



**GMHBA Limited**  
**GMHBA Silver Plus Everyday Family Package \$500**

**\$693.65 / 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:** 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/J71B/WIKI2D

**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](https://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

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/WIKI2D 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<br>combined limit for acupuncture & remedial massage | <ul style="list-style-type: none"><li>• Initial visit: 65% of charge</li><li>• Subsequent visit: 65% of charge</li></ul> |
| ✓ Ante-natal/Post-natal classes     | 2 | \$300 per person                                                      | <ul style="list-style-type: none"><li>• Initial visit: 65% of charge</li><li>• Subsequent visit: 65% of charge</li></ul> |
| ✓ Audiology                         | 2 | \$300 per person                                                      | <ul style="list-style-type: none"><li>• Initial visit: 65% of charge</li><li>• Subsequent visit: 65% of charge</li></ul> |

|                                  |    |                                                                                                                                 |                                                                                                                                                                                    |
|----------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Blood glucose monitors         | 12 | <b>\$400 per person</b><br>combined limit for blood glucose monitors, hearing aids & other services                             | <ul style="list-style-type: none"> <li>Per monitor: 65% of charge</li> </ul>                                                                                                       |
| ✓ Chiropractic                   | 2  | <b>\$300 per person</b><br>combined limit for chiropractic & osteopathy sub-limits apply                                        | <ul style="list-style-type: none"> <li>Initial visit: 65% of charge</li> <li>Subsequent visit: 65% of charge</li> </ul>                                                            |
| ✓ Dietetics/dietary advice       | 2  | <b>\$300 per person</b>                                                                                                         | <ul style="list-style-type: none"> <li>Initial visit: 65% of charge</li> <li>Subsequent visit: 65% of charge</li> </ul>                                                            |
| ✓ Endodontic                     | 12 | <b>\$800 per person</b><br>combined limit for endodontic & major dental                                                         | <ul style="list-style-type: none"> <li>Filling of one root canal: 65% of charge</li> </ul>                                                                                         |
| ✓ Exercise physiology            | 2  | <b>\$500 per person</b><br>combined limit for exercise physiology, physiotherapy & other services                               | <ul style="list-style-type: none"> <li>Initial visit: 65% of charge</li> <li>Subsequent visit: 65% of charge</li> </ul>                                                            |
| ✓ Eye therapy (orthoptics)       | 2  | <b>\$300 per person</b><br>combined limit for eye therapy (orthoptics) & speech therapy                                         | <ul style="list-style-type: none"> <li>Initial visit: 65% of charge</li> <li>Subsequent visit: 65% of charge</li> </ul>                                                            |
| ✓ General dental                 | 2  | <b>\$800 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> |
| ✓ Hearing aids                   | 12 | <b>\$400 per person</b><br>combined limit for blood glucose monitors, hearing aids & other services                             | <ul style="list-style-type: none"> <li>Hearing aid: 65% of charge</li> </ul>                                                                                                       |
| ✓ Major dental                   | 12 | <b>\$800 per person</b><br>combined limit for endodontic & major dental                                                         | <ul style="list-style-type: none"> <li>Surgical tooth extraction: 65% of charge</li> <li>Full crown veneered: 65% of charge</li> </ul>                                             |
| ✓ Non PBS pharmaceuticals*       | 2  | <b>\$300 per person up to \$35 per service</b><br>combined limit for non pbs pharmaceuticals & vaccinations<br>sub-limits apply | <ul style="list-style-type: none"> <li>Per eligible prescription: 100% of charge</li> </ul>                                                                                        |
| ✓ Occupational therapy           | 2  | <b>\$300 per person</b>                                                                                                         | <ul style="list-style-type: none"> <li>Initial visit: 65% of charge</li> <li>Subsequent visit: 65% of charge</li> </ul>                                                            |
| ✓ Optical                        | 6  | <b>\$250 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>                       |
| ✓ Orthodontic                    | 12 | <b>\$400 per person</b><br>\$2,300 lifetime limit                                                                               | <ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: 65% of charge</li> </ul>                                    |
| ✓ Orthotics (podiatric orthoses) | 12 | <b>\$300 per person</b>                                                                                                         | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 65% of charge</li> </ul>                                                                                        |
| ✓ Osteopathy                     | 2  | <b>\$300 per person</b><br>combined limit for chiropractic & osteopathy                                                         | <ul style="list-style-type: none"> <li>Initial visit: 65% of charge</li> <li>Subsequent visit: 65% of charge</li> </ul>                                                            |
| ✓ Physiotherapy                  | 2  | <b>\$500 per person</b><br>combined limit for exercise physiology, physiotherapy & other services                               | <ul style="list-style-type: none"> <li>Initial visit: 65% of charge</li> <li>Subsequent visit: 65% of charge</li> </ul>                                                            |

|                       |   |                                                                                                         |                                                                                                                      |
|-----------------------|---|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| ✓ Podiatry            | 2 | \$300 per person<br>sub-limits apply                                                                    | <ul style="list-style-type: none"><li>Initial visit: 65% of charge</li><li>Subsequent visit: 65% of charge</li></ul> |
| ✓ Psychology          | 2 | \$300 per person                                                                                        | <ul style="list-style-type: none"><li>Initial visit: 65% of charge</li><li>Subsequent visit: 65% of charge</li></ul> |
| ✓ Remedial<br>massage | 2 | \$300 per person<br>combined limit for acupuncture & remedial massage                                   | <ul style="list-style-type: none"><li>Initial visit: 65% of charge</li><li>Subsequent visit: 65% of charge</li></ul> |
| ✓ Speech therapy      | 2 | \$300 per person<br>combined limit for eye therapy (orthoptics) & speech<br>therapy                     | <ul style="list-style-type: none"><li>Initial visit: 65% of charge</li><li>Subsequent visit: 65% of charge</li></ul> |
| ✓ Vaccinations        | 2 | \$300 per person up to \$35 per service<br>combined limit for non pbs pharmaceuticals &<br>vaccinations | <ul style="list-style-type: none"><li>Per service: 100% of charge</li></ul>                                          |

**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 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

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