



**GMHBA Limited**  
GMHBA Basic Extras

**\$71.70 / 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:** 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/I4/D0000P

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                                                                                                                            |
|-------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Endodontic                        | 12 | <b>\$1,000 per person</b><br>combined limit for endodontic, general dental, major dental, orthodontic & other services                     | <ul style="list-style-type: none"><li>Filling of one root canal: \$60.5</li></ul>                                                                       |
| ✓ General dental                    | 2  | <b>\$1,000 per person</b><br>combined limit for endodontic, general dental, major dental, orthodontic & other services<br>sub-limits apply | <ul style="list-style-type: none"><li>Fluoride treatment: \$31.5</li><li>Scale &amp; clean: \$84</li><li>Periodic oral examination: \$39.2</li></ul>    |
| ✓ Major dental                      | 12 | <b>\$1,000 per person</b><br>combined limit for endodontic, general dental, major dental, orthodontic & other services<br>sub-limits apply | <ul style="list-style-type: none"><li>Surgical tooth extraction: \$83.3</li><li>Full crown veneered: \$225</li></ul>                                    |
| ✓ Non PBS pharmaceuticals*          | 2  | <b>\$250 per person up to \$400 per policy</b><br>combined limit for non pbs pharmaceuticals & vaccinations<br>sub-limits apply            | <ul style="list-style-type: none"><li>Per eligible prescription: \$40</li></ul>                                                                         |
| ✓ Occupational therapy              | 2  | <b>\$350 per person up to \$600 per policy</b>                                                                                             | <ul style="list-style-type: none"><li>Initial visit: \$31</li><li>Subsequent visit: \$21</li></ul>                                                      |
| ✓ Optical                           | 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> |

|                 |    |                                                                                                                                                                      |                                                                                                                                       |
|-----------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Orthodontic   | 12 | <b>\$1,000 per person</b><br>\$1,050 lifetime limit<br>combined limit for endodontic, general dental, major dental, orthodontic & other services<br>sub-limits apply | <ul style="list-style-type: none"><li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: \$300</li></ul> |
| ✓ Physiotherapy | 2  | <b>\$350 per person up to \$600 per policy</b><br>sub-limits apply                                                                                                   | <ul style="list-style-type: none"><li>Initial visit: \$31</li><li>Subsequent visit: \$21</li></ul>                                    |
| ✓ Vaccinations  | 2  | <b>\$250 per person up to \$400 per policy</b><br>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**

|                                 |                                         |                                  |
|---------------------------------|-----------------------------------------|----------------------------------|
| ✗ Acupuncture                   | ✗ Dietetics/dietary advice              | ✗ Orthotics (podiatric orthoses) |
| ✗ Ante-natal/Post-natal classes | ✗ Exercise physiology                   | ✗ Osteopathy                     |
| ✗ Audiology                     | ✗ Eye therapy (orthoptics)              | ✗ Podiatry                       |
| ✗ Blood glucose monitors        | ✗ Health management / Healthy lifestyle | ✗ Psychology                     |
| ✗ Chinese medicine              | ✗ Hearing aids                          | ✗ Remedial massage               |
| ✗ Chiropractic                  | ✗ Home nursing                          | ✗ Speech therapy                 |

**Other features of this general treatment cover:** An annual sub-limit up to \$200 per person per calendar year applies for preventative dental. Rates discounted for premiums paid by direct debit.

## 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)

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