

Gold Extras

GE (Closed to new members)

This information is important, please read and retain for future reference.

Gold Extras provides a high level of cover on a wide range of services with generous benefits and annual limits.

Waiting periods

Waiting periods exist to protect members from claims made by those who join the fund or increase their level of cover because they have an ailment or illness that may require treatment.

Waiting periods will apply to:

- New memberships (previously uninsured).
- Additions to a membership (unless the addition/s has already served all waiting periods with GMHBA or another fund) except newborns, adopted and permanent foster children where the family membership has been in existence for at least 2 months.
- Existing GMHBA memberships, and transfers to GMHBA from another fund where the level of cover and/or benefit entitlement is upgraded or increased and/or where the waiting periods have not been completed.

Extras Service	Waiting Periods	Benefit
Ambulance subscription/transport¹	N/A	
Annual subscription refund		100%
Transport benefit (per trip)		\$300
Annual limit per person each calendar year		\$500
Audiology	2 months	
Initial visit		\$25
Subsequent visit		\$20
Annual limit per person each calendar year		\$350
Blood glucose monitor²	12 months	
Benefit		\$200
Chiropractic / Osteopathy³	2 months	
Initial visit		\$26
2-10 subsequent visits		\$21
Further visits		\$17
Chiropractic x-ray (1 per person)		\$80
Annual limit per person/single membership each calendar year		\$350
Annual limit per family membership each calendar year		\$700
Dental		
Major Dental (see important note for dental)	12 months	
Orthodontic – Benefits example: Fixed appliance treatment – upper and lower jaw treatment by a registered specialist	12 months	
Maximum benefits per calendar year		85% up to

Important note: The table opposite must be read along with the footnotes below

- 1. Ambulance** – To be fully covered for Ambulance services, we recommend that you take out an ambulance subscription in your state and territory. You can claim a refund on one ambulance subscription per membership each calendar year.

A transport benefit per trip is claimable (see opposite) however this will not cover the entire cost and therefore will result in significant out of pocket costs. Publicly funded ambulance services and State Government Ambulance transport schemes are excluded.
- 2. Blood glucose monitor** – Benefits are limited to one monitor per membership every three years. A doctor's letter of recommendation must accompany each claim for benefits.
- 3. Chiropractic/Osteopathy** – The annual limit of \$350 per person/single membership and \$700 per family membership each calendar year includes combined benefits for chiropractic (including chiropractic, x-rays), and osteopathy. There is a limit of one chiropractic x-ray per person/single membership each calendar year. Benefits will be paid for one consultation per provider per day.

Important note for Dental: The benefits shown are the annual limits for each type of dental service. There are further sub limits within some of these dental services e.g the individual benefit for one crown on Gold Extras is \$300

		\$450 per year incr to \$850 at 10 years
Maximum benefit per course of treatment		\$2,550
Lifetime benefit limit		\$2,900
Dentures (see important note for dental)	12 months	
New full upper and lower dentures per 2 years		\$500
Combined crown and bridgework (see important note for dental)	12 months	
Annual limit per person per calendar year		\$600
Indirect restorations (see important note for dental)	12 months	
Annual limit per person/single membership each calendar year		\$400
Annual limit per family membership each calendar year		\$700
Implants (see important note for dental)	12 months	
Annual limit per person each calendar year		\$400
General Dental (For more information see general dental note)	2 months	
a) Diagnostic services	2 months	Set benefits apply
b) Preventative services e.g. periodic examination 2 per calendar year, removal of plaque 3 per calendar year. Annual limit per person per calendar year.	2 months	Up to \$300 per person
c) Simple extractions (not including surgical extractions of wisdom teeth)	2 months	Set benefits apply
d) Restorative services (limited benefits apply to precious restorations)	2 months	Set benefits Apply
Annual limit (see important note for dental)	12 months	
Annual limit per person each calendar year		\$2,000
Dietetics	2 months	
Initial visit		\$54
Subsequent visit		\$25
Class attendance		\$10
Annual limit per person each calendar year		\$350
Extremity pump ⁴	12 months	
Benefit		\$300
Eye therapy and speech therapy ⁵	2 months	
Initial visit		\$54
Subsequent visit		\$25
Annual limit per person each calendar year		\$500
Fluoride dietary supplement ⁶	2 months	
Benefit of up to		85%
Maximum benefit per person each calendar year		\$45
Hearing aids	12 months	

General Dental – There are a range of dental procedure that cannot be claimed when provided on the same day e.g. a filling on a tooth that has been removed. There are also limits on the number of dental procedures you can have e.g. periodic examinations are limited to two per calendar year.

