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# THANKS FOR COMPARING HEALTH INSURANCE

It's a good idea to read through the following pages to learn more about this policy. If you have any questions or need more information, chat with one of our health insurance specialists by calling **1800 46 29 55**.

**On the other hand, if you're ready to buy, here's what you need to do:**

1. Review the enclosed policy brochure to ensure it meets your health insurance needs
2. Buy direct at **comparethemarket.com.au**; or
3. Call **1800 46 29 55** to speak to one of our Health Insurance Specialists

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Need assistance?  
Call **1800 46 29 55**

## Platinum Extras

### PE (Closed to new members)

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

Comprehensive cover on an extensive range of services for total peace of mind. Get more back with higher benefits and increased 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
<b>Ambulance subscription/transport<sup>1</sup></b>	N/A	
Annual subscription refund		100%
Transport benefit (per trip)		\$300
Annual limit per person each calendar year		\$500
<b>Audiology</b>	2 months	
Initial visit		80%
Subsequent visit		80%
Annual limit per person each calendar year		\$350
<b>Blood glucose monitor<sup>2</sup></b>	12 months	
Benefit		80% up to \$650 per monitor
<b>Chiropractic / Osteopathy<sup>3</sup></b>	2 months	
Initial visit		80%
2-10 subsequent visits		80%
Further visits		80%
Chiropractic x-ray (1 per person)		\$80
Annual limit per person/single membership each calendar year		\$700
Annual limit per family membership each calendar year		\$1,000
<b>Dental</b>		
<b>Major Dental</b> (see important note for dental)	12 months	
	12 months	

**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. Up to 80% per monitor to a maximum of \$650, combined limit for blood glucose monitor, nebuliser pump, tens monitor and sleep apnoea monitor.
- 3. Chiropractic/Osteopathy** – The annual limit of \$700 per person/single membership and \$1,000 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.

<b>Orthodontic</b> – Benefits example: Fixed appliance treatment – upper and lower jaw treatment by a registered specialist		
Maximum benefits per calendar year		85% up to \$500 per year incr to \$850 at 10 years
Maximum benefit per course of treatment		\$2,550
Lifetime benefit limit		\$2,900
<b>Dentures</b> (see important note for dental)	12 months	
New full upper and lower dentures per 2 years		\$500
<b>Combined crown and bridgework</b> (see important note for dental)	12 months	
Annual limit per person per calendar year		\$900
<b>Indirect restorations</b> (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
<b>Implants</b> (see important note for dental)	12 months	
Annual limit		\$400
<b>General Dental</b> ( 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. See preventive dental note.	2 months	Up to \$450 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
<b>Annual limit</b> (see important note for dental)	12 months	
Annual limit per person each calendar year		\$2000
<b>Dietetics</b>	2 months	
Initial visit		80%
Subsequent visit		80%
Class attendance		80%
Annual limit per person each calendar year		\$350
<b>Extremity pump</b> <sup>4</sup>	12 months	
Benefit		\$300
<b>Eye therapy and speech therapy</b> <sup>5</sup>	2 months	
Initial visit		80%
Subsequent visit		80%
Annual limit per person each calendar year		\$500
<b>Fluoride dietary supplement</b> <sup>6</sup>	2 months	
Benefit of up to		80%
Maximum benefit per person each calendar year		\$45
<b>Hearing aids</b>	12 months	

