GMHBA Limited
GMHBA Ultra Extras

$326.00 / 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: One adult & dependants (2 or more people, only one of whom is an adult).

Children (0 - 17), non-classified* dependant (18 - 20) and students (21 - 24), as well as persons with a disability who qualify as a child, non-classified* dependant and student in these age ranges.

*Non-classified dependant: Dependant from the age of 18 to 20

This health insurer does not operate a preferred provider scheme.

Policy ID: GMH/I14/TBMV1D **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 person up to $900 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 person**	• 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 person up to $1,000 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 person**	• Initial visit: 80% of charge • Subsequent visit: 80% of charge
✓ **Endodontic**	12	**$2,000 per person** combined limit for endodontic, general dental, major dental, orthodontic & other services	• Filling of one root canal: $86.45
✓ **Eye therapy (orthoptics)**	2	**$500 per person** combined limit for eye therapy (orthoptics) & speech therapy	• Initial visit: 80% of charge • Subsequent visit: 80% of charge

✓ **General dental**	2	**$2,000 per person** 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 person**	• Hearing aid: 100% of charge
✓ **Major dental**	12	**$2,000 per person** 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 person up to $550 per policy** combined limit for non pbs pharmaceuticals & vaccinations sub-limits apply	• Per eligible prescription: 80% of charge
✓ **Occupational therapy**	2	**$500 per person up to $800 per policy**	• Initial visit: 80% of charge • Subsequent visit: 80% of charge
✓ **Optical**	6	**$300 per person**	• Multi-focal lenses & frames: 100% of charge • Single vision lenses & frames: 100% of charge
✓ **Orthodontic**	12	**$2,000 per person** $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	**$230 per person up to $115 per service up to $460 per policy**	• Orthotics supply & fit: 80% of charge
✓ **Osteopathy**	2	**$700 per person up to $1,000 per policy** combined limit for chiropractic, osteopathy & other services	• Initial visit: 80% of charge • Subsequent visit: 80% of charge
✓ **Physiotherapy**	2	**$700 per person up to $1,000 per policy** sub-limits apply	• Initial visit: 80% of charge • Subsequent visit: 80% of charge
✓ **Podiatry**	2	**$350 per person** sub-limits apply	• Initial visit: 80% of charge • Subsequent visit: 80% of charge
✓ **Psychology**	2	**$500 per person up to $800 per policy** sub-limits apply	• Initial visit: 80% of charge • Subsequent visit: 80% of charge
✓ **Remedial massage**	2	**$600 per person up to $900 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 person** combined limit for eye therapy (orthoptics) & speech therapy	• Initial visit: 80% of charge • Subsequent visit: 80% of charge
✓ **Vaccinations***	2	**$350 per person up to $550 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
- ✕ Chinese medicine
- ✕ Exercise physiology
- ✕ Health management / Healthy lifestyle
- ✕ Home nursing

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.

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