



GMHBA Limited
GMHBA Silver Package

\$546.20 / month
(Before Rebate, Discount & Loading)
Available in TAS

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

Policy ID: GMH/J77/TJBS2D

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 | ✓ 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 \$750 per admission. This is limited to a maximum of \$750 per person and \$1500 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

Get access to a range of health programs.

This health insurer does not operate a preferred provider scheme.

Policy ID: GMH/J77/TJBS2D Source: [Private Health Information Statement \(PHIS\)](#)

Extras Cover

This policy **includes** General treatment (Extras) cover for

Note, for treatments marked with * : 60% back on General Dental. 100% back on preventative dental item numbers 011, 012, 013, 014, 121, service limits apply: 1 x 011 per 2 calendar years, combined total maximum 3 per calendar year for 011, 012, 014. Pharmacy benefits apply for approved travel vaccines only.

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 & other services	<ul style="list-style-type: none"> • Initial visit: 60% of charge • Subsequent visit: 60% of charge
✓ Chiropractic	2	\$400 per person combined limit for chiropractic, exercise physiology, osteopathy, physiotherapy & other services	<ul style="list-style-type: none"> • Initial visit: 60% of charge • Subsequent visit: 60% of charge
✓ Dietetics/dietary advice	2	\$250 per person	<ul style="list-style-type: none"> • Initial visit: 60% of charge • Subsequent visit: 60% of charge

✓ Endodontic	12	\$800 per person combined limit for endodontic & major dental	<ul style="list-style-type: none"> Filling of one root canal: 60% of charge
✓ Exercise physiology	2	\$400 per person combined limit for chiropractic, exercise physiology, osteopathy, physiotherapy & other services	<ul style="list-style-type: none"> Initial visit: 60% of charge Subsequent visit: 60% 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
✓ Major dental	12	\$800 per person combined limit for endodontic & major dental	<ul style="list-style-type: none"> Surgical tooth extraction: 60% of charge Full crown veneered: 60% 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	\$500 per person \$1,800 lifetime limit	<ul style="list-style-type: none"> Braces for upper & lower teeth, including removal plus fitting of retainer: 60% of charge
✓ Orthotics (podiatric orthoses)	12	\$250 per person combined limit for orthotics (podiatric orthoses), podiatry & other services	<ul style="list-style-type: none"> Orthotics supply & fit: 60% of charge
✓ Osteopathy	2	\$400 per person combined limit for chiropractic, exercise physiology, osteopathy, physiotherapy & other services	<ul style="list-style-type: none"> Initial visit: 60% of charge Subsequent visit: 60% of charge
✓ Physiotherapy	2	\$400 per person combined limit for chiropractic, exercise physiology, osteopathy, physiotherapy & other services	<ul style="list-style-type: none"> Initial visit: 60% of charge Subsequent visit: 60% of charge
✓ Podiatry	2	\$250 per person combined limit for orthotics (podiatric orthoses), podiatry & other services	<ul style="list-style-type: none"> Initial visit: 60% of charge Subsequent visit: 60% of charge
✓ Psychology	2	\$250 per person	<ul style="list-style-type: none"> Initial visit: 60% of charge Subsequent visit: 60% of charge
✓ Remedial massage	2	\$300 per person combined limit for acupuncture, remedial massage & other services	<ul style="list-style-type: none"> Initial visit: 60% of charge Subsequent visit: 60% of charge
✓ Vaccinations	2	\$100 per person	<ul style="list-style-type: none"> Per service: 60% of charge

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

- | | | |
|---------------------------------|---|---------------------------|
| ✗ Ante-natal/Post-natal classes | ✗ Eye therapy (orthoptics) | ✗ Home nursing |
| ✗ Audiology | ✗ Health management / Healthy lifestyle | ✗ Non PBS pharmaceuticals |
| ✗ Blood glucose monitors | ✗ Hearing aids | ✗ Occupational therapy |
| ✗ Chinese medicine | | ✗ Speech therapy |

Other features of this general treatment cover: Get cover for a range of wellbeing and preventative health benefits.

Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - https://www.health.tas.gov.au/ambulance/fees_and_accounts.

Other features of this ambulance cover: Tasmanian residents are covered by a State based scheme. Please contact Ambulance Tasmania for more details regarding coverage.

Insurer Details


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\$546.20 / month
(Before Rebate, Discount & Loading)
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Call now  1300 4 GMHBA (46422) Sponsor link

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