



**GMHBA Limited**  
GMHBA Basic Plus Young Singles \$500

**\$138.10 / 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:** Only one person.

- This policy exempts you from the Medicare Levy Surcharge.
- This policy does not provide accident cover.
- This policy does not provide benefits for travel or accommodation outside of hospital.

**Policy ID:** GMH/J7/WARH10

**Source:** [Private Health Information Statement \(PHIS\)](#)

## Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

### This policy includes cover for

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

### This policy does not include cover for

- |                                       |                       |                       |
|---------------------------------------|-----------------------|-----------------------|
| ✗ Assisted reproductive services      | ✗ Insulin pumps       | ✗ Weight loss surgery |
| ✗ Cataracts                           | ✗ Joint replacements  |                       |
| ✗ Dialysis for chronic kidney failure | ✗ Pregnancy and birth |                       |

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 policy per year.

**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
- 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

Covers fund approved hospital-substitution & chronic disease management services. Rates discounted for premiums paid by direct debit.

This health insurer does not operate a preferred provider scheme.

Policy ID: GMH/J7/WARH10 Source: [Private Health Information Statement \(PHIS\)](#)

## Extras Cover

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

Note, for treatments marked with \* : 100% of the cost of 1 ambulance subscription per membership, per calendar year, purchased from a GMHBA approved provider.

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, chiropractic, osteopathy, physiotherapy & other services sub-limits apply	<ul style="list-style-type: none"> <li>• Initial visit: \$17</li> <li>• Subsequent visit: \$17</li> </ul>
✓ Chiropractic	2	<b>\$350 per policy</b> combined limit for acupuncture, chiropractic, osteopathy, physiotherapy & other services sub-limits apply	<ul style="list-style-type: none"> <li>• Initial visit: \$17</li> <li>• Subsequent visit: \$17</li> </ul>
✓ Endodontic	12	<b>\$500 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: \$60.5</li> </ul>
✓ General dental	2	<b>\$500 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: \$31.5</li> <li>• Scale &amp; clean: \$84</li> <li>• Periodic oral examination: \$39.2</li> </ul>

<p>✓ <b>Major dental</b></p>	12	<p><b>\$500 per policy</b></p> <p>combined limit for endodontic, general dental, major dental, orthodontic &amp; other services</p> <p>sub-limits apply</p>	<ul style="list-style-type: none"> <li>• Surgical tooth extraction: \$83.3</li> <li>• Full crown veneered: \$225</li> </ul>
<p>✓ <b>Optical</b></p>	6	<p><b>\$120 per policy</b></p>	<ul style="list-style-type: none"> <li>• Multi-focal lenses &amp; frames: \$120</li> <li>• Single vision lenses &amp; frames: \$120</li> </ul>
<p>✓ <b>Orthodontic</b></p>	12	<p><b>\$500 per policy</b></p> <p>\$1,050 lifetime limit</p> <p>combined limit for endodontic, general dental, major dental, orthodontic &amp; other services</p> <p>sub-limits apply</p>	<ul style="list-style-type: none"> <li>• Braces for upper &amp; lower teeth, including removal plus fitting of retainer: \$300</li> </ul>
<p>✓ <b>Osteopathy</b></p>	2	<p><b>\$350 per policy</b></p> <p>combined limit for acupuncture, chiropractic, osteopathy, physiotherapy &amp; other services</p>	<ul style="list-style-type: none"> <li>• Initial visit: \$17</li> <li>• Subsequent visit: \$17</li> </ul>
<p>✓ <b>Physiotherapy</b></p>	2	<p><b>\$350 per policy</b></p> <p>combined limit for acupuncture, chiropractic, osteopathy, physiotherapy &amp; other services</p> <p>sub-limits apply</p>	<ul style="list-style-type: none"> <li>• Initial visit: \$17</li> <li>• Subsequent visit: \$17</li> </ul>

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

- |                                 |   |                                  |
|---------------------------------|---|----------------------------------|
| ✗ Ante-natal/Post-natal classes | ✗ Eye therapy (orthoptics)              | ✗ Orthotics (podiatric orthoses) |
| ✗ Audiology                     | ✗ Health management / Healthy lifestyle | ✗ Podiatry                       |
| ✗ Blood glucose monitors        | ✗ Hearing aids                          | ✗ Psychology                     |
| ✗ Chinese medicine              | ✗ Home nursing                          | ✗ Remedial massage               |
| ✗ Dietetics/dietary advice      | ✗ Non PBS pharmaceuticals               | ✗ Speech therapy                 |
| ✗ Exercise physiology           | ✗ Occupational therapy                  | ✗ Vaccinations                   |

**Other features of this general treatment cover:** An annual sub-limit up to \$200 per person per calendar year applies for preventative dental.

**Ambulance cover**

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

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 1300 4 GMHBA (46422)

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