



GMHBA Limited
GMHBA Bronze Plus Choice Package

\$277.70 / 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: 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/J78/DJCR1D

Source: Private Health Information Statement (PHIS).

Hospital Cover

✓ Covered R Restricted Cover ✗ Not Covered

This policy **includes** cover for

- | | | |
|---|---------------------------------|--|
| ✓ Blood | ✓ Digestive system | ✓ Male reproductive system |
| ✓ Bone, joint and muscle | ✓ Ear, nose and throat | ✓ Miscarriage and termination of pregnancy |
| ✓ Brain and nervous system | ✓ Eye (not cataracts) | ✓ Pain management |
| ✓ Breast surgery (medically necessary) | ✓ Gastrointestinal endoscopy | R Palliative care |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Gynaecology | ✓ Plastic and reconstructive surgery (medically necessary) |
| ✓ Dental surgery | ✓ Hernia and appendix | R Rehabilitation |
| ✓ Diabetes management (excluding insulin pumps) | R Hospital psychiatric services | ✓ Skin |
| | ✓ Joint reconstructions | ✓ Tonsils, adenoids and grommets |
| | ✓ Kidney and bladder | |

This policy **does not include** cover for

- | | | |
|---------------------------------------|-----------------------------------|--|
| ✗ Assisted reproductive services | ✗ Implantation of hearing devices | ✗ Podiatric surgery (provided by a registered podiatric surgeon) |
| ✗ Back, neck and spine | ✗ Insulin pumps | ✗ Pregnancy and birth |
| ✗ Cataracts | ✗ Joint replacements | ✗ Sleep studies |
| ✗ Dialysis for chronic kidney failure | ✗ Lung and chest | ✗ Weight loss surgery |
| ✗ Heart and vascular system | ✗ Pain management with device | |

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 \$750 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 including Vitality

This health insurer does not operate a preferred provider scheme.

Policy ID: GMH/J78/DJCR1D Source: [Private Health Information Statement \(PHIS\)](#)

Extras Cover

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

Note, for treatments marked with *: 50% 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.

Treatment & waiting period (months)		Benefit limits per 12 months unless otherwise stated	Examples of maximum benefits
✓ Chiropractic	2	\$200 per person combined limit for chiropractic, exercise physiology, osteopathy, physiotherapy & other services	• Initial visit: 50% of charge • Subsequent visit: 50% of charge
✓ Dietetics/dietary advice	2	\$200 per person	• Initial visit: 50% of charge • Subsequent visit: 50% of charge
✓ Exercise physiology	2	\$200 per person combined limit for chiropractic, exercise physiology, osteopathy, physiotherapy & other services	• Initial visit: 50% of charge • Subsequent visit: 50% of charge

✓ General dental*	2	\$600 per person	- Fluoride treatment: 100% of charge - Scale & clean: 100% of charge - Periodic oral examination: 100% of charge
✓ Optical	6	\$200 per person	- Multi-focal lenses & frames: 100% of charge - Single vision lenses & frames: 100% of charge
✓ Orthotics (podiatric orthoses)	12	\$200 per person combined limit for orthotics (podiatric orthoses), podiatry & other services	Orthotics supply & fit: 50% of charge
✓ Osteopathy	2	\$200 per person combined limit for chiropractic, exercise physiology, osteopathy, physiotherapy & other services	- Initial visit: 50% of charge - Subsequent visit: 50% of charge
✓ Physiotherapy	2	\$200 per person combined limit for chiropractic, exercise physiology, osteopathy, physiotherapy & other services	- Initial visit: 50% of charge - Subsequent visit: 50% of charge
✓ Podiatry	2	\$200 per person combined limit for orthotics (podiatric orthoses), podiatry & other services	- Initial visit: 50% of charge - Subsequent visit: 50% of charge
✓ Psychology	2	\$200 per person	- Initial visit: 50% of charge - Subsequent visit: 50% of charge
✓ Remedial massage	2	\$200 per person	- Initial visit: 50% of charge - Subsequent visit: 50% of charge

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

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

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

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 Bronze Plus Choice Package

\$277.70 / month

(Before Rebate, Discount & Loading)

Available in NT

Call now  1300 4 GMHBA (46422) Sponsor link

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 1300 4 GMHBA (46422)

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