Dental benefits for some procedures cannot be paid unless tooth identifications (ID) are supplied by the provider.

The general dental limits for dental examinations and scale and clean procedures are available per person on a calendar year basis.

For services other than Dental, benefits for one initial consolation are available each calendar year.

Preventative Dental – Benefits are based on specific item numbers. We recommend you contact GMHBA for a benefit estimate to confirm the benefit payable.

4. **Extremity pump** – Benefits are limited to one extremity pump per membership every three years. A doctor's letter of recommendation must accompany each claim for benefits
5. **Eye therapy and speech therapy** – The annual limit of \$500 per person each calendar year includes \$500 for eye therapy and \$500 for speech therapy.
6. **Fluoride dietary supplement** - Benefits are only payable towards the cost of dietary fluoride supplements (tablet or liquid form) dispensed by a chemist or dentist in private practice.

Benefit up to		100%	7. Naturopathy/Homeopathy/Acupuncture – Benefits will be paid for one consultation and/or treatment per provider per day. The annual limit of \$350 per person/single membership and \$700 per family membership each calendar year includes combined benefits for remedial massage, naturopathy, homeopathy and acupuncture.
Maximum benefit per person every 3 years		\$800	
Naturopathy/Homeopathy/Acupuncture⁷	2 months		
Initial visit		\$25	8. Nebuliser pump - Benefits are limited to one nebuliser pump per membership every three years. A doctor's letter of recommendation must accompany each claim for benefits.
2-10 subsequent visits		\$20	
Further visits		\$17	
Annual limit per person/single membership each calendar year		\$350	9. Nursing – Visiting/home/registered nurse (private practice) – The annual limit of \$1,000 per person each calendar year includes combined benefits for home (bush) nursing and visiting/registered nurse. Visiting nurse benefits apply towards a registered nurse in private practice on recommendation from a medical practitioner.
Annual limit per family membership each calendar year		\$700	
Nebuliser pump⁸	12 months		
Benefit		\$150	10. Occupational therapy - The annual limit of \$500 per person/single membership and \$800 per family membership each calendar year only includes benefits for occupational therapy.
Nursing – Visiting/Home/Registered Nurse (Private Practice)⁹	2 months		
Home (bush) nursing benefit for each visit		\$8	
Visiting/Registered nurse (private practice) benefit per hour		\$8	11. Optical - Non-prescription sunglasses and repairs are excluded.
Maximum benefit each day		\$48	
Annual limit per person each calendar year		\$1,000	
Occupational therapy¹⁰	2 months		12. Orthopaedic appliances (GMHBA approved) – Must be custom made or approved by GMHBA. A doctor's letter recommending the appliance must accompany each claim for benefits. Orthopaedic appliances attract benefits where the application of which has resulted from, and is required immediately following the injury or surgery to the injury necessitating the appliance, for purposes other than or additional to support. For an appliance to be custom made, a plaster cast or mould must be taken. Customising, heat moulding, trimming or adjusting an existing 'off the shelf' appliance does not involve this process and therefore does not constitute a custom made appliance. There are some conditions therefore we recommend you call 1300 446 422 for a benefit estimate to confirm the benefit payable. The limit of \$400 per person is available each calendar year for orthopaedic appliances.
Initial visit		\$54	
2-10 subsequent visits		\$25	
Further visits		\$17	13. Orthotic appliances (foot) – Orthotic appliances must be custom made. For an orthosis to be custom made, a plaster cast or mould must be taken. Customising, heat moulding, trimming or adjusting an existing 'off the shelf' appliance does not involve this process and therefore does not constitute a custom made appliance.
Annual limits per person /single membership each calendar year		\$500	
Annual limit per family membership each calendar year		\$800	
Optical¹¹	6 months		14. Pharmacy - Private Script Benefits are only payable towards the cost of prescription pharmaceuticals dispensed via a provider in a private practice. Benefits are not payable towards the cost of contraceptives or NHS (PBS) prescriptions, food supplements, natural therapies (including Modifast/Optifast), over the counter items purchased with or without a prescription and pharmaceuticals purchased overseas and not listed on the Australian Register of Therapeutic Goods.
Prescription spectacles, contact lenses and frames – benefit of up to		100%	
Annual limit per person each calendar year		\$250	
Orthopaedic appliances¹²	12 months		
Benefit of up to		80%	
Maximum benefit per item		\$115	
Limit per person every 3 years		\$400	
Orthopaedic appliance repairs	12 months		
Annual limit per person each calendar year		\$40	
Orthotic appliances (foot)¹³	12 months		
Benefit of up to		80%	
Maximum benefit per item		\$115	
Annual limit per person/single membership each calendar year		\$230	
Annual limit per family membership each calendar year		\$460	
Pharmacy – private script¹⁴	2 months		
Members pay the first maximum PBS contribution then the following benefit is paid towards the balance		100%	

