



**GMHBA Limited**  
GMHBA Basic Extras

**\$78.40 / 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 & 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/I4/T0000F**

**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> 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> combined limit for endodontic, general dental, major dental, orthodontic & other services 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> combined limit for endodontic, general dental, major dental, orthodontic & other services 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> combined limit for non pbs pharmaceuticals & vaccinations 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>

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

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](https://www.health.tas.gov.au/ambulance/fees_and_accounts).

## 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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**Disclaimer:** This document is not a Private Health Information Statement (PHIS), and it is not intended to replace that document. The details contained in the **healthslips.com.au Policy Information** was provided by the insurer to the Australian Government. It is intended as general information. It may not take into account your circumstances. For further information contact the insurer. Information used is Licensed from the Commonwealth of Australia under a Creative Commons 3.0 licence.

Private Health Information Statement is available from the Private Health Insurance Ombudsman website at <https://privatehealth.gov.au/dynamic/Premium/PHIS/GMH/I4/T0000F>