Private Health Information Statement - Combined policy

GMHBA Silver Plus Everyday Family Package $250

GMHBA Limited http://www.gmhba.com.au service@gmhba.com.au 1300 4 GMHBA (46422)	*Monthly Premium* *$866.55 #* (before any rebate, loading or discount)	Covers two adults & dependants (3 or more people, only 2 of whom are adults) Available in NSW & ACT 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.

X **Not Covered**
These categories are not covered by this policy.

This policy ✓ **includes** cover for

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

This policy X **does not include** cover for

X Cataracts	X Joint replacements	X Weight loss surgery
X Dialysis for chronic kidney failure	X Pain management with device	

✗ Insulin pumps	✗ Sleep studies	

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 person and $500 per policy per year.

Excess payments do not apply to hospital admissions for dependants.

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, healthy start benefits, New Family Program & chronic disease management services. Rates disc. for premiums paid by direct debit.

General Treatment Cover

This health insurer does not operate a preferred provider scheme.

*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	$800 per person	Periodic oral examination - 100% of charge Scale & clean - 100% of charge Fluoride treatment - 100% of charge
Major dental	12	$800 per person (combined limit for major dental & endodontic)	Surgical tooth extraction - 65% of charge Full crown veneered - 65% of charge
Endodontic	12		Filling of one root canal - 65% of charge
Orthodontic	12	$400 per person $2,300 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - 65% of charge
Optical	6	$250 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals*	2	$300 per person up to $35 per service (combined limit for non pbs pharmaceuticals & vaccinations - **Sub-limits apply**)	Per eligible prescription - 100% of charge

Physiotherapy	2	$500 per person (combined limit for physiotherapy, exercise physiology & other services)	Initial visit - 65% of charge Subsequent visit - 65% of charge
Chiropractic	2	$300 per person (combined limit for chiropractic & osteopathy - **Sub-limits apply**)	Initial visit - 65% of charge Subsequent visit - 65% of charge
Podiatry	2	$300 per person (combined limit for podiatry & other services - **Sub-limits apply**)	Initial visit - 65% of charge Subsequent visit - 65% of charge
Psychology	2	$300 per person	Initial visit - 65% of charge Subsequent visit - 65% of charge
Acupuncture	2	$300 per person (combined limit for acupuncture & remedial massage)	Initial visit - 65% of charge Subsequent visit - 65% of charge
Remedial massage	2		Initial visit - 65% of charge Subsequent visit - 65% of charge
Hearing aids	12	$400 per person (combined limit for hearing aids, blood glucose monitors & other services)	Hearing aid - 65% of charge
Blood glucose monitors	12		Per monitor - 65% of charge
Audiology	2	$300 per person	Initial visit - 65% of charge Subsequent visit - 65% of charge
Ante-natal/Post-natal classes	2	$300 per person	Initial visit - 65% of charge Subsequent visit - 65% of charge
Dietetics/dietary advice	2	$300 per person	Initial visit - 65% of charge Subsequent visit - 65% of charge
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - 65% of charge Subsequent visit - 65% of charge
Eye therapy (orthoptics)	2	$300 per person (combined limit for eye therapy (orthoptics) & speech therapy)	Initial visit - 65% of charge Subsequent visit - 65% of charge
Occupational therapy	2	$300 per person	Initial visit - 65% of charge Subsequent visit - 65% of charge
Orthotics (podiatric orthoses)	12	$300 per person	Orthotics supply & fit - 65% of charge
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - 65% of charge Subsequent visit - 65% of charge
Speech therapy	2	Combined limit - see Eye therapy (orthoptics)	Initial visit - 65% of charge Subsequent visit - 65% of charge
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - 100% of charge

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

✘ Other treatments - check with your insurer

Other features of this general treatment cover

$500 p/p per year for preventative dental, all other dental benefits pay 65% of the cost. Rates discounted for direct debit.

Ambulance cover

In NSW & ACT 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

If you are a resident of NSW or ACT take out any hospital cover, you are automatically covered for emergency transportation within NSW. Ambulance NSW is a Levy Based Scheme which is why it operates under your hospital cover.

If an ambulance is called, you will receive a bill. If you have a hospital product with us, you can send this bill on to us, and we'll let the NSW/ACT Ambulance service know you're covered.

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.