GMHBA Limited

GMHBA Mid Extras Interstate

$109.10 / 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: 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/I3/QABS1D **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.

Treatment & waiting period (months)		Benefit limits per 12 months unless otherwise stated	Examples of maximum benefits
✓ **Acupuncture**	2	**$350 per person up to $600 per policy** combined limit for acupuncture, chiropractic, osteopathy & other services sub-limits apply	• Initial visit: $19 • Subsequent visit: $17
✓ **Audiology**	2	**$400 per person** combined limit for audiology, eye therapy (orthoptics) & speech therapy	• Initial visit: $25 • Subsequent visit: $20
✓ **Blood glucose monitors**	12	**$150 per policy**	• Per monitor: 100% of charge
✓ **Chiropractic**	2	**$350 per person up to $600 per policy** combined limit for acupuncture, chiropractic, osteopathy & other services sub-limits apply	• Initial visit: $25 • Subsequent visit: $17
✓ **Dietetics/dietary advice**	2	**$350 per person**	• Initial visit: $56 • Subsequent visit: $41
✓ **Endodontic**	12	**$1,500 per person** combined limit for endodontic, general dental, major dental, orthodontic & other services	• Filling of one root canal: $86.19

✓ **Eye therapy (orthoptics)**	2	**$400 per person** combined limit for audiology, eye therapy (orthoptics) & speech therapy	• Initial visit: $27 • Subsequent visit: $21
✓ **General dental**	2	**$1,500 per person** combined limit for endodontic, general dental, major dental, orthodontic & other services sub-limits apply	• Fluoride treatment: $21.45 • Scale & clean: $68.25 • Periodic oral examination: $36.65
✓ **Hearing aids**	12	**$400 per person** sub-limits apply	• Hearing aid: 80% of charge
✓ **Major dental**	12	**$1,500 per person** combined limit for endodontic, general dental, major dental, orthodontic & other services sub-limits apply	• Surgical tooth extraction: $118.6 • Full crown veneered: $520
✓ **Non PBS pharmaceuticals***	2	**$250 per person up to $400 per policy** combined limit for non pbs pharmaceuticals & vaccinations sub-limits apply	• Per eligible prescription: $40
✓ **Occupational therapy**	2	**$350 per person up to $600 per policy** combined limit for occupational therapy, physiotherapy & other services	• Initial visit: $31 • Subsequent visit: $21
✓ **Optical**	6	**$170 per person**	• Multi-focal lenses & frames: 80% of charge • Single vision lenses & frames: 80% of charge
✓ **Orthodontic**	12	**$1,500 per person** $1,900 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: $320
✓ **Orthotics (podiatric orthoses)**	12	**$400 overall limit for Podiatry, Orthotics (podiatric orthoses) and surgical podiatric items. Sub-limit applies per item for Orthotics.** combined limit for orthotics (podiatric orthoses) & podiatry	• Orthotics supply & fit: 80% of charge
✓ **Osteopathy**	2	**$350 per person up to $600 per policy** combined limit for acupuncture, chiropractic, osteopathy & other services	• Initial visit: $25 • Subsequent visit: $17
✓ **Physiotherapy**	2	**$350 per person up to $600 per policy** combined limit for occupational therapy, physiotherapy & other services sub-limits apply	• Initial visit: $31 • Subsequent visit: $21
✓ **Podiatry**	2	**$400 overall limit for Podiatry, Orthotics (podiatric orthoses) and surgical podiatric items. Sub-limit applies per item for Orthotics.** combined limit for orthotics (podiatric orthoses) & podiatry	• Initial visit: $35 • Subsequent visit: $35
✓ **Psychology**	2	**$350 per person up to $600 per policy** sub-limits apply	• Initial visit: $40 • Subsequent visit: $25

✓ **Speech therapy**	2	**$400 per person** combined limit for audiology, eye therapy (orthoptics) & speech therapy	• Initial visit: $27 • Subsequent visit: $21
✓ **Vaccinations**	2	**$250 per person up to $400 per policy** combined limit for non pbs pharmaceuticals & vaccinations	• Per service: $40

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
- ✗ Remedial massage

Other features of this general treatment cover: An annual sub-limit up to $400 per person per calendar year applies for preventative dental. Rates discounted for premiums paid by direct debit. Sub-limit per item for Orthotics is 80% cost up to a maximum of $115.

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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service@gmhba.com.au
1300 4 GMHBA (46422)