

## Private Health Information Statement - General treatment policy

### GMHBA Basic Extras 55% Benefits

#### GMHBA Limited

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[service@gmhba.com.au](mailto:service@gmhba.com.au)  
 1300 4 GMHBA (46422)

#### Monthly Premium

**\$90.00 #**

(before any rebate or insurer discount)

Covers 2 adults (and no-one else)

Available in Northern Territory

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.

### 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                       | \$1,000 per person<br>(combined limit for general dental & other services - <b>Sub-limits apply</b> )                             | Periodic oral examination - 55% of charge<br>Scale & clean - 55% of charge<br>Fluoride treatment - 55% of charge |
| Optical                  | 6                       | \$150 per person                                                                                                                  | Single vision lenses & frames - 55% of charge<br>Multi-focal lenses & frames - 55% of charge                     |
| Non PBS pharmaceuticals* | 2                       | \$150 per person up to \$350 per policy<br>(combined limit for non pbs pharmaceuticals & vaccinations - <b>Sub-limits apply</b> ) | Per eligible prescription - 55% of charge                                                                        |
| Physiotherapy            | 2                       | \$300 per person up to \$600 per policy<br>(combined limit for physiotherapy & other services - <b>Sub-limits apply</b> )         | Initial visit - 55% of charge<br>Subsequent visit - 55% of charge                                                |
| Occupational therapy     | 2                       | \$300 per person up to \$600 per policy                                                                                           | Initial visit - 55% of charge<br>Subsequent visit - 55% of charge                                                |
| Vaccinations             | 2                       | Combined limit - see Non PBS pharmaceuticals                                                                                      | Per service - 55% of charge                                                                                      |

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

|                                                                                                           |                                                                                                  |                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
|  Acupuncture            |  Hearing aids |  Psychology                                 |
|  Blood glucose monitors |  Major dental |  Remedial massage                           |
|  Chiropractic           |  Orthodontic  |  Other treatments - check with your insurer |
|  Endodontic             |  Podiatry     |                                                                                                                                |

### Other features of this general treatment cover

An annual sub-limit up to \$300 per person per calendar year applies for preventative dental. Rates discounted for premiums paid by direct debit.

### Ambulance cover

Pensioner Concession Card and Commonwealth Seniors Health Card holders are entitled to free ambulance transport services. St John's ambulance offers a subscription service for ambulance cover in the Northern Territory

(<https://www.stjohnnt.org.au/ambulance/ambulance-cover.php>). Cover is included whilst interstate for less than 21 days.

#### 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.