GMHBA Limited

GMHBA Mid Extras 65% Benefits

$151.20 / month
(Before Rebate, Discount & Loading)
Available in TAS

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 (and no-one else).

This health insurer does not operate a preferred provider scheme.

Policy ID: GMH/I3D/TGRR20

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	**$300 per person up to $600 per policy** combined limit for acupuncture & remedial massage	• Initial visit: 65% of charge • Subsequent visit: 65% of charge
✓ **Audiology**	2	**$400 per person**	• Initial visit: 65% of charge • Subsequent visit: 65% of charge
✓ **Blood glucose monitors**	12	**$150 per policy**	• Per monitor: 65% of charge
✓ **Chiropractic**	2	**$300 per person up to $600 per policy** combined limit for chiropractic, osteopathy & other services sub-limits apply	• Initial visit: 65% of charge • Subsequent visit: 65% of charge
✓ **Dietetics/dietary advice**	2	**$400 per person**	• Initial visit: 65% of charge • Subsequent visit: 65% of charge
✓ **Endodontic**	12	**$1,500 per person** combined limit for endodontic, general dental, major dental, orthodontic & other services	• Filling of one root canal: 65% of charge
✓ **Eye therapy (orthoptics)**	2	**$400 per person** combined limit for eye therapy (orthoptics) & speech therapy	• Initial visit: 65% of charge • Subsequent visit: 65% of charge
✓ **General dental**	2	**$1,500 per person** combined limit for endodontic, general dental, major dental, orthodontic & other services sub-limits apply	• Fluoride treatment: 65% of charge • Scale & clean: 65% of charge • Periodic oral examination: 65% of charge

✓ **Hearing aids**	12	**$1,200 per person** sub-limits apply	• Hearing aid: 65% 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: 65% of charge • Full crown veneered: 65% of charge
✓ **Non PBS pharmaceuticals***	2	**$250 per person up to $450 per policy** combined limit for non pbs pharmaceuticals & vaccinations sub-limits apply	• Per eligible prescription: 65% of charge
✓ **Occupational therapy**	2	**$400 per person up to $800 per policy**	• Initial visit: 65% of charge • Subsequent visit: 65% of charge
✓ **Optical**	6	**$200 per person**	• Multi-focal lenses & frames: 65% of charge • Single vision lenses & frames: 65% of charge
✓ **Orthodontic**	12	**$1,500 per person** $2,400 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: 65% of charge
✓ **Orthotics (podiatric orthoses)**	2	**$200 per person up to $115 per service up to $400 per policy**	• Orthotics supply & fit: 65% of charge
✓ **Osteopathy**	2	**$300 per person up to $600 per policy** combined limit for chiropractic, osteopathy & other services	• Initial visit: 65% of charge • Subsequent visit: 65% of charge
✓ **Physiotherapy**	2	**$400 per person up to $800 per policy** sub-limits apply	• Initial visit: 65% of charge • Subsequent visit: 65% of charge
✓ **Podiatry**	2	**$250 per person** sub-limits apply	• Initial visit: 65% of charge • Subsequent visit: 65% of charge
✓ **Psychology**	2	**$350 per person up to $600 per policy** sub-limits apply	• Initial visit: 65% of charge • Subsequent visit: 65% of charge
✓ **Remedial massage**	2	**$300 per person up to $600 per policy** combined limit for acupuncture & remedial massage	• Initial visit: 65% of charge • Subsequent visit: 65% of charge
✓ **Speech therapy**	2	**$400 per person** combined limit for eye therapy (orthoptics) & speech therapy	• Initial visit: 65% of charge • Subsequent visit: 65% of charge
✓ **Vaccinations**	2	**$250 per person up to $450 per policy** combined limit for non pbs pharmaceuticals & vaccinations	• Per service: 65% of charge

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

Other features of this general treatment cover: An annual sub-limit up to $400 p/p per calendar year applies for preventative dental. Rates discounted for direct debit.

Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - https://www.health.tas.gov.au/ambulance/fees_and_accounts.

Insurer Details

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