

Private Health Information Statement - General treatment policy

GMHBA Mid Extras 65% Benefits

GMHBA Limited

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Monthly Premium

\$193.05 #

(before any rebate or insurer discount)

Covers 2 adults (and no-one else)

Available in South Australia

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.

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 | \$1,500 per person (combined limit for general dental, major dental, endodontic, orthodontic & other services - Sub-limits apply) \$2,400 lifetime limit for Orthodontic | Periodic oral examination - 65% of charge Scale & clean - 65% of charge Fluoride treatment - 65% of charge |
| Major dental | 12 | | Surgical tooth extraction - 65% of charge Full crown veneered - 65% of charge |
| Endodontic | 12 | | Filling of one root canal - 65% of charge |
| Orthodontic | 12 | | Braces for upper & lower teeth, including removal plus fitting of retainer - 65% of charge |
| Optical | 6 | \$200 per person | Single vision lenses & frames - 65% of charge Multi-focal lenses & frames - 65% of charge |
| Non PBS pharmaceuticals* | 2 | \$250 per person up to \$450 per policy (combined limit for non pbs pharmaceuticals & vaccinations - Sub-limits apply) | Per eligible prescription - 65% of charge |
| Physiotherapy | 2 | \$400 per person up to \$800 per policy (combined limit for physiotherapy & other services - Sub-limits apply) | Initial visit - 65% of charge Subsequent visit - 65% of charge |
| Chiropractic | 2 | \$300 per person up to \$600 per policy (combined limit for chiropractic, osteopathy & other services - Sub-limits apply) | Initial visit - 65% of charge Subsequent visit - 65% of charge |
| Podiatry | 2 | \$250 per person (combined limit for podiatry & other services - Sub-limits apply) | Initial visit - 65% of charge Subsequent visit - 65% of charge |
| Psychology | 2 | \$350 per person up to \$600 per policy (Sub-limits apply) | Initial visit - 65% of charge Subsequent visit - 65% of charge |
| Acupuncture | 2 | \$300 per person up to \$600 per policy (combined limit for acupuncture & remedial massage) | Initial visit - 65% of charge Subsequent visit - 65% of charge |
| Remedial massage | 2 | | Initial visit - 65% of charge Subsequent visit - 65% of charge |
| Hearing aids | 12 | \$1,200 per person 1 appliance(s) every 3 years (Sub-limits apply) | Hearing aid - 65% of charge |
| Blood glucose monitors | 12 | \$150 per policy 1 appliance(s) every 3 years | Per monitor - 65% of charge |

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|--------------------------------|---|--|---|
| Audiology | 2 | \$400 per person | Initial visit - 65% of charge Subsequent visit - 65% of charge |
| Dietetics/dietary advice | 2 | \$400 per person | Initial visit - 65% of charge Subsequent visit - 65% of charge |
| Eye therapy (orthoptics) | 2 | \$400 per person (combined limit for eye therapy (orthoptics) & speech therapy) | Initial visit - 65% of charge Subsequent visit - 65% of charge |
| Occupational therapy | 2 | \$400 per person up to \$800 per policy | Initial visit - 65% of charge Subsequent visit - 65% of charge |
| Orthotics (podiatric orthoses) | 2 | \$200 per person up to \$115 per service up to \$400 per policy | Orthotics supply & fit - 65% of charge |
| Osteopathy | 2 | Combined limit - see Chiropractic | Initial visit - 65% of charge Subsequent visit - 65% of charge |
| Speech therapy | 2 | Combined limit - see Eye therapy (orthoptics) | Initial visit - 65% of charge Subsequent visit - 65% of charge |
| Vaccinations | 2 | Combined limit - see Non PBS pharmaceuticals | Per service - 65% 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

An annual sub-limit up to \$400 p/p per calendar year applies for preventative dental. Rates discounted for direct debit.

Ambulance cover

South Australia has a subscription service to cover ambulance within the state, with an additional fee to cover interstate travel (<http://www.saambulance.com.au/ProductsServices/AmbulanceCover.aspx>).

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.