



GMHBA Limited
GMHBA Silver Plus Everyday Family Package \$500

\$655.40 / month
(Before Rebate, Discount & Loading)
Available in NT

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/J71B/DIJN20

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

Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

This policy includes cover for

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

This policy does not include cover for

- | | | |
|---------------------------------------|-------------------------------|-----------------------|
| ✗ Cataracts | ✗ Joint replacements | ✗ Weight loss surgery |
| ✗ Dialysis for chronic kidney failure | ✗ Pain management with device | |
| ✗ Insulin pumps | ✗ Sleep studies | |

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
- 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

Covers fund approved hospital-substitution, healthy start benefits, New Family Program & 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/J71B/DIJN20 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
✓ Ante-natal/Post-natal classes	2	\$300 per person	<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
✓ 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
✓ Speech therapy	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
✓ Vaccinations	2	\$300 per person up to \$35 per service combined limit for non pbs pharmaceuticals & vaccinations	<ul style="list-style-type: none"> Per service: 100% of charge

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: \$500 p/p per year for preventative dental, all other dental benefits pay 65% of the cost. Rates discounted for direct debit.

Ambulance cover

In NT 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: 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 Plus Everyday Family Package \$500

\$655.40 / month

(Before Rebate, Discount & Loading)

Available in NT

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

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