiotherapy & other services - Sub-limits apply)	Initial visit - 80% of charge Subsequent visit - 80% of charge
Chiropractic	2	\$700 per person up to \$1,000 per policy (combined limit for chiropractic, osteopathy & other services - Sub-limits apply)	Initial visit - 80% of charge Subsequent visit - 80% of charge
Podiatry	2	\$350 per person (combined limit for podiatry & other services - Sub-limits apply)	Initial visit - 80% of charge Subsequent visit - 80% of charge
Psychology	2	\$500 per person up to \$800 per policy (Sub-limits apply)	Initial visit - 80% of charge Subsequent visit - 80% of charge
Acupuncture	2	\$600 per person up to \$900 per policy (combined limit for acupuncture, remedial massage & other services - Sub-limits apply)	Initial visit - 80% of charge Subsequent visit - 80% of charge
Remedial massage	2		Initial visit - 80% of charge Subsequent visit - 80% of charge
Hearing aids	12	\$800 per person 1 appliance(s) every 3 years	Hearing aid - 100% of charge

Blood glucose monitors	12	\$650 per policy 1 appliance(s) every 3 years (combined limit for blood glucose monitors & other services)	Per monitor - 80% of charge
Audiology	2	\$350 per person	Initial visit - 80% of charge Subsequent visit - 80% of charge
Dietetics/dietary advice	2	\$350 per person (combined limit for dietetics/dietary advice & other services)	Initial visit - 80% of charge Subsequent visit - 80% of charge
Eye therapy (orthoptics)	2	\$500 per person (combined limit for eye therapy (orthoptics) & speech therapy)	Initial visit - 80% of charge Subsequent visit - 80% of charge
Occupational therapy	2	\$500 per person up to \$800 per policy	Initial visit - 80% of charge Subsequent visit - 80% of charge
Orthotics (podiatric orthoses)	12	\$230 per person up to \$115 per service up to \$460 per policy	Orthotics supply & fit - 80% of charge
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - 80% of charge Subsequent visit - 80% of charge
Speech therapy	0	Combined limit - see Eye therapy (orthoptics)	Initial visit - 80% of charge Subsequent visit - 80% of charge
Vaccinations*	2	Combined limit - see Non PBS pharmaceuticals	Per service - 80% 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

Annual sub-limit up to \$450 per person, per calendar year applies for preventative dental. Rates discounted for direct debit payment.

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.

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.