



GMHBA Limited
GMHBA Top Extras 75% Benefits

\$198.20 / 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: Two adults (and no-one else).

This health insurer does not operate a preferred provider scheme.

Policy ID: GMH/I6C/DGOJ20

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 person up to \$700 per policy combined limit for acupuncture & remedial massage | <ul style="list-style-type: none"> Initial visit: 75% of charge Subsequent visit: 75% of charge |
| ✓ Ante-natal/Post-natal classes | 2 | \$350 per person | <ul style="list-style-type: none"> Initial visit: 75% of charge Subsequent visit: 75% of charge |
| ✓ Audiology | 2 | \$500 per person | <ul style="list-style-type: none"> Initial visit: 75% of charge Subsequent visit: 75% of charge |
| ✓ Blood glucose monitors | 12 | \$200 per policy | <ul style="list-style-type: none"> Per monitor: 75% of charge |
| ✓ Chiropractic | 2 | \$350 per person up to \$700 per policy combined limit for chiropractic, osteopathy & other services sub-limits apply | <ul style="list-style-type: none"> Initial visit: 75% of charge Subsequent visit: 75% of charge |
| ✓ Dietetics/dietary advice | 2 | \$500 per person | <ul style="list-style-type: none"> Initial visit: 75% of charge Subsequent visit: 75% of charge |
| ✓ Endodontic | 12 | \$2,000 per person combined limit for endodontic, general dental, major dental, orthodontic & other services | <ul style="list-style-type: none"> Filling of one root canal: 75% of charge |
| ✓ Exercise physiology | 2 | \$500 per person up to \$1,000 per policy combined limit for exercise physiology, physiotherapy & other services | <ul style="list-style-type: none"> Initial visit: 75% of charge Subsequent visit: 75% of charge |

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|---|----|--|---|
| ✓ Eye therapy (orthoptics) | 2 | \$500 per person combined limit for eye therapy (orthoptics) & speech therapy | <ul style="list-style-type: none"> Initial visit: 75% of charge Subsequent visit: 75% of charge |
| ✓ General dental | 2 | \$2,000 per person combined limit for endodontic, general dental, major dental, orthodontic & other services sub-limits apply | <ul style="list-style-type: none"> Fluoride treatment: 75% of charge Scale & clean: 75% of charge Periodic oral examination: 75% of charge |
| ✓ Hearing aids | 12 | \$1,500 per person sub-limits apply | <ul style="list-style-type: none"> Hearing aid: 75% of charge |
| ✓ Major dental | 12 | \$2,000 per person combined limit for endodontic, general dental, major dental, orthodontic & other services sub-limits apply | <ul style="list-style-type: none"> Surgical tooth extraction: 75% of charge Full crown veneered: 75% of charge |
| ✓ Non PBS pharmaceuticals* | 2 | \$350 per person up to \$550 per policy combined limit for non pbs pharmaceuticals & vaccinations sub-limits apply | <ul style="list-style-type: none"> Per eligible prescription: 75% of charge |
| ✓ Occupational therapy | 2 | \$500 per person up to \$1,000 per policy | <ul style="list-style-type: none"> Initial visit: 75% of charge Subsequent visit: 75% of charge |
| ✓ Optical | 6 | \$250 per person | <ul style="list-style-type: none"> Multi-focal lenses & frames: 75% of charge Single vision lenses & frames: 75% of charge |
| ✓ Orthodontic | 12 | \$2,000 per person \$3,200 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: 75% of charge |
| ✓ Orthotics (podiatric orthoses) | 2 | \$250 per person up to \$115 per service up to \$450 per policy | <ul style="list-style-type: none"> Orthotics supply & fit: 75% of charge |
| ✓ Osteopathy | 2 | \$350 per person up to \$700 per policy combined limit for chiropractic, osteopathy & other services | <ul style="list-style-type: none"> Initial visit: 75% of charge Subsequent visit: 75% of charge |
| ✓ Physiotherapy | 2 | \$500 per person up to \$1,000 per policy combined limit for exercise physiology, physiotherapy & other services sub-limits apply | <ul style="list-style-type: none"> Initial visit: 75% of charge Subsequent visit: 75% of charge |
| ✓ Podiatry | 2 | \$300 per person sub-limits apply | <ul style="list-style-type: none"> Initial visit: 75% of charge Subsequent visit: 75% of charge |
| ✓ Psychology | 2 | \$500 per person up to \$800 per policy sub-limits apply | <ul style="list-style-type: none"> Initial visit: 75% of charge Subsequent visit: 75% of charge |
| ✓ Remedial massage | 2 | \$350 per person up to \$700 per policy combined limit for acupuncture & remedial massage | <ul style="list-style-type: none"> Initial visit: 75% of charge Subsequent visit: 75% of charge |
| ✓ Speech therapy | 2 | \$500 per person combined limit for eye therapy (orthoptics) & speech therapy | <ul style="list-style-type: none"> Initial visit: 75% of charge Subsequent visit: 75% of charge |

- ✓ **Vaccinations** 2 **\$350 per person up to \$550 per policy** • Per service: 75% of charge
combined limit for non pbs pharmaceuticals & vaccinations

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

- ✗ Chinese medicine ✗ Health management / Healthy lifestyle ✗ Home nursing

Other features of this general treatment cover: Annual sub-limit up to \$500 p/p per year applies for preventative dental. Rates discounted for direct debit.

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

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