

## Private Health Information Statement - Combined policy

### GMHBA Silver Package

#### GMHBA Limited

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

#### Monthly Premium

**\$281.30<sup>#</sup>**

(before any rebate, loading or discount)

Covers only one person  
 Available in Tasmania  
 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.

### 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	✓ Rehabilitation
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Implantation of hearing devices	✓ Skin
✓ Dental surgery	✓ Joint reconstructions	✓ Tonsils, adenoids and grommets
✓ Diabetes management (excluding insulin pumps)	✓ Kidney and bladder	R Hospital psychiatric services
✓ Digestive system	✓ Lung and chest	R Palliative care
✓ 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](https://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 \$750 per admission. This is limited to a maximum of \$750 per person and \$750 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
- 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.

## 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 \*: 60% back on General Dental. 100% back on preventative dental item numbers O11, O12, O13, O14, 121, service limits apply: 1 x O11 per 2 calendar years, combined total maximum 3 per calendar year for O11, O12, O14. Pharmacy benefits apply for approved travel vaccines only.*

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental*	2	\$800 per policy (no limit on preventative dental)	Periodic oral examination - 100% of charge Scale & clean - 100% of charge Fluoride treatment - 100% of charge
Major dental	12	\$800 per policy (combined limit for major dental & endodontic)	Surgical tooth extraction - 60% of charge Full crown veneered - 60% of charge
Endodontic	12		Filling of one root canal - 60% of charge
Orthodontic	12	\$500 per policy \$1,800 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - 60% of charge
Optical	6	\$250 per policy	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Physiotherapy	2	\$400 per policy (combined limit for physiotherapy, chiropractic, exercise physiology, osteopathy & other services)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Chiropractic	2		Initial visit - 60% of charge Subsequent visit - 60% of charge
Podiatry	2	\$250 per policy (combined limit for podiatry, orthotics (podiatric orthoses) & other services)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Psychology	2	\$250 per policy	Initial visit - 60% of charge Subsequent visit - 60% of charge
Acupuncture	2	\$300 per policy (combined limit for acupuncture, remedial massage & other services)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Remedial massage	2		Initial visit - 60% of charge Subsequent visit - 60% of charge
Dietetics/dietary advice	2	\$250 per policy	Initial visit - 60% of charge Subsequent visit - 60% of charge
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - 60% of charge Subsequent visit - 60% of charge

Orthotics (podiatric orthoses)	12	Combined limit - see Podiatry	Orthotics supply & fit - 60% of charge
Osteopathy	2	Combined limit - see Physiotherapy	Initial visit - 60% of charge Subsequent visit - 60% of charge
Vaccinations	2	\$100 per policy	Per service - 60% of charge

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

<b>X</b> Blood glucose monitors	<b>X</b> Non PBS pharmaceuticals
<b>X</b> Hearing aids	<b>X</b> Other treatments - check with your insurer

#### Other features of this general treatment cover

Get cover for a range of wellbeing and preventative health benefits.

### 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](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.