

**GMHBA Limited**  
**GMHBA Basic Extras 55% Benefits****\$87.90 / 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/I4B/TGMW2D

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                                                                                                                                                |
|-------------------------------------|---|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ General dental                    | 2 | <b>\$1,000 per person</b><br>sub-limits apply                                                                                   | <ul style="list-style-type: none"><li>Fluoride treatment: 55% of charge</li><li>Scale &amp; clean: 55% of charge</li><li>Periodic oral examination: 55% of charge</li></ul> |
| ✓ Non PBS pharmaceuticals*          | 2 | <b>\$150 per person up to \$350 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: 55% of charge</li></ul>                                                                                    |
| ✓ Occupational therapy              | 2 | <b>\$300 per person up to \$600 per policy</b>                                                                                  | <ul style="list-style-type: none"><li>Initial visit: 55% of charge</li><li>Subsequent visit: 55% of charge</li></ul>                                                        |
| ✓ Optical                           | 6 | <b>\$150 per person</b>                                                                                                         | <ul style="list-style-type: none"><li>Multi-focal lenses &amp; frames: 55% of charge</li><li>Single vision lenses &amp; frames: 55% of charge</li></ul>                     |
| ✓ Physiotherapy                     | 2 | <b>\$300 per person up to \$600 per policy</b><br>sub-limits apply                                                              | <ul style="list-style-type: none"><li>Initial visit: 55% of charge</li><li>Subsequent visit: 55% of charge</li></ul>                                                        |
| ✓ Vaccinations                      | 2 | <b>\$150 per person up to \$350 per policy</b><br>combined limit for non pbs pharmaceuticals & vaccinations                     | <ul style="list-style-type: none"><li>Per service: 55% of charge</li></ul>                                                                                                  |

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

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

**Other features of this general treatment cover:** An annual sub-limit up to \$300 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)  
 **1300 4 GMHBA (46422)**

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Private Health Information Statement is available from the Private Health Insurance Ombudsman website at <https://privatehealth.gov.au/dynamic/Premium/PHIS/GMH/I4B/TGMW2D>