



**GMHBA Limited**  
GMHBA SmartCare Everyday Extras with sub-limits

**\$56.12 / 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:** Only one person.

This health insurer does not operate a preferred provider scheme.

**Policy ID:** GMH/I45/TMEW10 **Source:** Private Health Information Statement (PHIS)

Extras Cover

This policy **includes** General treatment (Extras) cover for

Note, for treatments marked with \*: Overall combined product limit is \$1,500 per person, sub-limit of \$750 applies to each treatment type.

| Treatment & waiting period (months) |    | Benefit limits per 12 months unless otherwise stated                                                                                                                                                                                                                | Examples of maximum benefits                                                                                                                                                   |
|-------------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                       | 2  | <b>\$500 per service up to \$1,000 per policy</b><br>combined limit for acupuncture, chiropractic, endodontic, general dental, major dental, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology & remedial massage<br>sub-limits apply | <ul style="list-style-type: none"><li>Initial visit: 60% of charge</li><li>Subsequent visit: 60% of charge</li></ul>                                                           |
| ✓ Chiropractic                      | 2  | <b>\$500 per service up to \$1,000 per policy</b><br>combined limit for acupuncture, chiropractic, endodontic, general dental, major dental, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology & remedial massage<br>sub-limits apply | <ul style="list-style-type: none"><li>Initial visit: 60% of charge</li><li>Subsequent visit: 60% of charge</li></ul>                                                           |
| ✓ Endodontic                        | 12 | <b>\$500 per service up to \$1,000 per policy</b><br>combined limit for acupuncture, chiropractic, endodontic, general dental, major dental, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology & remedial massage<br>sub-limits apply | <ul style="list-style-type: none"><li>Filling of one root canal: 60% of charge</li></ul>                                                                                       |
| ✓ General dental                    | 2  | <b>\$500 per service up to \$1,000 per policy</b><br>combined limit for acupuncture, chiropractic, endodontic, general dental, major dental, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology & remedial massage<br>sub-limits apply | <ul style="list-style-type: none"><li>Fluoride treatment: 100% of charge</li><li>Scale &amp; clean: 100% of charge</li><li>Periodic oral examination: 100% of charge</li></ul> |

|                                  |    |                                                                                                                                                                                                                                                                     |                                                                                                                                        |
|----------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Major dental                   | 12 | <b>\$500 per service up to \$1,000 per policy</b><br>combined limit for acupuncture, chiropractic, endodontic, general dental, major dental, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology & remedial massage<br>sub-limits apply | <ul style="list-style-type: none"> <li>Surgical tooth extraction: 60% of charge</li> <li>Full crown veneered: 60% of charge</li> </ul> |
| ✓ Orthotics (podiatric orthoses) | 12 | <b>\$500 per service up to \$1,000 per policy</b><br>combined limit for acupuncture, chiropractic, endodontic, general dental, major dental, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology & remedial massage<br>sub-limits apply | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 60% of charge</li> </ul>                                            |
| ✓ Osteopathy                     | 2  | <b>\$500 per service up to \$1,000 per policy</b><br>combined limit for acupuncture, chiropractic, endodontic, general dental, major dental, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology & remedial massage<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: 60% of charge</li> <li>Subsequent visit: 60% of charge</li> </ul>                |
| ✓ Physiotherapy                  | 2  | <b>\$500 per service up to \$1,000 per policy</b><br>combined limit for acupuncture, chiropractic, endodontic, general dental, major dental, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology & remedial massage<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: 60% of charge</li> <li>Subsequent visit: 60% of charge</li> </ul>                |
| ✓ Podiatry                       | 2  | <b>\$500 per service up to \$1,000 per policy</b><br>combined limit for acupuncture, chiropractic, endodontic, general dental, major dental, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology & remedial massage<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: 60% of charge</li> <li>Subsequent visit: 60% of charge</li> </ul>                |
| ✓ Psychology                     | 2  | <b>\$500 per service up to \$1,000 per policy</b><br>combined limit for acupuncture, chiropractic, endodontic, general dental, major dental, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology & remedial massage<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$60</li> </ul>                                                                  |
| ✓ Remedial massage               | 2  | <b>\$500 per service up to \$1,000 per policy</b><br>combined limit for acupuncture, chiropractic, endodontic, general dental, major dental, orthotics (podiatric orthoses), osteopathy, physiotherapy, podiatry, psychology & remedial massage<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: 60% of charge</li> <li>Subsequent visit: 60% of charge</li> </ul>                |

**This policy does not include General treatment (Extras) cover for**

- |                                 |                                         |                        |
|---------------------------------|-----------------------------------------|------------------------|
| ✗ Ante-natal/Post-natal classes | ✗ Eye therapy (orthoptics)              | ✗ Occupational therapy |
| ✗ Audiology                     | ✗ Health management / Healthy lifestyle | ✗ Optical              |
| ✗ Blood glucose monitors        | ✗ Hearing aids                          | ✗ Orthodontic          |
| ✗ Chinese medicine              | ✗ Home nursing                          | ✗ Speech therapy       |
| ✗ Dietetics/dietary advice      | ✗ Non PBS pharmaceuticals               | ✗ Vaccinations         |
| ✗ Exercise physiology           |                                         |                        |

**Other features of this general treatment cover:** Preventative dental pays at 100% of provider fee up to sub-limit or product limit. General dental pays at 60% of provider fee up to sub-limit or product limit. Psychology also includes Counselling, Mental Health Social Workers and Mental Health Nurses. Podiatry and Orthotics are combined under the same sub-limit.

## 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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**\$56.12 / month**

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Call now  **1300 4 GMHBA (46422)**

Sponsor link

GMHBA Limited

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