



**GMHBA Limited**  
GMHBA Core Extras

**\$64.65 / month**  
(Before Rebate, Discount & Loading)  
Available in SA

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 policy can only be purchased with certain hospital policies.  
This health insurer does not operate a preferred provider scheme.

**Policy ID:** GMH/I28/SJUZ10

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

## Extras Cover

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

| Treatment & waiting period (months) |    | Benefit limits per 12 months unless otherwise stated                                                              | Examples of maximum benefits                                                                                                                           |
|-------------------------------------|----|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                       | 2  | <b>\$300 per policy</b><br>combined limit for acupuncture, remedial massage & other services                      | <ul style="list-style-type: none"><li>Initial visit: \$30</li><li>Subsequent visit: \$30</li></ul>                                                     |
| ✓ Chiropractic                      | 2  | <b>\$300 per policy</b><br>combined limit for chiropractic, osteopathy & other services                           | <ul style="list-style-type: none"><li>Initial visit: \$35</li><li>Subsequent visit: \$35</li></ul>                                                     |
| ✓ Dietetics/dietary advice          | 2  | <b>\$350 per policy</b><br>combined limit for dietetics/dietary advice, psychology, vaccinations & other services | <ul style="list-style-type: none"><li>Initial visit: \$44</li><li>Subsequent visit: \$44</li></ul>                                                     |
| ✓ Endodontic                        | 12 | <b>\$750 per policy</b><br>combined limit for endodontic & major dental                                           | <ul style="list-style-type: none"><li>Filling of one root canal: \$112.1</li></ul>                                                                     |
| ✓ Exercise physiology               | 2  | <b>\$400 per policy</b><br>combined limit for exercise physiology, physiotherapy & other services                 | <ul style="list-style-type: none"><li>Initial visit: \$37</li><li>Subsequent visit: \$37</li></ul>                                                     |
| ✓ General dental                    | 2  | <b>\$800 per policy</b>                                                                                           | <ul style="list-style-type: none"><li>Fluoride treatment: \$23.7</li><li>Scale &amp; clean: \$77.1</li><li>Periodic oral examination: \$38.2</li></ul> |
| ✓ Major dental                      | 12 | <b>\$750 per policy</b><br>combined limit for endodontic & major dental                                           | <ul style="list-style-type: none"><li>Surgical tooth extraction: \$102.6</li><li>Full crown veneered: \$520</li></ul>                                  |
| ✓ Optical                           | 6  | <b>\$250 per policy</b>                                                                                           | <ul style="list-style-type: none"><li>Single vision lenses &amp; frames: 100% of charge</li></ul>                                                      |
| ✓ Orthotics (podiatric orthoses)    | 12 | <b>\$250 per policy</b><br>combined limit for orthotics (podiatric orthoses) & podiatry                           | <ul style="list-style-type: none"><li>Orthotics supply &amp; fit: \$90</li></ul>                                                                       |

|                           |   |                                                                                                                   |                                                                                                       |
|---------------------------|---|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| ✓ <b>Osteopathy</b>       | 2 | <b>\$300 per policy</b><br>combined limit for chiropractic, osteopathy & other services                           | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$35</li> </ul> |
| ✓ <b>Physiotherapy</b>    | 2 | <b>\$400 per policy</b><br>combined limit for exercise physiology, physiotherapy & other services                 | <ul style="list-style-type: none"> <li>Initial visit: \$45</li> <li>Subsequent visit: \$45</li> </ul> |
| ✓ <b>Podiatry</b>         | 2 | <b>\$250 per policy</b><br>combined limit for orthotics (podiatric orthoses) & podiatry                           | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$35</li> </ul> |
| ✓ <b>Psychology</b>       | 2 | <b>\$350 per policy</b><br>combined limit for dietetics/dietary advice, psychology, vaccinations & other services | <ul style="list-style-type: none"> <li>Initial visit: \$69</li> <li>Subsequent visit: \$69</li> </ul> |
| ✓ <b>Remedial massage</b> | 0 | <b>\$300 per policy</b><br>combined limit for acupuncture, remedial massage & other services                      | <ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$30</li> </ul> |
| ✓ <b>Vaccinations</b>     | 2 | <b>\$350 per policy</b><br>combined limit for dietetics/dietary advice, psychology, vaccinations & other services | <ul style="list-style-type: none"> <li>Per service: \$35</li> </ul>                                   |

Benefits available for a range of wellbeing & preventative health products as well as counselling services.

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

- |                                 |                                         |                           |
|---------------------------------|-----------------------------------------|---------------------------|
| ✗ Ante-natal/Post-natal classes | ✗ Eye therapy (orthoptics)              | ✗ Non PBS pharmaceuticals |
| ✗ Audiology                     | ✗ Health management / Healthy lifestyle | ✗ Occupational therapy    |
| ✗ Blood glucose monitors        | ✗ Hearing aids                          | ✗ Orthodontic             |
| ✗ Chinese medicine              | ✗ Home nursing                          | ✗ Speech therapy          |

**Other features of this general treatment cover:** Can only be purchased with AIA Vitality Hospital Covers.

## Ambulance cover

South Australia has a subscription service to cover ambulance within the state, with an additional fee to cover interstate travel (<http://www.saambulance.com.au/ProductsServices/AmbulanceCover.aspx>).

## 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)

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