

## Private Health Information Statement - General treatment policy

### GMHBA Mid Extras 65% Benefits

#### GMHBA Limited

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1300 4 GMHBA (46422)

#### Monthly Premium

**\$160.25 #**

(before any rebate or insurer discount)

Covers one adult & dependants (2 or more people, only one of whom is an adult)

Available in Tasmania

# 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.

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 - <b>Sub-limits apply</b> ) \$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 - <b>Sub-limits apply</b> )	Per eligible prescription - 65% of charge
Physiotherapy	2	\$400 per person up to \$800 per policy (combined limit for physiotherapy & other services - <b>Sub-limits apply</b> )	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 - <b>Sub-limits apply</b> )	Initial visit - 65% of charge Subsequent visit - 65% of charge
Podiatry	2	\$250 per person (combined limit for podiatry & other services - <b>Sub-limits apply</b> )	Initial visit - 65% of charge Subsequent visit - 65% of charge
Psychology	2	\$350 per person up to \$600 per policy ( <b>Sub-limits apply</b> )	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 ( <b>Sub-limits apply</b> )	Hearing aid - 65% of charge

Blood glucose monitors	12	\$150 per policy 1 appliance(s) every 3 years	Per monitor - 65% of charge
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

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](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.