



**GMHBA Limited**  
GMHBA Mid Extras Set Benefits

**\$111.90 / month**  
(Before Rebate, Discount & Loading)  
Available in NT

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/I3E/DGSQ20

**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>\$300 per person up to \$600 per policy</b> combined limit for acupuncture & remedial massage	<ul style="list-style-type: none"> <li>Initial visit: \$26</li> <li>Subsequent visit: \$20</li> </ul>
✓ Audiology	2	<b>\$400 per person</b>	<ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$27</li> </ul>
✓ Blood glucose monitors	12	<b>\$150 per policy</b>	<ul style="list-style-type: none"> <li>Per monitor: \$150</li> </ul>
✓ Chiropractic	2	<b>\$300 per person up to \$600 per policy</b> combined limit for chiropractic, osteopathy & other services sub-limits apply	<ul style="list-style-type: none"> <li>Initial visit: \$26</li> <li>Subsequent visit: \$20</li> </ul>
✓ Dietetics/dietary advice	2	<b>\$400 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>
✓ Eye therapy (orthoptics)	2	<b>\$400 per person</b> combined limit for eye therapy (orthoptics) & speech therapy	<ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$23</li> </ul>
✓ General dental	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>\$1,200 per person</b> sub-limits apply	<ul style="list-style-type: none"> <li>Hearing aid: \$744</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 \$450 per policy</b> combined limit for non pbs pharmaceuticals & vaccinations sub-limits apply	<ul style="list-style-type: none"> <li>Per eligible prescription: \$24</li> </ul>
✓ <b>Occupational therapy</b>	2	<b>\$400 per person up to \$800 per policy</b>	<ul style="list-style-type: none"> <li>Initial visit: \$36</li> <li>Subsequent visit: \$27</li> </ul>
✓ <b>Optical</b>	6	<b>\$200 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> \$2,400 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: \$400</li> </ul>
✓ <b>Orthotics (podiatric orthoses)</b>	12	<b>\$200 per person up to \$400 per policy</b>	<ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: \$90</li> </ul>
✓ <b>Osteopathy</b>	2	<b>\$300 per person up to \$600 per policy</b> combined limit for chiropractic, osteopathy & other services	<ul style="list-style-type: none"> <li>Initial visit: \$26</li> <li>Subsequent visit: \$20</li> </ul>
✓ <b>Physiotherapy</b>	2	<b>\$400 per person up to \$800 per policy</b> sub-limits apply	<ul style="list-style-type: none"> <li>Initial visit: \$38</li> <li>Subsequent visit: \$29</li> </ul>
✓ <b>Podiatry</b>	2	<b>\$250 per person</b> sub-limits apply	<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: \$41</li> <li>Subsequent visit: \$31</li> </ul>
✓ <b>Remedial massage</b>	2	<b>\$300 per person up to \$600 per policy</b> combined limit for acupuncture & remedial massage	<ul style="list-style-type: none"> <li>Initial visit: \$26</li> <li>Subsequent visit: \$20</li> </ul>
✓ <b>Speech therapy</b>	2	<b>\$400 per person</b> combined limit for eye therapy (orthoptics) & speech therapy	<ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$23</li> </ul>
✓ <b>Vaccinations</b>	2	<b>\$250 per person up to \$450 per policy</b> combined limit for non pbs pharmaceuticals & vaccinations	<ul style="list-style-type: none"> <li>Per service: \$24</li> </ul>

**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 subscription benefits available in selected states & territories. Please contact GMHBA for further detail.

## Ambulance cover

Pensioner Concession Card and Commonwealth Seniors Health Card holders are entitled to free ambulance transport services. St John's ambulance offers a subscription service for ambulance cover in the Northern Territory (<https://www.stjohnnt.org.au/ambulance/ambulance-cover.php>). Cover is included whilst interstate for less than 21 days.

## 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)
- 1300 4 GMHBA (46422)**

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