



**GMHBA Limited**  
**GMHBA Top Extras No Dental**

**\$51.30 / month**  
(Before Rebate, Discount & Loading)  
Available in QLD

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/I15/QBRI10

**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>\$350 per policy</b><br>combined limit for acupuncture & remedial massage                                | <ul style="list-style-type: none"><li>Initial visit: \$25</li><li>Subsequent visit: \$20</li></ul> |
| ✓ Audiology                         | 2  | <b>\$350 per policy</b>                                                                                     | <ul style="list-style-type: none"><li>Initial visit: \$25</li><li>Subsequent visit: \$20</li></ul> |
| ✓ Blood glucose monitors            | 12 | <b>\$200 per policy</b>                                                                                     | <ul style="list-style-type: none"><li>Per monitor: 100% of charge</li></ul>                        |
| ✓ Chiropractic                      | 2  | <b>\$350 per policy</b><br>combined limit for chiropractic, osteopathy & other services<br>sub-limits apply | <ul style="list-style-type: none"><li>Initial visit: \$26</li><li>Subsequent visit: \$21</li></ul> |
| ✓ Dietetics/dietary advice          | 2  | <b>\$350 per policy</b>                                                                                     | <ul style="list-style-type: none"><li>Initial visit: \$60</li><li>Subsequent visit: \$45</li></ul> |
| ✓ Eye therapy (orthoptics)          | 2  | <b>\$500 per policy</b><br>combined limit for eye therapy (orthoptics) & speech therapy                     | <ul style="list-style-type: none"><li>Initial visit: \$54</li><li>Subsequent visit: \$25</li></ul> |
| ✓ Hearing aids                      | 12 | <b>\$800 per policy</b><br>sub-limits apply                                                                 | <ul style="list-style-type: none"><li>Hearing aid: 100% of charge</li></ul>                        |
| ✓ Non PBS pharmaceuticals*          | 2  | <b>\$350 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: 100% of charge</li></ul>          |

|                                  |    |                                                                                  |                                                                                                                                                              |
|----------------------------------|----|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Occupational therapy           | 2  | \$500 per policy                                                                 | <ul style="list-style-type: none"> <li>Initial visit: \$54</li> <li>Subsequent visit: \$25</li> </ul>                                                        |
| ✓ Optical                        | 6  | \$250 per policy                                                                 | <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> |
| ✓ Orthotics (podiatric orthoses) | 12 | \$115 per service up to \$230 per policy                                         | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 80% of charge</li> </ul>                                                                  |
| ✓ Osteopathy                     | 2  | \$350 per policy<br>combined limit for chiropractic, osteopathy & other services | <ul style="list-style-type: none"> <li>Initial visit: \$26</li> <li>Subsequent visit: \$21</li> </ul>                                                        |
| ✓ Physiotherapy                  | 2  | \$500 per policy<br>sub-limits apply                                             | <ul style="list-style-type: none"> <li>Initial visit: \$36</li> <li>Subsequent visit: \$26</li> </ul>                                                        |
| ✓ Podiatry                       | 2  | \$350 per policy<br>sub-limits apply                                             | <ul style="list-style-type: none"> <li>Initial visit: \$43</li> <li>Subsequent visit: \$43</li> </ul>                                                        |
| ✓ Psychology                     | 2  | \$500 per policy<br>sub-limits apply                                             | <ul style="list-style-type: none"> <li>Initial visit: \$54</li> <li>Subsequent visit: \$25</li> </ul>                                                        |
| ✓ Remedial massage               | 2  | \$350 per policy<br>combined limit for acupuncture & remedial massage            | <ul style="list-style-type: none"> <li>Initial visit: \$20</li> <li>Subsequent visit: \$20</li> </ul>                                                        |
| ✓ Speech therapy                 | 2  | \$500 per policy<br>combined limit for eye therapy (orthoptics) & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: \$54</li> <li>Subsequent visit: \$25</li> </ul>                                                        |
| ✓ Vaccinations*                  | 2  | \$350 per policy<br>combined limit for non pbs pharmaceuticals & vaccinations    | <ul style="list-style-type: none"> <li>Per service: 100% of charge</li> </ul>                                                                                |

Benefits also available towards Home/Bush Nursing, please contact GMHBA for further information.

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

- |                                 |                                         |                |
|---------------------------------|-----------------------------------------|----------------|
| ✗ Ante-natal/Post-natal classes | ✗ Exercise physiology                   | ✗ Home nursing |
| ✗ Chinese medicine              | ✗ General dental                        | ✗ Major dental |
| ✗ Endodontic                    | ✗ Health management / Healthy lifestyle | ✗ Orthodontic  |

**Other features of this general treatment cover:** Rates discounted for premiums paid by direct debit. This product excludes all dental benefits.

## Ambulance cover

Ambulance cover is provided by the State government for Queensland residents (<https://www.ambulance.qld.gov.au>). This includes cover whilst interstate.

## 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](mailto:service@gmhba.com.au)

 **1300 4 GMHBA (46422)**

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