

Private Health Information Statement - General treatment policy

GMHBA Top Extras No Dental

GMHBA Limited

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1300 4 GMHBA (46422)

Monthly Premium

\$107.00 #

(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 |
|--------------------------|-------------------------|---|--|
| Optical | 6 | \$250 per person | 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 - 100% of charge |
| Physiotherapy | 2 | \$500 per person up to \$800 per policy (combined limit for physiotherapy & other services - Sub-limits apply) | Initial visit - \$36.00 Subsequent visit - \$26.00 |
| Chiropractic | 2 | \$350 per person up to \$700 per policy (combined limit for chiropractic, osteopathy & other services - Sub-limits apply) | Initial visit - \$26.00 Subsequent visit - \$21.00 |
| Podiatry | 2 | \$350 per person (combined limit for podiatry & other services - Sub-limits apply) | Initial visit - \$43.00 Subsequent visit - \$43.00 |
| Psychology | 2 | \$500 per person up to \$800 per policy (Sub-limits apply) | Initial visit - \$54.00 Subsequent visit - \$25.00 |
| Acupuncture | 2 | \$350 per person up to \$700 per policy (combined limit for acupuncture & remedial massage) | Initial visit - \$25.00 Subsequent visit - \$20.00 |
| Remedial massage | 2 | | Initial visit - \$20.00 Subsequent visit - \$20.00 |
| Hearing aids | 12 | \$800 per person 1 appliance(s) every 3 years (Sub-limits apply) | Hearing aid - 100% of charge |
| Blood glucose monitors | 12 | \$200 per policy 1 appliance(s) every 3 years | Per monitor - 100% of charge |
| Audiology | 2 | \$350 per person | Initial visit - \$56.00 Subsequent visit - \$56.00 |
| Dietetics/dietary advice | 2 | \$350 per person | Initial visit - \$60.00 Subsequent visit - \$45.00 |

| | | | |
|--------------------------------|----|--|---|
| Eye therapy (orthoptics) | 2 | \$500 per person (combined limit for eye therapy (orthoptics) & speech therapy) | Initial visit - \$54.00 Subsequent visit - \$25.00 |
| Occupational therapy | 2 | \$500 per person up to \$800 per policy | Initial visit - \$54.00 Subsequent visit - \$25.00 |
| 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 - \$26.00 Subsequent visit - \$21.00 |
| Speech therapy | 2 | Combined limit - see Eye therapy (orthoptics) | Initial visit - \$54.00 Subsequent visit - \$25.00 |
| Vaccinations | 2 | Combined limit - see Non PBS pharmaceuticals | Per service - 100% of charge |

Benefits also available towards Home/Bush Nursing, please contact GMHBA for further information.

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

| | | |
|-------------------------|-----------------------|---|
| X Endodontic | X Major dental | X Other treatments - check with your insurer |
| X General dental | X Orthodontic | |

Other features of this general treatment cover

Rates discounted for premiums paid by direct debit. This product excludes all dental benefits.

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.