



**GMHBA Limited**  
GMHBA Basic Plus Starter Family Package \$500

**\$452.85 / month**  
(Before Rebate, Discount & Loading)  
Available in WA

You may be entitled to an Australian Government Rebate on the above premium. Your premium may also include a Lifetime Health Cover Loading, an Age-based Discount or 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 policy exempts you from the Medicare Levy Surcharge.
- This policy must be purchased with a general treatment (extras) policy.
- This policy does not provide accident cover.
- This policy does not provide benefits for travel or accommodation outside of hospital.

**Policy ID:** GMH/J69B/WHLJ2D

**Source:** Private Health Information Statement (PHIS)

## Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

### This policy includes cover for

- |   |                                   |  |
|---|-----------------------------------|--|
| R Assisted reproductive services                          | R Ear, nose and throat            | R Miscarriage and termination of pregnancy                       |
| R Back, neck and spine                                    | R Eye (not cataracts)             | R Pain management  |
| R Blood   | ✓ Gastrointestinal endoscopy      | R Pain management with device                                    |
| R Bone, joint and muscle                                  | R Heart and vascular system       | R Palliative care  |
| R Brain and nervous system                                | ✓ Hernia and appendix             | R Plastic and reconstructive surgery (medically necessary)       |
| R Breast surgery (medically necessary)                    | R Hospital psychiatric services   | R Podiatric surgery (provided by a registered podiatric surgeon) |
| R Cataracts   | R Implantation of hearing devices | R Pregnancy and birth  |
| R Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Joint reconstructions           | R Rehabilitation   |
| ✓ Dental surgery  | R Joint replacements              | R Skin   |
| R Diabetes management (excluding insulin pumps)           | R Kidney and bladder              | R Sleep studies  |
| R Digestive system  | R Lung and chest                  | ✓ Tonsils, adenoids and grommets                                 |
|   | R Male reproductive system        |  |

### This policy does not include cover for

- |                                       |                       |
|---------------------------------------|-----------------------|
| ✗ Dialysis for chronic kidney failure | ✗ Insulin pumps       |
| ✗ Gynaecology                         | ✗ Weight loss surgery |

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on [privatehealth.gov.au](http://privatehealth.gov.au) for which hospitals have arrangements with your insurer – <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

**The following payments may also apply for hospital admissions**

**Excess:** You will have to pay an excess of \$500 per admission. This is limited to a maximum of \$500 per person and \$1000 per policy per year.

Excess payments do not apply to hospital admissions for dependants.

**Co-payments:** No co-payments

**The following waiting periods for hospital admissions apply to new or upgrading members**

**Waiting periods:**

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 12 months for pregnancy and birth (obstetrics)
- 2 months for all other treatments

**Gap Cover**

This provider offers 'known gap' or 'no gap' cover for medical bills for this product. The Medical Costs Finder (<https://www.health.gov.au/resources/apps-and-tools/medical-costs-finder>) lets you find out more about the cost of specialist medical services.

**Other features of this hospital cover**

Private hospital cover for some services. For all other services, except exclusions you are covered as a private patient in a public hospital.

This health insurer does not operate a preferred provider scheme.

Policy ID: GMH/J69B/WHLJ2D Source: [Private Health Information Statement \(PHIS\)](#)

## Extras Cover

This policy **includes** General treatment (Extras) cover for

Treatment & waiting period (months)		Benefit limits per 12 months unless otherwise stated	Examples of maximum benefits
✓ Acupuncture	2	\$200 per person combined limit for acupuncture & remedial massage	<ul style="list-style-type: none"> <li>• Initial visit: 55% of charge</li> <li>• Subsequent visit: 55% of charge</li> </ul>
✓ Ante-natal/Post-natal classes	2	\$200 per person	<ul style="list-style-type: none"> <li>• Initial visit: 55% of charge</li> <li>• Subsequent visit: 55% of charge</li> </ul>
✓ Audiology	2	\$200 per person	<ul style="list-style-type: none"> <li>• Initial visit: 55% of charge</li> <li>• Subsequent visit: 55% of charge</li> </ul>
✓ Dietetics/dietary advice	2	\$200 per person	<ul style="list-style-type: none"> <li>• Initial visit: 55% of charge</li> <li>• Subsequent visit: 55% of charge</li> </ul>