**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 Platinum Extras is \$300.

**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 consultation are available each calendar year.

- 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%
Maximum benefit per person every 3 years		\$800
<b>Naturopathy/Homeopathy/Acupuncture<sup>7</sup></b>	2 months	
Initial visit		80%
2-10 subsequent visits		80%
Further visits		80%
Annual limit per person/single membership each calendar year		\$600
Annual limit per family membership each calendar year		\$900
<b>Nebuliser pump<sup>8</sup></b>	12 months	
Benefit		80% up to \$650 per monitor
<b>Nursing – Visiting/Home/Registered Nurse (Private Practice)<sup>9</sup></b>	2 months	
Home (bush) nursing benefit for each visit		80%
Visiting/Registered nurse (private practice) benefit per hour		80%
Maximum benefit each day		\$48
Annual limit per person each calendar year		\$1,000
<b>Occupational therapy<sup>10</sup></b>	2 months	
Initial visit		80%
2-10 subsequent visits		80%
Further visits		80%
Annual limits per person /single membership each calendar year		\$500
Annual limit per family membership each calendar year		\$800
<b>Optical<sup>11</sup></b>	6 months	
Prescription spectacles, contact lenses and frames – benefit of up to (Laser eye surgery is claimable).		100%
Annual limit per person each calendar year		\$300
<b>Orthopaedic appliances<sup>12</sup></b>	12 months	
Benefit of up to		80%
Maximum benefit per item		\$115
Limit per person every 3 years		\$400
<b>Orthopaedic appliance repairs</b>	2 months	
Annual limit per person each calendar year		\$40
<b>Orthotic appliances (foot)<sup>13</sup></b>	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
<b>Pharmacy – private script<sup>14</sup></b>	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

**7. Naturopathy/Homeopathy/Acupuncture –** Benefits will be paid for one consultation and/or treatment per provider per day. The annual limit of \$600 per person/single membership and \$900 per family membership each calendar year includes combined benefits for remedial massage, naturopathy, homeopathy and acupuncture.

**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.

Up to 80% per monitor up to \$650 combined limit for blood glucose monitors, nebuliser pump, tens monitor and sleep apnoea monitor.

**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.

**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.

**11. Optical** - Non-prescription sunglasses and repairs are excluded.

**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.

**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.

**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.

Annual limit per family membership each calendar year		\$550
<b>Physiotherapy/Myotherapy/Hydrotherapy<sup>15</sup></b>	2 months	
Initial visit		80%
2-10 subsequent visits		80%
Further visits		80%
Class attendance		80%
Annual limit per person/single membership each calendar year		\$700
Annual limit per family membership each calendar year		\$1,000
<b>Podiatry<sup>16</sup></b>	2 months	
Initial visit		80%
Subsequent visit		80%
Comprehensive treatment – initial visit		80%
Comprehensive treatment – subsequent visit		80%
Video analysis		80%
Plaster of paris		80%
Surgical procedures – benefit of up to	12 months	80%
Maximum benefit per surgical procedure		\$115
Annual limit per person each calendar year		\$350
<b>Pressure garments<sup>17</sup></b>	12 months	
Benefit of up to		85%
Maximum benefit per item		\$115
Limit per person every 3 years	12 months	\$350
<b>Prostheses (non-surgical)<sup>18</sup></b>		
Benefit of up to		80%
Maximum benefit per item		\$300
Maximum benefit per person every 3 years		\$400
<b>Psychology</b>	2 months	
Initial visit		80%
Second visit		80%
Subsequent visit		80%
Group therapy initial visit		80%
Group therapy second visit		80%
Group therapy subsequent visit		80%
Annual limit per person/single membership each calendar year		\$500
Annual limit per family membership each calendar year		\$800
<b>Remedial massage<sup>19</sup></b>	2 months	
Initial visit		80%
Subsequent visit		80%
Annual limit per person/single membership each calendar year		\$600
Annual limit per family membership each calendar year		\$900
<b>Sleep apnoea monitor<sup>20</sup></b>	12 months	

**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 \$700 per person/single membership and \$1,000 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 \$600 per person/single membership and \$900 per family membership each calendar year includes combined benefits for remedial massage, naturopathy, homeopathy and acupuncture.

**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.

Up to 80% per monitor to a maximum of \$650, combined limit for blood glucose monitor, nebuliser pump, tens monitor and sleep apnoea monitor.

Benefit		\$80% up to \$650 per person
<b>Tens monitor<sup>21</sup></b>	12 months	
Benefit		\$80% up to \$650 per person
<b>Weight loss program<sup>22</sup></b>	2 months	
Benefit on achieving 10% of start weight		\$100
Benefit on achieving goal weight (within 24 mths)		\$100
Lifetime benefit limit per policy		\$400

**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.

Up to 80% per monitor to a maximum of \$650, combined limit for blood glucose monitor, nebuliser pump, tens monitor and sleep apnoea monitor.

**22. Weight loss program** – Benefit payable only when participation in a recognised weight loss program is recommended in writing by a doctor.

### 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](http://gmhba.com.au).



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