



GMHBA Limited

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

\$578.65 / 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: 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 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/WISE1D

Source: Private Health Information Statement (PHIS).

Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

This policy **includes** cover for

- | | | |
|---|-----------------------------------|--|
| ✓ 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

- | | | |
|---------------------------------------|-------------------------------|-----------------------|
| ✗ 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.

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
- 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/WISE1D 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	• Initial visit: 65% of charge • Subsequent visit: 65% of charge
✓ Audiology	2	\$300 per person	• 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	• Per monitor: 65% of charge

✓ Chiropractic	2	\$300 per person combined limit for chiropractic & osteopathy sub-limits apply	- Initial visit: 65% of charge - Subsequent visit: 65% of charge
✓ Dietetics/dietary advice	2	\$300 per person	- Initial visit: 65% of charge - Subsequent visit: 65% of charge
✓ Endodontic	12	\$800 per person combined limit for endodontic & major dental	Filling of one root canal: 65% of charge
✓ Exercise physiology	2	\$500 per person combined limit for exercise physiology, physiotherapy & other services	- 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	- Initial visit: 65% of charge - Subsequent visit: 65% of charge
✓ General dental	2	\$800 per person	- 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	Hearing aid: 65% of charge
✓ Major dental	12	\$800 per person combined limit for endodontic & major dental	- 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	Per eligible prescription: 100% of charge
✓ Occupational therapy	2	\$300 per person	- Initial visit: 65% of charge - Subsequent visit: 65% of charge
✓ Optical	6	\$250 per person	- Multi-focal lenses & frames: 100% of charge - Single vision lenses & frames: 100% of charge
✓ Orthodontic	12	\$400 per person \$2,300 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer: 65% of charge
✓ Orthotics (podiatric orthoses)	12	\$300 per person	Orthotics supply & fit: 65% of charge
✓ Osteopathy	2	\$300 per person combined limit for chiropractic & osteopathy	- Initial visit: 65% of charge - Subsequent visit: 65% of charge
✓ Physiotherapy	2	\$500 per person combined limit for exercise physiology, physiotherapy & other services	- Initial visit: 65% of charge - Subsequent visit: 65% of charge
✓ Podiatry	2	\$300 per person sub-limits apply	- Initial visit: 65% of charge - Subsequent visit: 65% of charge

✓ Psychology	2	\$300 per person	- Initial visit: 65% of charge - Subsequent visit: 65% of charge
✓ Remedial massage	2	\$300 per person combined limit for acupuncture & remedial massage	- Initial visit: 65% of charge - Subsequent visit: 65% of charge
✓ Speech therapy	2	\$300 per person combined limit for eye therapy (orthoptics) & speech therapy	- Initial visit: 65% of charge - Subsequent visit: 65% of charge
✓ Vaccinations	2	\$300 per person up to \$35 per service combined limit for non pbs pharmaceuticals & vaccinations	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 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



GMHBA Limited

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

\$578.65 / month

(Before Rebate, Discount & Loading)

Available in WA

Call now  1300 4 GMHBA (46422) Sponsor link

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