✓ <b>Endodontic</b>	12	<b>\$600 per person</b> combined limit for endodontic & major dental sub-limits apply	<ul style="list-style-type: none"> <li>Filling of one root canal: 55% of charge</li> </ul>
✓ <b>Exercise physiology</b>	2	<b>\$300 per person</b> combined limit for exercise physiology, physiotherapy & other services	<ul style="list-style-type: none"> <li>Initial visit: 55% of charge</li> <li>Subsequent visit: 55% of charge</li> </ul>
✓ <b>Eye therapy (orthoptics)</b>	2	<b>\$200 per person</b> combined limit for eye therapy (orthoptics) & speech therapy	<ul style="list-style-type: none"> <li>Initial visit: 55% of charge</li> <li>Subsequent visit: 55% of charge</li> </ul>
✓ <b>General dental</b>	2	<b>\$600 per person</b>	<ul style="list-style-type: none"> <li>Fluoride treatment: 100% of charge</li> <li>Scale &amp; clean: 100% of charge</li> <li>Periodic oral examination: 100% of charge</li> </ul>
✓ <b>Major dental</b>	12	<b>\$600 per person</b> combined limit for endodontic & major dental sub-limits apply	<ul style="list-style-type: none"> <li>Surgical tooth extraction: 55% of charge</li> </ul>
✓ <b>Optical</b>	6	<b>\$200 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>\$300 per person</b> \$1,100 lifetime limit sub-limits apply	<ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: 55% of charge</li> </ul>
✓ <b>Physiotherapy</b>	2	<b>\$300 per person</b> combined limit for exercise physiology, physiotherapy & other services	<ul style="list-style-type: none"> <li>Initial visit: 55% of charge</li> <li>Subsequent visit: 55% of charge</li> </ul>
✓ <b>Remedial massage</b>	2	<b>\$200 per person</b> combined limit for acupuncture & remedial massage	<ul style="list-style-type: none"> <li>Initial visit: 55% of charge</li> <li>Subsequent visit: 55% of charge</li> </ul>
✓ <b>Speech therapy</b>	2	<b>\$200 per person</b> combined limit for eye therapy (orthoptics) & speech therapy	<ul style="list-style-type: none"> <li>Initial visit: 55% of charge</li> <li>Subsequent visit: 55% of charge</li> </ul>

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

- |   |                                  |                |
|---|----------------------------------|----------------|
| ✗ Blood glucose monitors                | ✗ Hearing aids                   | ✗ Osteopathy   |
| ✗ Chinese medicine                      | ✗ Home nursing                   | ✗ Podiatry     |
| ✗ Chiropractic                          | ✗ Non PBS pharmaceuticals        | ✗ Psychology   |
| ✗ Health management / Healthy lifestyle | ✗ Occupational therapy           | ✗ Vaccinations |
|   | ✗ Orthotics (podiatric orthoses) |                |

**Other features of this general treatment cover:** \$400 p/p per year for preventative dental, all other dental benefits pay 65% of the cost. Rates discounted for direct debit.

In WA this policy provides:

Emergency: Unlimited with no waiting period.

Call-out fees: Will be paid for each attendance, including emergency treatment without transport to hospital.

**Other features of this ambulance cover:** WA ambulance services depend on whether you live within the Perth metropolitan area or regional WA. Benefits for emergency transportations are available on hospital and selected eligible extras covers. To avoid unexpected out of pockets, we strongly recommend taking out a subscription to be covered Australia wide, regardless of your health insurance. If you have eligible extras cover, provide us with the subscription receipt to receive a benefit up to 100% of the subscription cost.

#### Insurer Details



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Available in WA

Call now  1300 4 GMHBA (46422) [Sponsor link](#)

#### GMHBA Limited

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 1300 4 GMHBA (46422)

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