Annual limit per person/single membership each calendar year		\$350
Annual limit per family membership each calendar year		\$550
Physiotherapy/Myotherapy/Hydrotherapy¹⁵	2 months	
Initial visit		\$36
2-10 subsequent visits		\$26
Further visits		\$18
Class attendance		\$10
Annual limit per person/single membership each calendar year		\$500
Annual limit per family membership each calendar year		\$800
Podiatry¹⁶	2 months	
Initial visit		\$35
Subsequent visit		\$25
Comprehensive treatment – initial visit		\$35
Comprehensive treatment – subsequent visit		\$25
Video analysis		\$25
Plaster of paris		\$25
Surgical procedures – benefit of up to	12 months	80%
Maximum benefit per surgical procedure		\$115
Annual limit per person each calendar year		\$350
Pressure garments¹⁷	12 months	
Benefit of up to		80%
Maximum benefit per item		\$115
Limit per person every 3 years		\$350
Prostheses (non-surgical)¹⁸	12 months	
Benefit of up to		85%
Maximum benefit per item		\$300
Maximum benefit per person every 3 years		\$400
Psychology	2 months	
Initial visit		\$54
Second visit		\$54
Subsequent visit		\$25
Group therapy initial visit		\$27
Group therapy second visit		\$27
Group therapy subsequent visit		\$12.50
Annual limit per person/single membership each calendar year		\$500
Annual limit per family membership each calendar year		\$800
Remedial massage¹⁹	2 months	
Initial visit		\$20
Subsequent visit		\$20
Annual limit per person/single membership each		\$350

15. Physiotherapy/Myotherapy/Hydrotherapy – For physiotherapy and hydrotherapy only class attendance is limited to \$240 per person each calendar year and this limit is included with your annual limit. Benefits will be paid for one consultation and/or treatment per provider per day. Physiotherapy consultation must be for a minimum of 15 – 20 minutes to qualify for one-on-one physiotherapy benefits. The annual limit of \$500 per person/single membership and \$800 per family membership each calendar year includes combined benefits for physiotherapy, myotherapy and hydrotherapy.

16. Podiatry – The annual limit of \$350 per person each calendar year includes combined benefits for podiatry visits and podiatric surgical procedures.

17. Pressure garments – Are used for the treatment of burns, lymphoedema or for post-operative surgery up to 60 days from hospital discharge. For benefits to be payable garments must be supplied through a private company or therapist in a private practice. A doctor's letter recommending the appliance must accompany each claim for benefits. We recommend you contact GMHBA for a benefit estimate to confirm the benefit payable. The limit of \$350 per person is available each calendar year for pressure garments.

18. Prostheses (non-surgical) – Prostheses include a range of approved non-surgically implanted prostheses (eg wigs). A doctor's letter of recommendation must accompany each claim for benefits. We recommend you contact GMHBA for a benefit estimate to confirm the benefit payable. The limit of \$400 per person is the benefit available for prostheses each calendar year.

19. Remedial massage – Benefits will be paid for one consultation and/or treatment per provider per day.

The annual limit of \$350 per person/single membership and \$700 per family membership each calendar year includes combined benefits for remedial massage, naturopathy, homeopathy and acupuncture

calendar year		
Annual limit per family membership each calendar year		\$700
Sleep apnoea monitor²⁰	12 months	
Benefit		\$200
Tens monitor²¹	12 months	
Benefit		\$100

20. Sleep apnoea monitor – Benefits are limited to one monitor per membership every three years. A doctor's letter of recommendation must accompany each claim for benefits.

21. Tens monitor – Benefits are limited to one tens monitor per membership every three years. A doctor's letter of recommendation must accompany each claim for benefits.

Important

All extras services must be provided by practitioners in a private practice who are appropriately registered with recognised bodies approved by GMHBA. We recommend you contact us for a benefit estimate before commencing treatment to confirm the benefit payable. For services other than dental, benefits for one initial consultation per therapy type are available each calendar year.

Find out more

If you're planning treatment, please call us to discuss your options to ensure you're covered and have served all relevant waiting and benefit limitation periods.

For further information please call 1300 446 422, visit your local branch or gmhba.com.au.