



GMHBA Limited
GMHBA Ultra Extras

\$163.00 / month
(Before Rebate, Discount & Loading)
Available in TAS

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: Only one person.

This health insurer does not operate a preferred provider scheme.

Policy ID: GMH/I14/TBMB10

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	\$600 per policy combined limit for acupuncture, remedial massage & other services sub-limits apply	- Initial visit: 80% of charge - Subsequent visit: 80% of charge
✓ Audiology	2	\$350 per policy	- Initial visit: 80% of charge - Subsequent visit: 80% of charge
✓ Blood glucose monitors	12	\$650 per policy	Per monitor: 80% of charge
✓ Chiropractic	2	\$700 per policy combined limit for chiropractic, osteopathy & other services sub-limits apply	- Initial visit: 80% of charge - Subsequent visit: 80% of charge
✓ Dietetics/dietary advice	2	\$350 per policy	- Initial visit: 80% of charge - Subsequent visit: 80% of charge
✓ Endodontic	12	\$2,000 per policy combined limit for endodontic, general dental, major dental, orthodontic & other services	Filling of one root canal: \$86.45
✓ Eye therapy (orthoptics)	2	\$500 per policy combined limit for eye therapy (orthoptics) & speech therapy	- Initial visit: 80% of charge - Subsequent visit: 80% of charge

✓ General dental	2	\$2,000 per policy combined limit for endodontic, general dental, major dental, orthodontic & other services sub-limits apply	- Fluoride treatment: \$45 - Scale & clean: \$120 - Periodic oral examination: \$56
✓ Hearing aids	12	\$800 per policy	Hearing aid: 100% of charge
✓ Major dental	12	\$2,000 per policy combined limit for endodontic, general dental, major dental, orthodontic & other services sub-limits apply	- Surgical tooth extraction: \$101.15 - Full crown veneered: \$300
✓ Non PBS pharmaceuticals*	2	\$350 per policy combined limit for non pbs pharmaceuticals & vaccinations sub-limits apply	Per eligible prescription: 80% of charge
✓ Occupational therapy	2	\$500 per policy	- Initial visit: 80% of charge - Subsequent visit: 80% of charge
✓ Optical	6	\$300 per policy	- Multi-focal lenses & frames: 100% of charge - Single vision lenses & frames: 100% of charge
✓ Orthodontic	12	\$2,000 per policy \$2,900 lifetime limit combined limit for endodontic, general dental, major dental, orthodontic & other services sub-limits apply	Braces for upper & lower teeth, including removal plus fitting of retainer: \$400
✓ Orthotics (podiatric orthoses)	12	\$115 per service up to \$230 per policy	Orthotics supply & fit: 80% of charge
✓ Osteopathy	2	\$700 per policy combined limit for chiropractic, osteopathy & other services	- Initial visit: 80% of charge - Subsequent visit: 80% of charge
✓ Physiotherapy	2	\$700 per policy sub-limits apply	- Initial visit: 80% of charge - Subsequent visit: 80% of charge
✓ Podiatry	2	\$350 per policy sub-limits apply	- Initial visit: 80% of charge - Subsequent visit: 80% of charge
✓ Psychology	2	\$500 per policy sub-limits apply	- Initial visit: 80% of charge - Subsequent visit: 80% of charge
✓ Remedial massage	2	\$600 per policy combined limit for acupuncture, remedial massage & other services sub-limits apply	- Initial visit: 80% of charge - Subsequent visit: 80% of charge
✓ Speech therapy	0	\$500 per policy combined limit for eye therapy (orthoptics) & speech therapy	- Initial visit: 80% of charge - Subsequent visit: 80% of charge
✓ Vaccinations*	2	\$350 per policy combined limit for non pbs pharmaceuticals & vaccinations	Per service: 80% of charge

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

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.

Insurer Details



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

GMHBA Limited

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

service@gmhba.com.au

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Disclaimer: This document is not a Private Health Information Statement (PHIS), and it is not intended to replace that document. The details contained in the **healthslips.com.au Policy Information** was provided by the insurer to the Australian Government. It is intended as general information. It may not take into account your circumstances. For further information contact the insurer. Information used is Licensed from the Commonwealth of Australia under a Creative Commons 3.0 licence.

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