



GMHBA Limited  
GMHBA Ultra Extras

**\$357.80 / month**  
(Before Rebate, Discount & Loading)  
Available in VIC

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/VBMS20

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><br>combined limit for acupuncture, remedial massage & other services<br>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><br>combined limit for chiropractic, osteopathy & other services<br>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><br>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><br>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><br>combined limit for endodontic, general dental, major dental, orthodontic & other services<br>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>        |
| ✓ Hearing aids                   | 12 | <b>\$800 per person</b>                                                                                                                                              | <ul style="list-style-type: none"> <li>Hearing aid: 100% of charge</li> </ul>                                                                                |
| ✓ Major dental                   | 12 | <b>\$2,000 per person</b><br>combined limit for endodontic, general dental, major dental, orthodontic & other services<br>sub-limits apply                           | <ul style="list-style-type: none"> <li>Surgical tooth extraction: \$101.15</li> <li>Full crown veneered: \$300</li> </ul>                                    |
| ✓ Non PBS pharmaceuticals*       | 2  | <b>\$350 per person up to \$550 per policy</b><br>combined limit for non pbs pharmaceuticals & vaccinations<br>sub-limits apply                                      | <ul style="list-style-type: none"> <li>Per eligible prescription: 80% of charge</li> </ul>                                                                   |
| ✓ Occupational therapy           | 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>                                      |
| ✓ Optical                        | 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> |
| ✓ Orthodontic                    | 12 | <b>\$2,000 per person</b><br>\$2,900 lifetime limit<br>combined limit for endodontic, general dental, major dental, orthodontic & other services<br>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>                      |
| ✓ Orthotics (podiatric orthoses) | 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>                                                                  |
| ✓ Osteopathy                     | 2  | <b>\$700 per person up to \$1,000 per policy</b><br>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>                                      |
| ✓ Physiotherapy                  | 2  | <b>\$700 per person up to \$1,000 per policy</b><br>sub-limits apply                                                                                                 | <ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul>                                      |
| ✓ Podiatry                       | 2  | <b>\$350 per person</b><br>sub-limits apply                                                                                                                          | <ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul>                                      |
| ✓ Psychology                     | 2  | <b>\$500 per person up to \$800 per policy</b><br>sub-limits apply                                                                                                   | <ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul>                                      |
| ✓ Remedial massage               | 2  | <b>\$600 per person up to \$900 per policy</b><br>combined limit for acupuncture, remedial massage & other services<br>sub-limits apply                              | <ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul>                                      |
| ✓ Speech therapy                 | 0  | <b>\$500 per person</b><br>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>                                      |
| ✓ Vaccinations*                  | 2  | <b>\$350 per person up to \$550 per policy</b><br>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 Healthcare Card holders are entitled to free clinically necessary ambulance transport. If you are not eligible for a concession and want to be covered, you can purchase insurance from a private health insurer or take out a subscription with the state ambulance service (<https://www.ambulance.vic.gov.au/membership>).

## Insurer Details



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**\$357.80 / month**

(Before Rebate, Discount & Loading)

Available in VIC

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

**GMHBA Limited**

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**1300 4 GMHBA (46422)**

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