



**GMHBA Limited**  
GMHBA Top Extras 75% Benefits

**\$144.05 / 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:** Only one person.

This health insurer does not operate a preferred provider scheme.

**Policy ID:** GMH/16C/QGOD10

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

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

- ✓ **Vaccinations** 2 **\$350 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

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

## Insurer Details



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

### GMHBA Limited

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1300 4 GMHBA (46422)

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