

**GMHBA Limited**  
GMHBA Mid Extras Interstate**\$107.90 / 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:** Two adults & dependants (3 or more people, only 2 of whom are adults).

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/S0000F

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	<b>\$350 per person up to \$600 per policy</b> combined limit for acupuncture, chiropractic, osteopathy & other services sub-limits apply	<ul style="list-style-type: none"> <li>Initial visit: \$19</li> <li>Subsequent visit: \$17</li> </ul>
✓ Audiology	2	<b>\$400 per person</b> combined limit for audiology, eye therapy (orthoptics) & speech therapy	<ul style="list-style-type: none"> <li>Initial visit: \$25</li> <li>Subsequent visit: \$20</li> </ul>
✓ Blood glucose monitors	12	<b>\$150 per policy</b>	<ul style="list-style-type: none"> <li>Per monitor: 100% of charge</li> </ul>
✓ Chiropractic	2	<b>\$350 per person up to \$600 per policy</b> combined limit for acupuncture, chiropractic, osteopathy & other services sub-limits apply	<ul style="list-style-type: none"> <li>Initial visit: \$25</li> <li>Subsequent visit: \$17</li> </ul>
✓ Dietetics/dietary advice	2	<b>\$350 per person</b>	<ul style="list-style-type: none"> <li>Initial visit: \$56</li> <li>Subsequent visit: \$41</li> </ul>
✓ Endodontic	12	<b>\$1,500 per person</b> combined limit for endodontic, general dental, major dental, orthodontic & other services	<ul style="list-style-type: none"> <li>Filling of one root canal: \$86.19</li> </ul>

✓ <b>Eye therapy (orthoptics)</b>	2	<b>\$400 per person</b> combined limit for audiology, eye therapy (orthoptics) & speech therapy	<ul style="list-style-type: none"> <li>Initial visit: \$27</li> <li>Subsequent visit: \$21</li> </ul>
✓ <b>General dental</b>	2	<b>\$1,500 per person</b> combined limit for endodontic, general dental, major dental, orthodontic & other services sub-limits apply	<ul style="list-style-type: none"> <li>Fluoride treatment: \$21.45</li> <li>Scale &amp; clean: \$68.25</li> <li>Periodic oral examination: \$36.65</li> </ul>
✓ <b>Hearing aids</b>	12	<b>\$400 per person</b> sub-limits apply	<ul style="list-style-type: none"> <li>Hearing aid: 80% of charge</li> </ul>
✓ <b>Major dental</b>	12	<b>\$1,500 per person</b> combined limit for endodontic, general dental, major dental, orthodontic & other services sub-limits apply	<ul style="list-style-type: none"> <li>Surgical tooth extraction: \$118.6</li> <li>Full crown veneered: \$520</li> </ul>
✓ <b>Non PBS pharmaceuticals*</b>	2	<b>\$250 per person up to \$400 per policy</b> combined limit for non pbs pharmaceuticals & vaccinations sub-limits apply	<ul style="list-style-type: none"> <li>Per eligible prescription: \$40</li> </ul>
✓ <b>Occupational therapy</b>	2	<b>\$350 per person up to \$600 per policy</b> combined limit for occupational therapy, physiotherapy & other services	<ul style="list-style-type: none"> <li>Initial visit: \$31</li> <li>Subsequent visit: \$21</li> </ul>
✓ <b>Optical</b>	6	<b>\$170 per person</b>	<ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: 80% of charge</li> <li>Single vision lenses &amp; frames: 80% of charge</li> </ul>
✓ <b>Orthodontic</b>	12	<b>\$1,500 per person</b> \$1,900 lifetime limit combined limit for endodontic, general dental, major dental, orthodontic & other services sub-limits apply	<ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: \$320</li> </ul>
✓ <b>Orthotics (podiatric orthoses)</b>	12	<b>\$400 overall limit for Podiatry, Orthotics (podiatric orthoses) and surgical podiatric items. Sub-limit applies per item for Orthotics.</b> combined limit for orthotics (podiatric orthoses) & podiatry	<ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 80% of charge</li> </ul>
✓ <b>Osteopathy</b>	2	<b>\$350 per person up to \$600 per policy</b> combined limit for acupuncture, chiropractic, osteopathy & other services	<ul style="list-style-type: none"> <li>Initial visit: \$25</li> <li>Subsequent visit: \$17</li> </ul>
✓ <b>Physiotherapy</b>	2	<b>\$350 per person up to \$600 per policy</b> combined limit for occupational therapy, physiotherapy & other services sub-limits apply	<ul style="list-style-type: none"> <li>Initial visit: \$31</li> <li>Subsequent visit: \$21</li> </ul>
✓ <b>Podiatry</b>	2	<b>\$400 overall limit for Podiatry, Orthotics (podiatric orthoses) and surgical podiatric items. Sub-limit applies per item for Orthotics.</b> 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 person up to \$600 per policy</b> sub-limits apply	<ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$25</li> </ul>

✓ <b>Speech therapy</b>	2	<b>\$400 per person</b> combined limit for audiology, eye therapy (orthoptics) & speech therapy	<ul style="list-style-type: none"> <li>Initial visit: \$27</li> <li>Subsequent visit: \$21</li> </ul>
✓ <b>Vaccinations</b>	2	<b>\$250 per person up to \$400 per policy</b> combined limit for non pbs pharmaceuticals & vaccinations	<ul style="list-style-type: none"> <li>Per service: \$40</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
- ✗ 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

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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**\$107.90 / month**  
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Call now **1300 4 GMHBA (46422)**  
Sponsor link

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