FIT Ultra Package - $250 & $500 excess

XMa1Ma8, XMa2Ma8

This information is important, please read and retain for future reference.
FIT Ultra Package gives you total peace of mind with comprehensive hospital and extras cover for the everyday athlete. We know that sport and fitness can be physically demanding on the body, therefore, FIT Ultra cover gives you great benefits on services like preventative health assessments and mouth guards.

What is covered in a participating private hospital?
For services not listed under 'exclusions', FIT Ultra Package provides cover[1] at participating private hospitals for:

- ✓ Hospital treatment, including accommodation as a private patient in a participating private[#] or public hospital.
- ✓ Increased medical gap cover (access to increased benefits when treatment by a doctor or specialist if admitted to hospital).
- ✓ Higher medical benefits for injuries more likely to occur playing sport.
- ✓ Private hospital accommodation[#] - single room or shared room (where available)
- ✓ Pregnancy.
- ✓ Delivery suite.
- ✓ IVF and related services.
- ✓ Intensive and coronary care.
- ✓ Same day treatment.
- ✓ Surgically implanted prostheses (Government Prostheses List group benefits)[2]

What is covered in a public hospital?
For services not listed under 'exclusions', FIT Ultra Package provides cover[1] as a private patient in a public hospital with some exclusions.

Hospital Exclusions
You are not covered (excluded) for:

- × Hospital treatment for which Medicare pays no benefit, eg most cosmetic surgery.

Benefit limitation periods
A 24 month benefit limitation period applies to the following services:

- Psychiatric services
- Haemodialysis
- Gastric banding and obesity surgeries.

Excess
You can reduce your premium by selecting one of the following calendar year excess options:

Excess Table	Level 1 Excess	Level 2 Excess
Admission Excess Private Hospital Overnight	$250	$500
Admission Excess Public Hospital or Day Stay	$125	$250
Maximum Annual Excess (per person)	$250	$500
Maximum Annual Excess (single)	$250	$500
Maximum Annual Excess (family)	$500	$1,000
Waived for dependants under 21	Yes	Yes

Excess - Hospital only - An excess is deducted from the benefit paid by GMHBA Health Insurance. For example, if GMHBA Health Insurance's full benefit for a hospital stay was $5,000 and the member has a $250 excess on their hospital cover, the benefit would reduce by the amount of the excess and an adjusted benefit of $4,750 would be paid to the hospital.

Where one member of a couple, family or single parent excess cover is admitted to hospital they will only pay a maximum amount per person as opposed to the maximum amount per membership. This is usually half the maximum annual excess per policy.

1. Limited benefits may apply to cosmetic surgery and high cost drugs. Drugs purchased outside of the hospital are not included. You may be subject to doctor's waiting lists in a public hospital. Default benefits are paid for all public hospital episodes.
2. Benefits are no higher than the No Gap Government prescribed benefit.

Other private hospitals – fixed benefits are payable in non-participating private hospital.

GMHBA Health Insurance
gmhba.com.au 60-68 Moorabool Street, Geelong, Vic 3220 PO Box 761, Geelong Vic 3220
Call 1300 446 422 Fax 03 5221 4582 Email service@gmhba.com.au ABN 98 004 417 092

What is medical gap cover?
GMHBA's medical gap cover is a billing system that provides higher benefits than the scheduled fee which will reduce or even eliminate your out-of-pocket costs for doctor or specialist fees when treated in hospital.

FIT Ultra Packages
FIT Ultra packages provide increased medical gap cover. Where the actual fee for the anticipated service is greater than the MBS fee, an additional medical gap benefit will be paid for you, which in most cases will be excess of 20% of the MBS fee for each service, as paid under our FIT Standard package. The additional medical gap benefit will vary be eligible service, please contact GMHBA prior to treatment to determine your additional medical gap benefit.

FIT Ultra package provides higher medical gap benefits for injuries more likely to occur playing sports for the following MBS item numbers:

- Knee arthroscopes: 49557 - 49566
- Knee reconstructions: 49536,49539,49542
- Fractured clavicles: 47462, 47465
- Fractures to the wrist: 47369,47372,47375
- Fracture to the finger: 47300 - 47333
- Fracture to the hand: 47348,47351,47336,47339,47342,47345,47354,47357
- Shoulder reconstruction: 48960
- Ankle reconstruction: 49709,49718,49724

Please note: additional medical gap benefits may not be payable towards the cost of imaging or pathology services. Contact GMHBA on 1300 446 422 for details.

