GMHBA Limited

GMHBA Gold Premium Family Package $500

$795.90 / 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 does not provide accident cover.
- This policy does not provide benefits for travel or accommodation outside of hospital.

Policy ID: GMH/J73B/WIQN1D **Source:** Private Health Information Statement (PHIS)

Hospital Cover

✓ Covered R Restricted Cover ✗ Not Covered

This policy includes cover for

- ✓ Assisted reproductive services
- ✓ Back, neck and spine
- ✓ Blood
- ✓ Bone, joint and muscle
- ✓ Brain and nervous system
- ✓ Breast surgery (medically necessary)
- ✓ Cataracts
- ✓ Chemotherapy, radiotherapy and immunotherapy for cancer
- ✓ Dental surgery
- ✓ Diabetes management (excluding insulin pumps)
- ✓ Dialysis for chronic kidney failure
- ✓ Digestive system
- ✓ Ear, nose and throat
- ✓ Eye (not cataracts)
- ✓ Gastrointestinal endoscopy
- ✓ Gynaecology
- ✓ Heart and vascular system
- ✓ Hernia and appendix
- ✓ Hospital psychiatric services
- ✓ Implantation of hearing devices
- ✓ Insulin pumps
- ✓ Joint reconstructions
- ✓ Joint replacements
- ✓ Kidney and bladder
- ✓ Lung and chest
- ✓ Male reproductive system
- ✓ Miscarriage and termination of pregnancy
- ✓ Pain management
- ✓ Pain management with device
- ✓ Palliative care
- ✓ Plastic and reconstructive surgery (medically necessary)
- ✓ Podiatric surgery (provided by a registered podiatric surgeon)
- ✓ Pregnancy and birth
- ✓ Rehabilitation
- ✓ Skin
- ✓ Sleep studies
- ✓ Tonsils, adenoids and grommets
- ✓ 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
- 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 & 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/J73B/WIQN1D 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	**$400 per person up to $800 per policy** combined limit for acupuncture & remedial massage	• Initial visit: 75% of charge • Subsequent visit: 75% of charge
✓ **Ante-natal/Post-natal classes**	2	**$400 per person**	• Initial visit: 75% of charge • Subsequent visit: 75% of charge
✓ **Audiology**	2	**$400 per person up to $800 per policy**	• Initial visit: 75% of charge • Subsequent visit: 75% of charge
✓ **Blood glucose monitors**	12	**$600 per person up to $1,200 per policy** combined limit for blood glucose monitors, hearing aids & other services	• Per monitor: 75% of charge

✓ **Chiropractic**	2	**$400 per person up to $800 per policy** combined limit for chiropractic, osteopathy & other services sub-limits apply	• Initial visit: 75% of charge • Subsequent visit: 75% of charge
✓ **Dietetics/dietary advice**	2	**$400 per person up to $800 per policy**	• Initial visit: 75% of charge • Subsequent visit: 75% of charge
✓ **Endodontic**	12	**$1,000 per person up to $2,000 per policy** combined limit for endodontic & major dental	• Filling of one root canal: 75% of charge
✓ **Exercise physiology**	2	**$600 per person up to $1,200 per policy** combined limit for exercise physiology, physiotherapy & other services	• Initial visit: 75% of charge • Subsequent visit: 75% of charge
✓ **Eye therapy (orthoptics)**	2	**$400 per person up to $800 per policy** combined limit for eye therapy (orthoptics) & speech therapy	• Initial visit: 75% of charge • Subsequent visit: 75% of charge
✓ **General dental**	2	**$1,000 per person up to $2,000 per policy**	• Fluoride treatment: 100% of charge • Scale & clean: 100% of charge • Periodic oral examination: 100% of charge
✓ **Hearing aids**	12	**$600 per person up to $1,200 per policy** combined limit for blood glucose monitors, hearing aids & other services	• Hearing aid: 75% of charge
✓ **Major dental**	12	**$1,000 per person up to $2,000 per policy** combined limit for endodontic & major dental	• Surgical tooth extraction: 75% of charge • Full crown veneered: 75% of charge
✓ **Non PBS pharmaceuticals***	2	**$400 per person up to $40 per service up to $800 per policy** combined limit for non pbs pharmaceuticals & vaccinations sub-limits apply	• Per eligible prescription: 100% of charge
✓ **Occupational therapy**	2	**$400 per person up to $800 per policy**	• Initial visit: 75% of charge • Subsequent visit: 75% of charge
✓ **Optical**	6	**$250 per person**	• Multi-focal lenses & frames: 100% of charge • Single vision lenses & frames: 100% of charge
✓ **Orthodontic**	12	**$700 per person** $3,200 lifetime limit	• Braces for upper & lower teeth, including removal plus fitting of retainer: 75% of charge
✓ **Orthotics (podiatric orthoses)**	12	**$400 per person up to $800 per policy**	• Orthotics supply & fit: 75% of charge
✓ **Osteopathy**	2	**$400 per person up to $800 per policy** combined limit for chiropractic, osteopathy & other services	• Initial visit: 75% of charge • Subsequent visit: 75% of charge
✓ **Physiotherapy**	2	**$600 per person up to $1,200 per policy** combined limit for exercise physiology, physiotherapy & other services sub-limits apply	• Initial visit: 75% of charge • Subsequent visit: 75% of charge

✓ **Podiatry**	2	**$400 per person up to $800 per policy** sub-limits apply	• Initial visit: 75% of charge • Subsequent visit: 75% of charge
✓ **Psychology**	2	**$400 per person up to $800 per policy** sub-limits apply	• Initial visit: 75% of charge • Subsequent visit: 75% of charge
✓ **Remedial massage**	2	**$400 per person up to $800 per policy** combined limit for acupuncture & remedial massage	• Initial visit: 75% of charge • Subsequent visit: 75% of charge
✓ **Speech therapy**	2	**$400 per person up to $800 per policy** combined limit for eye therapy (orthoptics) & speech therapy	• Initial visit: 75% of charge • Subsequent visit: 75% of charge
✓ **Vaccinations**	2	**$400 per person up to $40 per service up to $800 per policy** combined limit for non pbs pharmaceuticals & vaccinations	• Per service: $100

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: 100% back up to $600 per person/$1200 per membership per year for preventative dental, all other dental benefits pay 75% 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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(Before Rebate, Discount & Loading)
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Call now 1300 4 GMHBA (46422) Sponsor link

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