

✓ Covered	R Restricted Cover	✗ Not Covered
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	R Palliative care
✓ Breast surgery (medically necessary)	✓ Gynaecology	✓ Plastic and reconstructive surgery (medically necessary)
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Hernia and appendix	✓ Podiatric surgery (provided by a registered podiatric surgeon)
✓ Dental surgery	R Hospital psychiatric services	R Rehabilitation
✓ Diabetes management (excluding insulin pumps)	✓ Joint reconstructions	✓ Skin
✓ Digestive system	✓ Kidney and bladder	✓ Tonsils, adenoids and grommets
	✓ Male reproductive system	
This policy does not include cover for		
✗ Assisted reproductive services	✗ Implantation of hearing devices	✗ Pregnancy and birth
✗ Back, neck and spine	✗ Insulin pumps	✗ Sleep studies
✗ Cataracts	✗ Joint replacements	✗ Weight loss surgery
✗ Dialysis for chronic kidney failure	✗ Lung and chest	
✗ 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 day surgery.

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 (<https://www.health.gov.au/resources/apps-and-tools/medical-costs-finder>) lets you find out more about the cost of specialist medical services.

Other features of this hospital cover

Access to health programs.

Ambulance cover

In VIC 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: 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.

Insurer Details



GMHBA Limited
GMHBA Bronze Plus Hospital

\$239.80 / month

(Before Rebate, Discount & Loading)

Available in VIC

Call now  **1300 4 GMHBA (46422)**
Sponsor link

GMHBA Limited

 <http://www.gmhba.com.au>

 service@gmhba.com.au

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