

Private Health Information Statement - Combined policy

GMHBA Bronze Plus Choice Package

GMHBA Limited

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1300 4 GMHBA (46422)

Monthly Premium

\$431.90[#]

(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.

✗ Not Covered

These categories are not covered by this policy.

This policy ✓ includes cover for

✓ Blood	✓ Ear, nose and throat	✓ Miscarriage and termination of pregnancy
✓ Bone, joint and muscle	✓ Eye (not cataracts)	✓ Pain management
✓ Brain and nervous system	✓ Gastrointestinal endoscopy	✓ Plastic and reconstructive surgery (medically necessary)
✓ Breast surgery (medically necessary)	✓ Gynaecology	✓ Skin
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Hernia and appendix	✓ Tonsils, adenoids and grommets
✓ Dental surgery	✓ Joint reconstructions	R Hospital psychiatric services
✓ Diabetes management (excluding insulin pumps)	✓ Kidney and bladder	R Palliative care
✓ Digestive system	✓ Male reproductive system	R Rehabilitation

This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Implantation of hearing devices	✗ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
✗ Back, neck and spine	✗ Insulin pumps	✗ Pregnancy and birth
✗ Cataracts	✗ Joint replacements	✗ Sleep studies
✗ Dialysis for chronic kidney failure	✗ Lung and chest	✗ Weight loss surgery
✗ Heart and vascular system	✗ Pain management with device	

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 \$750 per admission. This is limited to a maximum of \$750 per person and \$1500 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
- 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 *: 50% 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.*

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental*	2	\$600 per person (no limit on preventative dental)	Periodic oral examination - 100% of charge Scale & clean - 100% of charge Fluoride treatment - 100% of charge
Optical	6	\$200 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Physiotherapy	2	\$200 per person (combined limit for physiotherapy, chiropractic, exercise physiology, osteopathy & other services)	Initial visit - 50% of charge Subsequent visit - 50% of charge
Chiropractic	2		Initial visit - 50% of charge Subsequent visit - 50% of charge
Podiatry	2	\$200 per person (combined limit for podiatry, orthotics (podiatric orthoses) & other services)	Initial visit - 50% of charge Subsequent visit - 50% of charge
Psychology	2	\$200 per person	Initial visit - 50% of charge Subsequent visit - 50% of charge
Remedial massage	2	\$200 per person	Initial visit - 50% of charge Subsequent visit - 50% of charge
Dietetics/dietary advice	2	\$200 per person	Initial visit - 50% of charge Subsequent visit - 50% of charge
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - 50% of charge Subsequent visit - 50% of charge
Orthotics (podiatric orthoses)	12	Combined limit - see Podiatry	Orthotics supply & fit - 50% of charge

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

X Acupuncture	X Hearing aids	X Orthodontic
X Blood glucose monitors	X Major dental	X Other treatments - check with your insurer
X Endodontic	X Non PBS pharmaceuticals	

Other features of this general treatment cover

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

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.