**GMHBA Limited**

GMHBA Top Extras 75% Benefits

**$287.40 / month**
(Before Rebate, Discount & Loading)
Available in SA

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/I6C/SGOS2D** **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**<br>combined limit for acupuncture & remedial massage | • Initial visit: 75% of charge<br>• Subsequent visit: 75% of charge |
| ✓ **Ante-natal/Post-natal classes** | 2 | **$350 per person** | • Initial visit: 75% of charge<br>• Subsequent visit: 75% of charge |
| ✓ **Audiology** | 2 | **$500 per person** | • Initial visit: 75% of charge<br>• Subsequent visit: 75% of charge |
| ✓ **Blood glucose monitors** | 12 | **$200 per policy** | • Per monitor: 75% of charge |
| ✓ **Chiropractic** | 2 | **$350 per person up to $700 per policy**<br>combined limit for chiropractic, osteopathy & other services<br>sub-limits apply | • Initial visit: 75% of charge<br>• Subsequent visit: 75% of charge |
| ✓ **Dietetics/dietary advice** | 2 | **$500 per person** | • Initial visit: 75% of charge<br>• Subsequent visit: 75% of charge |
| ✓ **Endodontic** | 12 | **$2,000 per person**<br>combined limit for endodontic, general dental, major dental, orthodontic & other services | • Filling of one root canal: 75% of charge |

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| ✓ **Exercise physiology** | 2 | **$500 per person up to $1,000 per policy**<br>combined limit for exercise physiology, physiotherapy & other services | • Initial visit: 75% of charge<br>• Subsequent visit: 75% of charge |
| ✓ **Eye therapy (orthoptics)** | 2 | **$500 per person**<br>combined limit for eye therapy (orthoptics) & speech therapy | • Initial visit: 75% of charge<br>• Subsequent visit: 75% of charge |
| ✓ **General dental** | 2 | **$2,000 per person**<br>combined limit for endodontic, general dental, major dental, orthodontic & other services<br>sub-limits apply | • Fluoride treatment: 75% of charge<br>• Scale & clean: 75% of charge<br>• Periodic oral examination: 75% of charge |
| ✓ **Hearing aids** | 12 | **$1,500 per person**<br>sub-limits apply | • Hearing aid: 75% of charge |
| ✓ **Major dental** | 12 | **$2,000 per person**<br>combined limit for endodontic, general dental, major dental, orthodontic & other services<br>sub-limits apply | • Surgical tooth extraction: 75% of charge<br>• Full crown veneered: 75% of charge |
| ✓ **Non PBS pharmaceuticals*** | 2 | **$350 per person up to $550 per policy**<br>combined limit for non pbs pharmaceuticals & vaccinations<br>sub-limits apply | • Per eligible prescription: 75% of charge |
| ✓ **Occupational therapy** | 2 | **$500 per person up to $1,000 per policy** | • Initial visit: 75% of charge<br>• Subsequent visit: 75% of charge |
| ✓ **Optical** | 6 | **$250 per person** | • Multi-focal lenses & frames: 75% of charge<br>• Single vision lenses & frames: 75% of charge |
| ✓ **Orthodontic** | 12 | **$2,000 per person**<br>$3,200 lifetime limit<br>combined limit for endodontic, general dental, major dental, orthodontic & other services<br>sub-limits apply | • 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** | • Orthotics supply & fit: 75% of charge |
| ✓ **Osteopathy** | 2 | **$350 per person up to $700 per policy**<br>combined limit for chiropractic, osteopathy & other services | • Initial visit: 75% of charge<br>• Subsequent visit: 75% of charge |
| ✓ **Physiotherapy** | 2 | **$500 per person up to $1,000 per policy**<br>combined limit for exercise physiology, physiotherapy & other services<br>sub-limits apply | • Initial visit: 75% of charge<br>• Subsequent visit: 75% of charge |
| ✓ **Podiatry** | 2 | **$300 per person**<br>sub-limits apply | • Initial visit: 75% of charge<br>• Subsequent visit: 75% of charge |
| ✓ **Psychology** | 2 | **$500 per person up to $800 per policy**<br>sub-limits apply | • Initial visit: 75% of charge<br>• Subsequent visit: 75% of charge |
| ✓ **Remedial massage** | 2 | **$350 per person up to $700 per policy**<br>combined limit for acupuncture & remedial massage | • Initial visit: 75% of charge<br>• Subsequent visit: 75% of charge |

| | | | |
|---|---|---|---|
| ✓ **Speech therapy** | 2 | **$500 per person**<br>combined limit for eye therapy (orthoptics) & speech therapy | • Initial visit: 75% of charge<br>• Subsequent visit: 75% of charge |
| ✓ **Vaccinations** | 2 | **$350 per person up to $550 per policy**<br>combined limit for non pbs pharmaceuticals & vaccinations | • Per service: 75% of charge |

**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

South Australia has a subscription service to cover ambulance within the state, with an additional fee to cover interstate travel (http://www.saambulance.com.au/ProductsServices/AmbulanceCover.aspx).

# Insurer Details

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