Our medical gap cover options
If your doctor or specialist is one of more than 14,000 who choose to participate in GMHBA's medical gap cover system, two options are available for our hospital products:

Option 1 – Known Gap
Your doctor chooses to use GMHBA's medical gap cover system and charges a known patent gap (an amount higher than the scheduled fee). To participate, your doctor must inform you in writing of the cost of the anticipated services, the Medicare and GMHBA benefits and the patient gap before any treatment commences. They must bill us directly for the GMHBA and Medicare benefits. We will arrange to pay these benefits direct to your doctor and all you will need to pay is the known gap.

Option 2 – No Gap
If your doctor chooses to use our medical gap cover and not charge a patient gap, your GMHBA benefit and the Medicare benefit will fully cover the doctor's charges. In these instances, your doctor will bill us directly and you will pay nothing.

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.

Pre-existing conditions and waiting periods
Waiting periods apply to new members who have a pre-existing condition. The waiting period also applies to existing members who have recently upgraded their level of hospital cover.

If the ailment, illness or condition is considered pre-existing:

- New members must wait 12 months for any hospital benefits.
- Members transferring/upgrading to a higher hospital cover including Pregnancy must wait 12 months to get the higher hospital benefits. Existing members with at least 12 months membership in total across their old and new cover are entitled to the lower benefits on their old cover.

Benefit limitation periods
During your first 24 months of cover – after the standard hospital waiting periods have been served you are subject to benefit limitations on selected services. This means that the benefits payable on these services are limited to receiving the public hospital default benefits only, during the 24 month benefit limitation period. Once the waiting period and benefit limitation period has been served, you will have access to the benefits applicable on your level of cover

GMHBA Health Insurance
gmhba.com.au 60-68 Moorabool Street, Geelong, Vic 3220 PO Box 761, Geelong Vic 3220
Call 1300 446 422 Fax 03 5221 4582 Email service@gmhba.com.au ABN 98 004 417 092

Extras Service	Waiting Periods	Single	Couple/Family/ Single Parent
Acupuncture/Naturopathy/Myotherapy/ Homeopathy	2	80% of cost	
Combined annual limit per person/single membership each calendar year		$450	
Combined annual limit per couple, single parent, family membership each calendar year			$900
Ambulance subscription#	2		
Annual subscription refund		100% of the cost	
Annual limit per membership each calendar year		$75	$150
Chiropractic / Osteopathy/Remedial Massage/Podiatry	2	80% of the cost	
Combined annual limit per person/single membership each calendar year		Year 1 $700 Year 2-3 $720 Year 4-5 $740 Year 6-7 $760 Year 8-9 $780 Year 10+ $800	
Combined annual limit per couples, single parents, family membership each calendar year			Year 1 - $1,400 Year 2-3 $1,440 Year 4-5 $1,480 Year 6-7 $1,520 Year 8-9 $1,560 Year 10+ $1,600
Major Dental (see important note for dental)	12 months		
Orthodontic – benefit example: Fixed appliance treatment – upper and lower jaw treatment by a registered specialist	12 months		
Maximum benefit per person per calendar year		85% up to $450 per year increase to $850 at 10 years	
Maximum benefit per course of treatment		$2,550	
Lifetime benefit limit per person		$2,900	
Other Major Dental	12 months		
New full upper and lower dentures per two years	12 months	$500	$500
Combined crown and bridgework benefit limit per person per calendar year	12 months	$600	$600
Indirect restorations benefit limit per calendar year	12 months	$400	$400 limit per person $700 limit per family
Implants benefit limit per person per calendar year	12 months	$400	$400
General Dental (for more information see general dental note)	2 months		
Diagnostic services		Set benefits apply	
Preventative services per person per		Up to $300 per person	

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

Publicly funded ambulance services and State Government ambulance transport schemes are excluded.

