



GMHBA Limited

GMHBA Silver Everyday Family Package (No Pregnancy)
\$500

\$734.45 / month

(Before Rebate, Discount & Loading)
Available in NSW & ACT

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 (and no-one else).

- 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/J70B/NIQV20

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

Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

This policy includes cover for

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

This policy does not include cover for

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|---------------------------------------|-------------------------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Insulin pumps | ✗ Pregnancy and birth |
| ✗ Cataracts | ✗ Joint replacements | ✗ Sleep studies |
| ✗ Dialysis for chronic kidney failure | ✗ Pain management with device | ✗ 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 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.

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 disc. for premiums paid by direct debit.

This health insurer does not operate a preferred provider scheme.

Policy ID: GMH/J70B/NIQV20 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 | \$300 per person combined limit for acupuncture & remedial massage | <ul style="list-style-type: none"> • Initial visit: 65% of charge • Subsequent visit: 65% of charge |
| ✓ Audiology | 2 | \$300 per person | <ul style="list-style-type: none"> • Initial visit: 65% of charge • Subsequent visit: 65% of charge |
| ✓ Blood glucose monitors | 12 | \$400 per person combined limit for blood glucose monitors, hearing aids & other services | <ul style="list-style-type: none"> • Per monitor: 65% of charge |
| ✓ Chiropractic | 2 | \$300 per person combined limit for chiropractic & osteopathy sub-limits apply | <ul style="list-style-type: none"> • Initial visit: 65% of charge • Subsequent visit: 65% of charge |
| ✓ Dietetics/dietary advice | 2 | \$300 per person | <ul style="list-style-type: none"> • Initial visit: 65% of charge • Subsequent visit: 65% of charge |

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| ✓ Endodontic | 12 | \$800 per person combined limit for endodontic & major dental | <ul style="list-style-type: none"> Filling of one root canal: 65% of charge |
| ✓ Exercise physiology | 2 | \$500 per person combined limit for exercise physiology, physiotherapy & other services | <ul style="list-style-type: none"> Initial visit: 65% of charge Subsequent visit: 65% of charge |
| ✓ Eye therapy (orthoptics) | 2 | \$300 per person combined limit for eye therapy (orthoptics) & speech therapy | <ul style="list-style-type: none"> Initial visit: 65% of charge Subsequent visit: 65% of charge |
| ✓ General dental | 2 | \$800 per person | <ul style="list-style-type: none"> Fluoride treatment: 100% of charge Scale & clean: 100% of charge Periodic oral examination: 100% of charge |
| ✓ Hearing aids | 12 | \$400 per person combined limit for blood glucose monitors, hearing aids & other services | <ul style="list-style-type: none"> Hearing aid: 65% of charge |
| ✓ Major dental | 12 | \$800 per person combined limit for endodontic & major dental | <ul style="list-style-type: none"> Surgical tooth extraction: 65% of charge Full crown veneered: 65% of charge |
| ✓ Non PBS pharmaceuticals* | 2 | \$300 per person up to \$35 per service combined limit for non pbs pharmaceuticals & vaccinations sub-limits apply | <ul style="list-style-type: none"> Per eligible prescription: 100% of charge |
| ✓ Occupational therapy | 2 | \$300 per person | <ul style="list-style-type: none"> Initial visit: 65% of charge Subsequent visit: 65% of charge |
| ✓ Optical | 6 | \$250 per person | <ul style="list-style-type: none"> Multi-focal lenses & frames: 100% of charge Single vision lenses & frames: 100% of charge |
| ✓ Orthodontic | 12 | \$400 per person \$2,300 lifetime limit | <ul style="list-style-type: none"> Braces for upper & lower teeth, including removal plus fitting of retainer: 65% of charge |
| ✓ Orthotics (podiatric orthoses) | 12 | \$300 per person | <ul style="list-style-type: none"> Orthotics supply & fit: 65% of charge |
| ✓ Osteopathy | 2 | \$300 per person combined limit for chiropractic & osteopathy | <ul style="list-style-type: none"> Initial visit: 65% of charge Subsequent visit: 65% of charge |
| ✓ Physiotherapy | 2 | \$500 per person combined limit for exercise physiology, physiotherapy & other services | <ul style="list-style-type: none"> Initial visit: 65% of charge Subsequent visit: 65% of charge |
| ✓ Podiatry | 2 | \$300 per person sub-limits apply | <ul style="list-style-type: none"> Initial visit: 65% of charge Subsequent visit: 65% of charge |
| ✓ Psychology | 2 | \$300 per person | <ul style="list-style-type: none"> Initial visit: 65% of charge Subsequent visit: 65% of charge |
| ✓ Remedial massage | 2 | \$300 per person combined limit for acupuncture & remedial massage | <ul style="list-style-type: none"> Initial visit: 65% of charge Subsequent visit: 65% of charge |

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|--------------------------------|----------|---|---|
| <p>✓ Speech therapy</p> | <p>2</p> | <p>\$300 per person combined limit for eye therapy (orthoptics) & speech therapy</p> | <ul style="list-style-type: none"> • Initial visit: 65% of charge • Subsequent visit: 65% of charge |
| <p>✓ Vaccinations</p> | <p>2</p> | <p>\$300 per person up to \$35 per service combined limit for non pbs pharmaceuticals & vaccinations</p> | <ul style="list-style-type: none"> • Per service: 65% of charge |

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

- ✗ Ante-natal/Post-natal classes
- ✗ Chinese medicine
- ✗ Health management / Healthy lifestyle
- ✗ Home nursing

Other features of this general treatment cover: Exercise physiology, speech therapy, orthotics & preventative health benefits. Receive 100% of charge up to \$500 p/p per year for preventative dental. Rates discounted for direct debit.

Ambulance cover

In NSW & ACT 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: If you are a resident of NSW or ACT take out any hospital cover, you are automatically covered for emergency transportation within NSW. Ambulance NSW is a Levy Based Scheme which is why it operates under your hospital cover. If an ambulance is called, you will receive a bill. If you have a hospital product with us, you can send this bill on to us, and we'll let the NSW/ACT Ambulance service know you're covered.

Insurer Details



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

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 <http://www.gmhba.com.au>

 service@gmhba.com.au

 1300 4 GMHBA (46422)

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