

**GMHBA Limited**  
GMHBA Top Extras Set Benefits**\$222.90 / 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:** One adult & dependants (2 or more people, only one of whom is an adult).

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/I6D/SGQB1D

**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> combined limit for acupuncture & remedial massage	<ul style="list-style-type: none"> <li>Initial visit: \$29</li> <li>Subsequent visit: \$22</li> </ul>
✓ Ante-natal/Post-natal classes	2	<b>\$350 per person</b>	<ul style="list-style-type: none"> <li>Initial visit: \$48</li> <li>Subsequent visit: \$42</li> </ul>
✓ Audiology	2	<b>\$500 per person</b>	<ul style="list-style-type: none"> <li>Initial visit: \$41</li> <li>Subsequent visit: \$31</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> combined limit for chiropractic, osteopathy & other services sub-limits apply	<ul style="list-style-type: none"> <li>Initial visit: \$29</li> <li>Subsequent visit: \$22</li> </ul>
✓ Dietetics/dietary advice	2	<b>\$500 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> combined limit for endodontic, general dental, major dental, orthodontic & other services	<ul style="list-style-type: none"> <li>Filling of one root canal: \$99.45</li> </ul>
✓ Exercise physiology	2	<b>\$500 per person up to \$1,000 per policy</b> combined limit for exercise physiology, physiotherapy & other services	<ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$30</li> </ul>

✓ <b>Eye therapy (orthoptics)</b>	2	<b>\$500 per person</b> combined limit for eye therapy (orthoptics) & speech therapy	<ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$26</li> </ul>
✓ <b>General dental</b>	2	<b>\$2,000 per person</b> combined limit for endodontic, general dental, major dental, orthodontic & other services sub-limits apply	<ul style="list-style-type: none"> <li>Fluoride treatment: \$33</li> <li>Scale &amp; clean: \$105</li> <li>Periodic oral examination: \$56.35</li> </ul>
✓ <b>Hearing aids</b>	12	<b>\$1,500 per person up to \$859 per service</b>	<ul style="list-style-type: none"> <li>Hearing aid: 100% of charge</li> </ul>
✓ <b>Major dental</b>	12	<b>\$2,000 per person</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: \$144.05</li> <li>Full crown veneered: \$600</li> </ul>
✓ <b>Non PBS pharmaceuticals*</b>	2	<b>\$350 per person up to \$550 per policy</b> combined limit for non pbs pharmaceuticals & vaccinations sub-limits apply	<ul style="list-style-type: none"> <li>Per eligible prescription: \$28</li> </ul>
✓ <b>Occupational therapy</b>	2	<b>\$500 per person up to \$1,000 per policy</b>	<ul style="list-style-type: none"> <li>Initial visit: \$42</li> <li>Subsequent visit: \$31</li> </ul>
✓ <b>Optical</b>	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>
✓ <b>Orthodontic</b>	12	<b>\$2,000 per person</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: \$700</li> </ul>
✓ <b>Orthotics (podiatric orthoses)</b>	12	<b>\$250 per person up to \$450 per policy</b>	<ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: \$103</li> </ul>
✓ <b>Osteopathy</b>	2	<b>\$350 per person up to \$700 per policy</b> combined limit for chiropractic, osteopathy & other services	<ul style="list-style-type: none"> <li>Initial visit: \$29</li> <li>Subsequent visit: \$22</li> </ul>
✓ <b>Physiotherapy</b>	2	<b>\$500 per person up to \$1,000 per policy</b> combined limit for exercise physiology, physiotherapy & other services sub-limits apply	<ul style="list-style-type: none"> <li>Initial visit: \$43</li> <li>Subsequent visit: \$33</li> </ul>
✓ <b>Podiatry</b>	2	<b>\$300 per person</b> sub-limits apply	<ul style="list-style-type: none"> <li>Initial visit: \$43</li> <li>Subsequent visit: \$43</li> </ul>
✓ <b>Psychology</b>	2	<b>\$500 per person up to \$800 per policy</b>	<ul style="list-style-type: none"> <li>Initial visit: \$47</li> <li>Subsequent visit: \$36</li> </ul>
✓ <b>Remedial massage</b>	2	<b>\$350 per person up to \$700 per policy</b> combined limit for acupuncture & remedial massage	<ul style="list-style-type: none"> <li>Initial visit: \$29</li> <li>Subsequent visit: \$22</li> </ul>
✓ <b>Speech therapy</b>	2	<b>\$500 per person</b> combined limit for eye therapy (orthoptics) & speech therapy	<ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$26</li> </ul>

- ✓ **Vaccinations** 2 **\$350 per person up to \$550 per policy** • Per service: \$28  
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

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

**GMHBA Limited**

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 **1300 4 GMHBA (46422)**

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