

Private Health Information Statement - Combined policy

GMHBA Silver Hospital Young Singles NCP

GMHBA Limited

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 1300 4 GMHBA (46422)

Monthly Premium

\$207.30[#]

(before any rebate, loading or discount)

Covers only one person
 Available in Queensland
 Closed to new members

[#] You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading, an age-based discount or an insurer discount. Check with your insurer for details.

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy does not provide accident cover or benefits for travel and accommodation (outside of hospital).

✓ Covered

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>

R Restricted

Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

✗ Not Covered

These categories are not covered by this policy.

This policy ✓ includes cover for

✓ Back, neck and spine	✓ Eye (not cataracts)	✓ Miscarriage and termination of pregnancy
✓ Blood	✓ Gastrointestinal endoscopy	✓ Pain management
✓ Bone, joint and muscle	✓ Gynaecology	✓ Plastic and reconstructive surgery (medically necessary)
✓ Brain and nervous system	✓ Heart and vascular system	✓ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
✓ Breast surgery (medically necessary)	✓ Hernia and appendix	✓ Skin
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Implantation of hearing devices	✓ Tonsils, adenoids and grommets
✓ Dental surgery	✓ Joint reconstructions	R Hospital psychiatric services
✓ Diabetes management (excluding insulin pumps)	✓ Kidney and bladder	R Palliative care
✓ Digestive system	✓ Lung and chest	R Rehabilitation
✓ Ear, nose and throat	✓ Male reproductive system	

This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Insulin pumps	✗ Pregnancy and birth
✗ Cataracts	✗ Joint replacements	✗ Sleep studies
✗ Dialysis for chronic kidney failure	✗ Pain management with device	✗ Weight loss surgery

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on privatehealth.gov.au for which hospitals have arrangements with your insurer – <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

The following payments may also apply for hospital admissions

Excess: You will have to pay an excess of \$250 per admission. This is limited to a maximum of \$250 per year.

Co-payments: No co-payments

The following waiting periods for hospital admissions apply to new or upgrading members

Waiting periods:

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 2 months for all other treatments

Gap Cover

This provider offers '[known gap](#)' or '[no gap](#)' cover for medical bills for this product.

The [Medical Costs Finder](#) lets you find out more about the cost of specialist medical services.

Other features of this hospital cover

Covers fund approved hospital-substitution & chronic disease management services. Rates discounted for premiums paid by direct debit.








General Treatment Cover

This health insurer does not operate a preferred provider scheme.

This policy  includes General treatment (Extras) cover for

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	2	\$500 per policy (combined limit for general dental, major dental, endodontic, orthodontic & other services - Sub-limits apply) \$1,050 lifetime limit for Orthodontic	Periodic oral examination - \$39.20 Scale & clean - \$84.00 Fluoride treatment - \$31.50
Major dental	12		Surgical tooth extraction - \$83.30 Full crown veneered - \$225.00
Endodontic	12		Filling of one root canal - \$60.50
Orthodontic	12		Braces for upper & lower teeth, including removal plus fitting of retainer - \$300.00
Optical	6	\$120 per policy	Single vision lenses & frames - 80% of charge Multi-focal lenses & frames - 80% of charge
Physiotherapy	2	\$350 per policy (combined limit for physiotherapy, chiropractic, acupuncture, osteopathy & other services - Sub-limits apply)	Initial visit - \$17.00 Subsequent visit - \$17.00
Chiropractic	2		Initial visit - \$17.00 Subsequent visit - \$17.00
Acupuncture	2		Initial visit - \$17.00 Subsequent visit - \$17.00
Osteopathy	2		Initial visit - \$17.00 Subsequent visit - \$17.00

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

 Blood glucose monitors	 Podiatry	 Other treatments - check with your insurer
 Hearing aids	 Psychology	
 Non PBS pharmaceuticals	 Remedial massage	

Other features of this general treatment cover

[PrivateHealth.gov.au](#)

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An annual sub-limit up to \$200.00 per person per calendar year applies for preventative dental.

Ambulance cover

Ambulance cover is provided by the State government for Queensland residents (<https://www.ambulance.qld.gov.au/>). This includes cover whilst interstate.

Other features of this ambulance cover

All Queensland residents are automatically covered for the cost of emergency services Australia wide. This is paid for by the QLD state government.

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.