GMHBA Limited

GMHBA Mid Extras Interstate

$51.75 / month
(Before Rebate, Discount & Loading)
Available in WA

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/I3/WLGL10

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 policy** combined limit for acupuncture, chiropractic, osteopathy & other services sub-limits apply	• Initial visit: $19 • Subsequent visit: $17
✓ **Audiology**	2	**$400 per policy** 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 policy** combined limit for acupuncture, chiropractic, osteopathy & other services sub-limits apply	• Initial visit: $25 • Subsequent visit: $17
✓ **Dietetics/dietary advice**	2	**$350 per policy**	• Initial visit: $56 • Subsequent visit: $41
✓ **Endodontic**	12	**$1,500 per policy** combined limit for endodontic, general dental, major dental, orthodontic & other services	• Filling of one root canal: $86.19
✓ **Eye therapy (orthoptics)**	2	**$400 per policy** combined limit for audiology, eye therapy (orthoptics) & speech therapy	• Initial visit: $27 • Subsequent visit: $21

✓ **General dental**	2	**$1,500 per policy** 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 policy** sub-limits apply	• Hearing aid: 80% of charge
✓ **Major dental**	12	**$1,500 per policy** 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 policy** combined limit for non pbs pharmaceuticals & vaccinations sub-limits apply	• Per eligible prescription: $40
✓ **Occupational therapy**	2	**$350 per policy** combined limit for occupational therapy, physiotherapy & other services	• Initial visit: $31 • Subsequent visit: $21
✓ **Optical**	6	**$170 per policy**	• Multi-focal lenses & frames: 80% of charge • Single vision lenses & frames: 80% of charge
✓ **Orthodontic**	12	**$1,500 per policy** $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 policy** combined limit for acupuncture, chiropractic, osteopathy & other services	• Initial visit: $25 • Subsequent visit: $17
✓ **Physiotherapy**	2	**$350 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 policy** sub-limits apply	• Initial visit: $40 • Subsequent visit: $25
✓ **Speech therapy**	2	**$400 per policy** combined limit for audiology, eye therapy (orthoptics) & speech therapy	• Initial visit: $27 • Subsequent visit: $21

✓ **Vaccinations**	2	**$250 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
- ✗ 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

Aged Pensioner concession holders are entitled to free ambulance transport services. If you are not eligible for a concession and want to be covered, you can purchase insurance from a private health fund or a subscription through the state ambulance service.

Insurer Details

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Available in WA

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