Important note for dental: The benefits shown are the annual limits for each type of dental service. The annual limit is a combined general and major dental limit per person per calendar year. There are further sub limits within some of these dental services, eg. The individual benefit for one crown on FIT Ultra is $300.

General dental: There are a range of dental procedures which cannot be claimed on the same day by the same provider. There are also limits on the number of dental procedures you can have. Dental benefits will not be paid unless tooth identifications are supplied by the provider. Item numbers included under preventative dental: 011, 012, 013, 014, 015, 016, 017, 018, 111, 113, 114, 115 and 121.

GMHBA Health Insurance
gmhba.com.au 60-68 Moorabool Street, Geelong, Vic 3220 PO Box 761, Geelong Vic 3220
Call 1300 446 422 Fax 03 5221 4582 Email service@gmhba.com.au ABN 98 004 417 092

calendar year			
Simple extractions (non surgical extractions)		Set benefits apply	
Restorative services (limited benefits apply to precious restorations)		Set benefits apply	
Annual limit (see important note for dental)	12 months		
Annual limit per person each calendar year		$2,000	
Additional Dental Benefits		Plus 100% of cost up to $2,000 per person, $4,000 per couple, single parent, family each calendar year for:	
Composite restorations (521 – 525)	2 months	$250/item	
Pulp capping (411)	2 months	$50/item	
Subluxed and avolved teeth (385 – 387)	2 months	$500/item	
Consult (013 only)	2 months	$50/item	
Veneers (583)	2 months	$1,000/item	
X-rays (022)	2 months	$50/item	
Single root canals (415 & 417)	12 months	$250/item	
Crowns (613 – 615)	12 months	$1,500/item	
Mouth Guards	2 months	100% of the cost	
Annual limit per person/single membership each calendar year		$250	
Combined annual limit per couples, single parents, family membership per calendar year			$500
Optical	6 months	80% of the cost	
Annual limit per person/single membership each calendar year		$250	
Combined annual limit per couples, single parents, family membership per calendar year			$500
Orthotic Appliances (Foot)	12 months	80% of cost	
Annual limit per person/single membership each calendar year		$480	
Annual limit per couples, single parents, family membership each calendar year			$960
Physiotherapy/Hydrotherapy			
Combined annual limit per person/single membership each calendar year	2 months	Year 1 $700 Year 2-3 $720 Year 4-5 $740 Year 6-7 $760 Year 8–9 $780 Year 10+ $800	
Combined annual limit per couples, single parents, family membership each calendar year			Year 1 $1,400 Year 2-3 $1,440 Year 4-5 $1,480 Year 6-7 $1,520 Year 8–9 $1,560 Year 10+ $1,600

GMHBA Health Insurance
gmhba.com.au 60-68 Moorabool Street, Geelong, Vic 3220 **PO Box** 761, Geelong Vic 3220
Call 1300 446 422 **Fax** 03 5221 4582 **Email** service@gmhba.com.au **ABN** 98 004 417 092

Preventative Health Assessment[1]		100% of cost	
Annual limit per person/single membership each calendar year		$150	
Annual limit per couples, single parents, family membership each calendar year			$300
Psychology/Dietetics[2]**/Exercise Physiology**	2 months	50% of cost	
Annual limit per person/single membership each calendar year		Year 1 $450 Year 2-3 $460 Year 4-5 $470 Year 6-7 $480 Year 8–9 $490 Year 10+ $500	
Combined annual limit per couple, single parent family membership each calendar year			Year 1 $900 Year 2-3 $920 Year 4-5 $940 Year 6-7 $960 Year 8–9 $980 Year 10+ $1,000

[1]When provided by a sport titled or sports specialist member of the Australian Physiotherapy Association (APA), or other GMHBA preferred provider.

[2]Benefits increase by 10% when provided by sports titled or a sports specialist member of the APA or an SDA accredited sports dietician, SDA advanced sports dietician or a fellow of SDA.

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 or a hospital admission, 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

GMHBA Health Insurance
gmhba.com.au 60-68 Moorabool Street, Geelong, Vic 3220 **PO Box** 761, Geelong Vic 3220
Call 1300 446 422 **Fax** 03 5221 4582 **Email** service@gmhba.com.au **ABN** 98 004 417 092