

**GMHBA Limited**  
**GMHBA Bronze Plus Package****\$392.50 / month**

(Before Rebate, Discount &amp; 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 (and no-one else).

- 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/J82/TKJL20**Source:** Private Health Information Statement (PHIS)

## Hospital Cover

Covered

Restricted Cover

Not Covered

**This policy includes cover for**

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

**This policy does not include cover for**

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

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

This health insurer does not operate a preferred provider scheme.

Policy ID: GMH/J82/TKJL20 Source: [Private Health Information Statement \(PHIS\)](#)

## Extras Cover

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

Note, for treatments marked with \*: Emergency ambulance cover

| Treatment & waiting period (months) |   | Benefit limits per 12 months unless otherwise stated                                                                                  | Examples of maximum benefits                                                                                                                                  |
|-------------------------------------|---|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                       | 2 | <b>\$200 per person up to \$400 per policy</b><br>combined limit for acupuncture, chinese medicine, remedial massage & other services | <ul style="list-style-type: none"><li>• Initial visit: \$30</li><li>• Subsequent visit: \$30</li></ul>                                                        |
| ✓ Chinese medicine                  | 2 | <b>\$200 per person up to \$400 per policy</b><br>combined limit for acupuncture, chinese medicine, remedial massage & other services | <ul style="list-style-type: none"><li>• Initial visit: \$30</li><li>• Subsequent visit: \$30</li></ul>                                                        |
| ✓ Chiropractic                      | 2 | <b>\$200 per person up to \$400 per policy</b><br>combined limit for chiropractic & osteopathy                                        | <ul style="list-style-type: none"><li>• Initial visit: \$32</li><li>• Subsequent visit: \$32</li></ul>                                                        |
| ✓ Exercise physiology               | 2 | <b>\$200 per person up to \$400 per policy</b><br>combined limit for exercise physiology, physiotherapy & other services              | <ul style="list-style-type: none"><li>• Initial visit: \$25</li><li>• Subsequent visit: \$25</li></ul>                                                        |
| ✓ General dental                    | 2 | <b>\$600 per person up to \$1,200 per policy</b>                                                                                      | <ul style="list-style-type: none"><li>• Fluoride treatment: \$17.9</li><li>• Scale &amp; clean: \$60.2</li><li>• Periodic oral examination: \$29.6</li></ul>  |
| ✓ Optical                           | 6 | <b>\$150 per person up to \$300 per policy</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> |

|                    |   |                                                                                                                                       |                                                                                                    |
|--------------------|---|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| ✓ Osteopathy       | 2 | <b>\$200 per person up to \$400 per policy</b><br>combined limit for chiropractic & osteopathy                                        | <ul style="list-style-type: none"><li>Initial visit: \$32</li><li>Subsequent visit: \$32</li></ul> |
| ✓ Physiotherapy    | 2 | <b>\$200 per person up to \$400 per policy</b><br>combined limit for exercise physiology, physiotherapy & other services              | <ul style="list-style-type: none"><li>Initial visit: \$40</li><li>Subsequent visit: \$40</li></ul> |
| ✓ Remedial massage | 2 | <b>\$200 per person up to \$400 per policy</b><br>combined limit for acupuncture, chinese medicine, remedial massage & other services | <ul style="list-style-type: none"><li>Initial visit: \$25</li><li>Subsequent visit: \$25</li></ul> |

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

- |                                 |                                         |                                  |
|---------------------------------|-----------------------------------------|----------------------------------|
| ✗ Ante-natal/Post-natal classes | ✗ Health management / Healthy lifestyle | ✗ Orthodontic                    |
| ✗ Audiology                     | ✗ Hearing aids                          | ✗ Orthotics (podiatric orthoses) |
| ✗ Blood glucose monitors        | ✗ Home nursing                          | ✗ Podiatry                       |
| ✗ Dietetics/dietary advice      | ✗ Major dental                          | ✗ Psychology                     |
| ✗ Endodontic                    | ✗ Non PBS pharmaceuticals               | ✗ Speech therapy                 |
| ✗ Eye therapy (orthoptics)      | ✗ Occupational therapy                  | ✗ Vaccinations                   |

**Other features of this general treatment cover:** Excludes chiropractic x-rays.

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](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



**GMHBA Limited**

GMHBA Bronze Plus Package

**\$392.50 / month**

(Before Rebate, Discount & Loading)

Available in TAS

Call now  1300 4 GMHBA (46422) Sponsor link

**GMHBA Limited**

 <http://www.gmhba.com.au>

 [service@gmhba.com.au](mailto:service@gmhba.com.au)

 1300 4 GMHBA (46422)

**Disclaimer:** This document is not a Private Health Information Statement (PHIS), and it is not intended to replace that document. The details contained in the **healthslips.com.au Policy Information** was provided by the insurer to the Australian Government. It is intended as general information. It may not take into account your circumstances. For further information contact the insurer. Information used is Licensed from the Commonwealth of Australia under a Creative Commons 3.0 licence. Private Health Information Statement is available from the Private Health Insurance Ombudsman website at <https://privatehealth.gov.au/dynamic/Premium/PHIS/GMH/J82/TKJL20>