



**GMHBA Limited**  
GMHBA Ultra Extras

**\$229.00 / month**  
(Before Rebate, Discount & Loading)  
Available in NT

You may be entitled to an Australian Government Rebate on the above premium. Your premium may also include an insurer discount. Check with your insurer for details.

**This policy covers:** Two adults (and no-one else).

This health insurer does not operate a preferred provider scheme.

**Policy ID:** GMH/I14/DBMQ20

**Source:** Private Health Information Statement (PHIS)

## Extras Cover

This policy **includes** General treatment (Extras) cover for

Note, for treatments marked with \* : Non PBS Pharmaceuticals must be a private Schedule 4 or Schedule 8 and dispensed via a provider in private practice. PBS contribution applies to Travel Vaccinations

Treatment & waiting period (months)		Benefit limits per 12 months unless otherwise stated	Examples of maximum benefits
✓ Acupuncture	2	<b>\$600 per person up to \$900 per policy</b> combined limit for acupuncture, remedial massage & other services sub-limits apply	<ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul>
✓ Audiology	2	<b>\$350 per person</b>	<ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul>
✓ Blood glucose monitors	12	<b>\$650 per policy</b>	<ul style="list-style-type: none"> <li>Per monitor: 80% of charge</li> </ul>
✓ Chiropractic	2	<b>\$700 per person up to \$1,000 per policy</b> combined limit for chiropractic, osteopathy & other services sub-limits apply	<ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul>
✓ Dietetics/dietary advice	2	<b>\$350 per person</b>	<ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul>
✓ Endodontic	12	<b>\$2,000 per person</b> combined limit for endodontic, general dental, major dental, orthodontic & other services	<ul style="list-style-type: none"> <li>Filling of one root canal: \$86.45</li> </ul>
✓ Eye therapy (orthoptics)	2	<b>\$500 per person</b> combined limit for eye therapy (orthoptics) & speech therapy	<ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul>
✓ General dental	2	<b>\$2,000 per person</b> combined limit for endodontic, general dental, major dental, orthodontic & other services sub-limits apply	<ul style="list-style-type: none"> <li>Fluoride treatment: \$45</li> <li>Scale &amp; clean: \$120</li> <li>Periodic oral examination: \$56</li> </ul>

✓ <b>Hearing aids</b>	12	<b>\$800 per person</b>	<ul style="list-style-type: none"> <li>Hearing aid: 100% of charge</li> </ul>
✓ <b>Major dental</b>	12	<b>\$2,000 per person</b> combined limit for endodontic, general dental, major dental, orthodontic & other services sub-limits apply	<ul style="list-style-type: none"> <li>Surgical tooth extraction: \$101.15</li> <li>Full crown veneered: \$300</li> </ul>
✓ <b>Non PBS pharmaceuticals*</b>	2	<b>\$350 per person up to \$550 per policy</b> combined limit for non pbs pharmaceuticals & vaccinations sub-limits apply	<ul style="list-style-type: none"> <li>Per eligible prescription: 80% of charge</li> </ul>
✓ <b>Occupational therapy</b>	2	<b>\$500 per person up to \$800 per policy</b>	<ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul>
✓ <b>Optical</b>	6	<b>\$300 per person</b>	<ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: 100% of charge</li> <li>Single vision lenses &amp; frames: 100% of charge</li> </ul>
✓ <b>Orthodontic</b>	12	<b>\$2,000 per person</b> \$2,900 lifetime limit combined limit for endodontic, general dental, major dental, orthodontic & other services sub-limits apply	<ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: \$400</li> </ul>
✓ <b>Orthotics (podiatric orthoses)</b>	12	<b>\$230 per person up to \$115 per service up to \$460 per policy</b>	<ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 80% of charge</li> </ul>
✓ <b>Osteopathy</b>	2	<b>\$700 per person up to \$1,000 per policy</b> combined limit for chiropractic, osteopathy & other services	<ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul>
✓ <b>Physiotherapy</b>	2	<b>\$700 per person up to \$1,000 per policy</b> sub-limits apply	<ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul>
✓ <b>Podiatry</b>	2	<b>\$350 per person</b> sub-limits apply	<ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul>
✓ <b>Psychology</b>	2	<b>\$500 per person up to \$800 per policy</b> sub-limits apply	<ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul>
✓ <b>Remedial massage</b>	2	<b>\$600 per person up to \$900 per policy</b> combined limit for acupuncture, remedial massage & other services sub-limits apply	<ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul>
✓ <b>Speech therapy</b>	0	<b>\$500 per person</b> combined limit for eye therapy (orthoptics) & speech therapy	<ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul>
✓ <b>Vaccinations*</b>	2	<b>\$350 per person up to \$550 per policy</b> combined limit for non pbs pharmaceuticals & vaccinations	<ul style="list-style-type: none"> <li>Per service: 80% of charge</li> </ul>

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

- ✗ Ante-natal/Post-natal classes
- ✗ Exercise physiology
- ✗ Home nursing
- ✗ Chinese medicine
- ✗ Health management / Healthy lifestyle

**Other features of this general treatment cover:** Annual sub-limit up to \$450 per person, per calendar year applies for preventative dental. Rates discounted for direct debit payment.

## Ambulance cover

Pensioner Concession Card and Commonwealth Seniors Health Card holders are entitled to free ambulance transport services. St John's ambulance offers a subscription service for ambulance cover in the Northern Territory (<https://www.stjohnnt.org.au/ambulance/ambulance-cover.php>). Cover is included whilst interstate for less than 21 days.

## Insurer Details



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Available in NT

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

### GMHBA Limited

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 **1300 4 GMHBA (46422)**

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