

Private Health Information Statement - Hospital policy

GMHBA Basic Plus Hospital \$250

GMHBA Limited

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 1300 4 GMHBA (46422)

Monthly Premium

\$272.00[#]

(before any rebate, loading or discount)

Covers two adults & dependants (3 or more people, only 2 of whom are adults)

Available in Tasmania
 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.

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.

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

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

This policy ✗ does not include cover for

✗ Dialysis for chronic kidney failure	✗ Insulin pumps	✗ Weight loss surgery
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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 on admission. This is limited to a maximum of \$250 per person and \$500 per policy 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
- 12 months for pregnancy and birth (obstetrics)
- 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. Access to health programs.

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.

[Other features of this ambulance cover](#)

Tasmanian residents are covered by a State based scheme. Please contact Ambulance Tasmania for more details regarding coverage.

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.