

## Private Health Information Statement - General treatment policy

### GMHBA Mid Extras Set Benefits

#### GMHBA Limited

<http://www.gmhba.com.au>

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1300 4 GMHBA (46422)

#### Monthly Premium

**\$60.25 #**

(before any rebate or insurer discount)

Covers only one person

Available in Queensland

# 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 policy<br>(combined limit for general dental, major dental, endodontic, orthodontic & other services - <b>Sub-limits apply</b> )<br>\$2,400 lifetime limit for Orthodontic | Periodic oral examination - \$36.65<br>Scale & clean - \$68.25<br>Fluoride treatment - \$21.45 |
| Major dental             | 12                      |  | Surgical tooth extraction - \$118.60<br>Full crown veneered - \$520.00                         |
| Endodontic               | 12                      |  | Filling of one root canal - \$86.19  |
| Orthodontic              | 12                      |  | Braces for upper & lower teeth, including removal plus fitting of retainer - \$400.00          |
| Optical                  | 6                       | \$200 per policy   | Single vision lenses & frames - 80% of charge<br>Multi-focal lenses & frames - 80% of charge   |
| Non PBS pharmaceuticals* | 2                       | \$250 per policy<br>(combined limit for non pbs pharmaceuticals & vaccinations - <b>Sub-limits apply</b> )   | Per eligible prescription - \$24.00  |
| Physiotherapy            | 2                       | \$400 per policy<br>(combined limit for physiotherapy & other services - <b>Sub-limits apply</b> )   | Initial visit - \$38.00<br>Subsequent visit - \$29.00  |
| Chiropractic             | 2                       | \$300 per policy<br>(combined limit for chiropractic, osteopathy & other services - <b>Sub-limits apply</b> )  | Initial visit - \$26.00<br>Subsequent visit - \$20.00  |
| Podiatry                 | 2                       | \$250 per policy<br>(combined limit for podiatry & other services - <b>Sub-limits apply</b> )  | Initial visit - \$35.00<br>Subsequent visit - \$35.00  |
| Psychology               | 2                       | \$350 per policy<br>( <b>Sub-limits apply</b> )  | Initial visit - \$41.00<br>Subsequent visit - \$31.00  |
| Acupuncture              | 2                       | \$300 per policy<br>(combined limit for acupuncture & remedial massage)  | Initial visit - \$26.00<br>Subsequent visit - \$20.00  |
| Remedial massage         | 2                       |  | Initial visit - \$26.00<br>Subsequent visit - \$20.00  |
| Hearing aids             | 12                      | \$1,200 per policy<br>1 appliance(s) every 3 years<br>( <b>Sub-limits apply</b> )  | Hearing aid - \$744.00   |
| Blood glucose monitors   | 12                      | \$150 per policy<br>1 appliance(s) every 3 years   | Per monitor - \$150.00   |

|                                |    |  |   |
|--------------------------------|----|--|---|
| Audiology                      | 2  | \$400 per policy   | Initial visit - \$35.00<br>Subsequent visit - \$35.00 |
| Dietetics/dietary advice       | 2  | \$400 per policy   | Initial visit - \$56.00<br>Subsequent visit - \$41.00 |
| Eye therapy (orthoptics)       | 2  | \$400 per policy<br>(combined limit for eye therapy (orthoptics) & speech therapy) | Initial visit - \$30.00<br>Subsequent visit - \$23.00 |
| Occupational therapy           | 2  | \$400 per policy   | Initial visit - \$36.00<br>Subsequent visit - \$27.00 |
| Orthotics (podiatric orthoses) | 12 | \$200 per policy   | Orthotics supply & fit - \$90.00                      |
| Osteopathy                     | 2  | Combined limit - see Chiropractic  | Initial visit - \$26.00<br>Subsequent visit - \$20.00 |
| Speech therapy                 | 2  | Combined limit - see Eye therapy (orthoptics)                                      | Initial visit - \$30.00<br>Subsequent visit - \$23.00 |
| Vaccinations                   | 2  | Combined limit - see Non PBS pharmaceuticals                                       | Per service - \$24.00                                 |

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

Osteopathy and Naturopathy. 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 Queensland residents (<https://www.ambulance.qld.gov.au/>). This includes cover whilst interstate.

#### 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.