

## Private Health Information Statement - Combined policy

### GMHBA Gold Premium Family Package \$250

#### GMHBA Limited

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

#### Monthly Premium

**\$876.90<sup>#</sup>**

(before any rebate, loading or discount)

Covers one adult & dependants (2 or more people, only one of whom is an adult)

Available in Western Australia  
 Closed to new members

<sup>#</sup> 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

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

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](http://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 & 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

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 up to \$2,000 per policy (combined limit for general dental & other services)	Periodic oral examination - 100% of charge Scale & clean - 100% of charge Fluoride treatment - 100% of charge
Major dental	12	\$1,000 per person up to \$2,000 per policy (combined limit for major dental & endodontic)	Surgical tooth extraction - 75% of charge Full crown veneered - 75% of charge
Endodontic	12		Filling of one root canal - 75% of charge
Orthodontic	12	\$700 per person \$3,200 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - 75% 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	\$400 per person up to \$40 per service up to \$800 per policy (combined limit for non pbs pharmaceuticals & vaccinations - <b>Sub-limits apply</b> )	Per eligible prescription - 100% of charge
Physiotherapy	2	\$600 per person up to \$1,200 per policy (combined limit for physiotherapy, exercise physiology & other services - <b>Sub-limits apply</b> )	Initial visit - 75% of charge Subsequent visit - 75% of charge
Chiropractic	2	\$400 per person up to \$800 per policy (combined limit for chiropractic, osteopathy & other services - <b>Sub-limits apply</b> )	Initial visit - 75% of charge Subsequent visit - 75% of charge

Podiatry	2	\$400 per person up to \$800 per policy (combined limit for podiatry & other services - <b>Sub-limits apply</b> )	Initial visit - 75% of charge Subsequent visit - 75% of charge
Psychology	2	\$400 per person up to \$800 per policy <b>(Sub-limits apply)</b>	Initial visit - 75% of charge Subsequent visit - 75% of charge
Acupuncture	2	\$400 per person up to \$800 per policy (combined limit for acupuncture & remedial massage)	Initial visit - 75% of charge Subsequent visit - 75% of charge
Remedial massage	2		Initial visit - 75% of charge Subsequent visit - 75% of charge
Hearing aids	12	\$600 per person up to \$1,200 per policy (combined limit for hearing aids, blood glucose monitors & other services)	Hearing aid - 75% of charge
Blood glucose monitors	12		Per monitor - 75% of charge
Audiology	2	\$400 per person up to \$800 per policy	Initial visit - 75% of charge Subsequent visit - 75% of charge
Ante-natal/Post-natal classes	2	\$400 per person	Initial visit - 75% of charge Subsequent visit - 75% of charge
Dietetics/dietary advice	2	\$400 per person up to \$800 per policy	Initial visit - 75% of charge Subsequent visit - 75% of charge
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - 75% of charge Subsequent visit - 75% of charge
Eye therapy (orthoptics)	2	\$400 per person up to \$800 per policy (combined limit for eye therapy (orthoptics) & speech therapy)	Initial visit - 75% of charge Subsequent visit - 75% of charge
Occupational therapy	2	\$400 per person up to \$800 per policy	Initial visit - 75% of charge Subsequent visit - 75% of charge
Orthotics (podiatric orthoses)	12	\$400 per person up to \$800 per policy	Orthotics supply & fit - 75% of charge
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - 75% of charge Subsequent visit - 75% of charge
Speech therapy	2	Combined limit - see Eye therapy (orthoptics)	Initial visit - 75% of charge Subsequent visit - 75% of charge
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - \$100.00

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

**X** Other treatments - check with your insurer

### Other features of this general treatment cover

100% back up to \$600 per person/\$1200 per membership per year for preventative dental, all other dental benefits pay 75% of the cost. Rates discounted for direct debit.

### Ambulance cover

In Western 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

WA ambulance services depend on whether you live within the Perth metropolitan area or regional WA. 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.