

Private Health Information Statement - Combined policy

GMHBA Bronze Plus Package

GMHBA Limited

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 1300 4 GMHBA (46422)

Monthly Premium

\$396.45[#]

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)

Available in Tasmania
 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

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

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
✗ Blood	✗ Joint replacements	✗ Sleep studies
✗ Cataracts	✗ Lung and chest	✗ Weight loss surgery
✗ Dialysis for chronic kidney failure	✗ Pain management with device	
✗ Heart and vascular system	✗ Plastic and reconstructive surgery (medically necessary)	

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.

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

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	2	\$600 per person up to \$1,200 per policy	Periodic oral examination - \$29.60 Scale & clean - \$60.20 Fluoride treatment - \$17.90
Optical	6	\$150 per person up to \$300 per policy	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Physiotherapy	2	\$200 per person up to \$400 per policy (combined limit for physiotherapy, exercise physiology & other services)	Initial visit - \$40.00 Subsequent visit - \$40.00
Chiropractic	2	\$200 per person up to \$400 per policy (combined limit for chiropractic & osteopathy)	Initial visit - \$32.00 Subsequent visit - \$32.00
Acupuncture	2	\$200 per person up to \$400 per policy (combined limit for acupuncture, remedial massage, chinese medicine & other services)	Initial visit - \$30.00 Subsequent visit - \$30.00
Remedial massage	2		Initial visit - \$25.00 Subsequent visit - \$25.00
Chinese medicine	2		Initial visit - \$30.00 Subsequent visit - \$30.00
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - \$25.00 Subsequent visit - \$25.00
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$32.00 Subsequent visit - \$32.00

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

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

Other features of this general treatment cover

Excludes chiropractic x-rays.

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.

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.