

## Private Health Information Statement - General treatment policy

### GMHBA Mid Extras Set Benefits

#### GMHBA Limited

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

[service@gmhba.com.au](mailto:service@gmhba.com.au)

1300 4 GMHBA (46422)

#### Monthly Premium

**\$63.85 #**

(before any rebate or insurer discount)

Covers only one person  
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 policy (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 - \$36.65 Scale & clean - \$68.25 Fluoride treatment - \$21.45
Major dental	12		Surgical tooth extraction - \$118.60 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 Multi-focal lenses & frames - 80% of charge
Non PBS pharmaceuticals*	2	\$250 per policy (combined limit for non pbs pharmaceuticals & vaccinations - <b>Sub-limits apply</b> )	Per eligible prescription - \$24.00
Physiotherapy	2	\$400 per policy (combined limit for physiotherapy & other services - <b>Sub-limits apply</b> )	Initial visit - \$38.00 Subsequent visit - \$29.00
Chiropractic	2	\$300 per policy (combined limit for chiropractic, osteopathy & other services - <b>Sub-limits apply</b> )	Initial visit - \$26.00 Subsequent visit - \$20.00
Podiatry	2	\$250 per policy (combined limit for podiatry & other services - <b>Sub-limits apply</b> )	Initial visit - \$35.00 Subsequent visit - \$35.00
Psychology	2	\$350 per policy ( <b>Sub-limits apply</b> )	Initial visit - \$41.00 Subsequent visit - \$31.00
Acupuncture	2	\$300 per policy (combined limit for acupuncture & remedial massage)	Initial visit - \$26.00 Subsequent visit - \$20.00
Remedial massage	2		Initial visit - \$26.00 Subsequent visit - \$20.00
Hearing aids	12	\$1,200 per policy 1 appliance(s) every 3 years ( <b>Sub-limits apply</b> )	Hearing aid - \$744.00
Blood glucose monitors	12	\$150 per policy 1 appliance(s) every 3 years	Per monitor - \$150.00

Audiology	2	\$400 per policy	Initial visit - \$35.00 Subsequent visit - \$35.00
Dietetics/dietary advice	2	\$400 per policy	Initial visit - \$56.00 Subsequent visit - \$41.00
Eye therapy (orthoptics)	2	\$400 per policy (combined limit for eye therapy (orthoptics) & speech therapy)	Initial visit - \$30.00 Subsequent visit - \$23.00
Occupational therapy	2	\$400 per policy	Initial visit - \$36.00 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 Subsequent visit - \$20.00
Speech therapy	2	Combined limit - see Eye therapy (orthoptics)	Initial visit - \$30.00 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

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.