

Private Health Information Statement - Combined policy

GMHBA Basic Plus Starter Family Package \$250

GMHBA Limited

<http://www.gmhba.com.au>
service@gmhba.com.au
 1300 4 GMHBA (46422)

Monthly Premium

\$545.35 #

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)

Available in South Australia

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

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

This policy ✗ does not include cover for

| | |
|---------------------------------------|-----------------------|
| ✗ Dialysis for chronic kidney failure | ✗ Insulin pumps |
| ✗ Gynaecology | ✗ 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

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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 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

Private hospital cover for some services. For all other services, except exclusions you are covered as a private patient in a public hospital.

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 | \$600 per person | Periodic oral examination - 100% of charge Scale & clean - 100% of charge Fluoride treatment - 100% of charge |
| Major dental | 12 | \$600 per person (combined limit for major dental & endodontic - Sub-limits apply) | Surgical tooth extraction - 55% of charge |
| Endodontic | 12 | | Filling of one root canal - 55% of charge |
| Orthodontic | 12 | \$300 per person \$1,100 lifetime limit (Sub-limits apply) | Braces for upper & lower teeth, including removal plus fitting of retainer - 55% of charge |
| Optical | 6 | \$200 per person | Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge |
| Physiotherapy | 2 | \$300 per person (combined limit for physiotherapy, exercise physiology & other services) | Initial visit - 55% of charge Subsequent visit - 55% of charge |
| Acupuncture | 2 | \$200 per person (combined limit for acupuncture & remedial massage) | Initial visit - 55% of charge Subsequent visit - 55% of charge |
| Remedial massage | 2 | | Initial visit - 55% of charge Subsequent visit - 55% of charge |
| Audiology | 2 | \$200 per person | Initial visit - 55% of charge Subsequent visit - 55% of charge |
| Ante-natal/Post-natal classes | 2 | \$200 per person | Initial visit - 55% of charge Subsequent visit - 55% of charge |
| Dietetics/dietary advice | 2 | \$200 per person | Initial visit - 55% of charge Subsequent visit - 55% of charge |

| | | | |
|--------------------------|---|--|---|
| Exercise physiology | 2 | Combined limit - see Physiotherapy | Initial visit - 55% of charge Subsequent visit - 55% of charge |
| Eye therapy (orthoptics) | 2 | \$200 per person (combined limit for eye therapy (orthoptics) & speech therapy) | Initial visit - 55% of charge Subsequent visit - 55% of charge |
| Speech therapy | 2 | | Initial visit - 55% of charge Subsequent visit - 55% of charge |

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

| | | |
|---------------------------------|----------------------------------|---|
| X Blood glucose monitors | X Non PBS pharmaceuticals | X Other treatments - check with your insurer |
| X Chiropractic | X Podiatry | |
| X Hearing aids | X Psychology | |

Other features of this general treatment cover

\$400 p/p per year for preventative dental, all other dental benefits pay 65% of the cost. Rates discounted for direct debit.

Ambulance cover

In South Australia this policy provides:

Emergency: Unlimited with no waiting period.

Call-out fees: will be paid for each attendance, including emergency treatment without transport to hospital.

Other features of this ambulance cover

Benefits for emergency transportations are available on hospital and selected eligible extras covers. To avoid unexpected out of pockets, we strongly recommend taking out a subscription to be covered Australia wide, regardless of your health insurance. If you have eligible extras cover, provide us with the subscription receipt to receive a benefit up to 100% of the subscription cost.

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.