



**GMHBA Limited**  
**GMHBA Top Extras**

**\$173.30 / month**  
(Before Rebate, Discount & Loading)  
Available in QLD

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/I6B/Q0000F

**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  | <b>\$350 per person up to \$700 per policy</b><br>combined limit for acupuncture & remedial massage                                | <ul style="list-style-type: none"><li>Initial visit: \$25</li><li>Subsequent visit: \$20</li></ul> |
| ✓ Audiology                         | 2  | <b>\$350 per person</b>                                                                                                            | <ul style="list-style-type: none"><li>Initial visit: \$25</li><li>Subsequent visit: \$20</li></ul> |
| ✓ Blood glucose monitors            | 12 | <b>\$200 per policy</b>                                                                                                            | <ul style="list-style-type: none"><li>Per monitor: 100% of charge</li></ul>                        |
| ✓ Chiropractic                      | 2  | <b>\$350 per person up to \$700 per policy</b><br>combined limit for chiropractic, osteopathy & other services<br>sub-limits apply | <ul style="list-style-type: none"><li>Initial visit: \$26</li><li>Subsequent visit: \$21</li></ul> |
| ✓ Dietetics/dietary advice          | 2  | <b>\$350 per person</b>                                                                                                            | <ul style="list-style-type: none"><li>Initial visit: \$60</li><li>Subsequent visit: \$45</li></ul> |
| ✓ Endodontic                        | 12 | <b>\$2,000 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: \$86.45</li></ul>                 |
| ✓ Eye therapy (orthoptics)          | 2  | <b>\$500 per person</b><br>combined limit for eye therapy (orthoptics) & speech therapy                                            | <ul style="list-style-type: none"><li>Initial visit: \$54</li><li>Subsequent visit: \$25</li></ul> |

|                                  |    |                                                                                                                                                                      |                                                                                                                                                              |
|----------------------------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ General dental                 | 2  | <b>\$2,000 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: \$45</li> <li>Scale &amp; clean: \$120</li> <li>Periodic oral examination: \$56</li> </ul>        |
| ✓ Hearing aids                   | 12 | <b>\$800 per person</b><br>sub-limits apply                                                                                                                          | <ul style="list-style-type: none"> <li>Hearing aid: 100% of charge</li> </ul>                                                                                |
| ✓ Major dental                   | 12 | <b>\$2,000 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: \$101.15</li> <li>Full crown veneered: \$300</li> </ul>                                    |
| ✓ Non PBS pharmaceuticals*       | 2  | <b>\$350 per person up to \$550 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: 100% of charge</li> </ul>                                                                  |
| ✓ Occupational therapy           | 2  | <b>\$500 per person</b>                                                                                                                                              | <ul style="list-style-type: none"> <li>Initial visit: \$54</li> <li>Subsequent visit: \$25</li> </ul>                                                        |
| ✓ Optical                        | 6  | <b>\$250 per person</b>                                                                                                                                              | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: 100% of charge</li> <li>Single vision lenses &amp; frames: 100% of charge</li> </ul> |
| ✓ Orthodontic                    | 12 | <b>\$2,000 per person</b><br>\$2,900 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: \$380</li> </ul>                      |
| ✓ Orthotics (podiatric orthoses) | 2  | <b>\$230 per person up to \$115 per service up to \$460 per policy</b>                                                                                               | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 80% of charge</li> </ul>                                                                  |
| ✓ Osteopathy                     | 2  | <b>\$350 per person up to \$700 per policy</b><br>combined limit for chiropractic, osteopathy & other services                                                       | <ul style="list-style-type: none"> <li>Initial visit: \$26</li> <li>Subsequent visit: \$21</li> </ul>                                                        |
| ✓ Physiotherapy                  | 2  | <b>\$500 per person up to \$800 per policy</b><br>sub-limits apply                                                                                                   | <ul style="list-style-type: none"> <li>Initial visit: \$36</li> <li>Subsequent visit: \$26</li> </ul>                                                        |
| ✓ Podiatry                       | 2  | <b>\$350 per person</b><br>sub-limits apply                                                                                                                          | <ul style="list-style-type: none"> <li>Initial visit: \$43</li> <li>Subsequent visit: \$43</li> </ul>                                                        |
| ✓ Psychology                     | 2  | <b>\$500 per person up to \$800 per policy</b><br>sub-limits apply                                                                                                   | <ul style="list-style-type: none"> <li>Initial visit: \$54</li> <li>Subsequent visit: \$25</li> </ul>                                                        |
| ✓ Remedial massage               | 2  | <b>\$350 per person up to \$700 per policy</b><br>combined limit for acupuncture & remedial massage                                                                  | <ul style="list-style-type: none"> <li>Initial visit: \$20</li> <li>Subsequent visit: \$20</li> </ul>                                                        |
| ✓ Speech therapy                 | 2  | <b>\$500 per person</b><br>combined limit for eye therapy (orthoptics) & speech therapy                                                                              | <ul style="list-style-type: none"> <li>Initial visit: \$54</li> <li>Subsequent visit: \$25</li> </ul>                                                        |
| ✓ Vaccinations                   | 2  | <b>\$350 per person up to \$550 per policy</b><br>combined limit for non pbs pharmaceuticals & vaccinations                                                          | <ul style="list-style-type: none"> <li>Per service: 100% of charge</li> </ul>                                                                                |

**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. Rates discounted for premiums paid by direct debit.

## Ambulance cover

Ambulance cover is provided by the State government for Queensland residents (<https://www.ambulance.qld.gov.au>). This includes cover whilst interstate.

## Insurer Details



GMHBA Limited  
GMHBA Top Extras

**\$173.30 / month**

(Before Rebate, Discount & Loading)

Available in QLD

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)**

**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/I6B/Q0000F>