



GMHBA Limited
GMHBA Top Extras Corporate

\$75.30 / 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: Only one person.

This health insurer does not operate a preferred provider scheme.

Policy ID: GMH/I6A/DLGT10

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	\$350 per policy combined limit for acupuncture, remedial massage & other services sub-limits apply	<ul style="list-style-type: none"> Initial visit: \$25 Subsequent visit: \$20
✓ Audiology	2	\$350 per policy	<ul style="list-style-type: none"> Initial visit: \$25 Subsequent visit: \$20
✓ Blood glucose monitors	12	\$200 per policy	<ul style="list-style-type: none"> Per monitor: 100% of charge
✓ Chiropractic	2	\$350 per policy combined limit for chiropractic, osteopathy & other services sub-limits apply	<ul style="list-style-type: none"> Initial visit: \$26 Subsequent visit: \$21
✓ Dietetics/dietary advice	2	\$350 per policy	<ul style="list-style-type: none"> Initial visit: \$60 Subsequent visit: \$45
✓ Endodontic	12	\$2,000 per policy combined limit for endodontic, general dental, major dental, orthodontic & other services	<ul style="list-style-type: none"> Filling of one root canal: \$86.45
✓ Eye therapy (orthoptics)	2	\$500 per policy combined limit for eye therapy (orthoptics) & speech therapy	<ul style="list-style-type: none"> Initial visit: \$54 Subsequent visit: \$25

✓ General dental	2	\$2,000 per policy combined limit for endodontic, general dental, major dental, orthodontic & other services sub-limits apply	<ul style="list-style-type: none"> Fluoride treatment: \$45 Scale & clean: \$120 Periodic oral examination: \$56
✓ Hearing aids	12	\$800 per policy sub-limits apply	<ul style="list-style-type: none"> Hearing aid: 100% of charge
✓ Major dental	12	\$2,000 per policy combined limit for endodontic, general dental, major dental, orthodontic & other services sub-limits apply	<ul style="list-style-type: none"> Surgical tooth extraction: \$101.15 Full crown veneered: \$300
✓ Non PBS pharmaceuticals*	2	\$350 per policy combined limit for non pbs pharmaceuticals & vaccinations sub-limits apply	<ul style="list-style-type: none"> Per eligible prescription: 100% of charge
✓ Occupational therapy	2	\$500 per policy	<ul style="list-style-type: none"> Initial visit: \$54 Subsequent visit: \$25
✓ Optical	6	\$250 per policy	<ul style="list-style-type: none"> Multi-focal lenses & frames: 100% of charge Single vision lenses & frames: 100% of charge
✓ Orthodontic	12	\$2,000 per policy \$2,900 lifetime limit combined limit for endodontic, general dental, major dental, orthodontic & other services sub-limits apply	<ul style="list-style-type: none"> Braces for upper & lower teeth, including removal plus fitting of retainer: \$400
✓ Orthotics (podiatric orthoses)	12	\$115 per service up to \$230 per policy	<ul style="list-style-type: none"> Orthotics supply & fit: 80% of charge
✓ Osteopathy	2	\$350 per policy combined limit for chiropractic, osteopathy & other services	<ul style="list-style-type: none"> Initial visit: \$26 Subsequent visit: \$21
✓ Physiotherapy	2	\$500 per policy sub-limits apply	<ul style="list-style-type: none"> Initial visit: \$36 Subsequent visit: \$26
✓ Podiatry	2	\$350 per policy sub-limits apply	<ul style="list-style-type: none"> Initial visit: \$43 Subsequent visit: \$43
✓ Psychology	2	\$500 per policy sub-limits apply	<ul style="list-style-type: none"> Initial visit: \$54 Subsequent visit: \$25
✓ Remedial massage	2	\$350 per policy combined limit for acupuncture, remedial massage & other services sub-limits apply	<ul style="list-style-type: none"> Initial visit: \$20 Subsequent visit: \$20
✓ Speech therapy	2	\$500 per policy combined limit for eye therapy (orthoptics) & speech therapy	<ul style="list-style-type: none"> Initial visit: \$54 Subsequent visit: \$25
✓ Vaccinations	2	\$350 per policy combined limit for non pbs pharmaceuticals & vaccinations	<ul style="list-style-type: none"> Per service: 100% of charge

Benefits also available towards Home/Bush Nursing, please contact GMHBA for further information.

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

- ✗ Ante-natal/Post-natal classes
- ✗ Exercise physiology
- ✗ Home nursing
- ✗ Chinese medicine
- ✗ Health management / Healthy lifestyle

Other features of this general treatment cover: Annual sub-limit up to \$300 per person per year applies for preventative dental.

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
- 1300 4 GMHBA (46422)**

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