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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**

Silver Extras

Set Benefits

SS

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

Moderate level of cover on a commonly used range of services with a medium level of 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
Audiology²	2 months	
Initial visit		\$35
Subsequent visit		\$27
Annual limit per person each calendar year		\$400
Blood glucose monitor³	12 months	
Benefit		100% up to \$150
Chiropractic / Osteopathy⁴	2 months	
Initial visit		\$24
2-10 subsequent visits		\$18
Further visits		\$12
Chiropractic x-ray (1 per person)		\$40
Annual limit per person/single membership each calendar year		\$300
Annual limit per family membership each calendar year		\$600
Dental		
Major Dental (see important note for dental)	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 or territory. You can claim a refund on one ambulance subscription per membership each calendar year. A transport trip is claimable 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 transport schemes are excluded.
2. **Audiology** – The annual limit of \$400 per person each calendar year includes combined benefits for audiology, speech therapy and eye therapy.
3. **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.
4. **Chiropractic/Osteopathy** – There is a limit of one chiropractic x-ray per person each calendar year. Benefits will be paid for one consultation per provider per day. The annual limit of \$300 per person/single membership and \$600 per family membership each calendar year includes combined benefits for chiropractic (including chiropractic, x-rays), osteopathy, naturopathy, homeopathy and acupuncture.

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 Silver Extras cover is \$390.

Orthodontic – Benefits example: Fixed appliance treatment – upper and lower jaw treatment by a registered specialist	12 months	
Maximum benefits per calendar year		75% up to \$320 per year incr. to \$570 at 6 years.
Maximum benefit per course of treatment		\$1,710
Lifetime benefit limit		\$1,900
Dentures (see important note for dental)	12 months	
New full upper and lower dentures per 2 years		\$420
Combined crown and bridgework (see important note for dental)	12 months	
Annual limit per person per calendar year		\$450
Indirect restorations (see important note for dental)	12 months	
Annual limit per person/single membership each calendar year		\$350
Annual limit per family membership each calendar year		\$700
Implants (see important note for dental)	12 months	
Annual limit per person each calendar year		\$500
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 \$400 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)		
Annual limit per person each calendar year		\$1,500
Dietetics	2 months	
Initial visit		\$26
Subsequent visit		\$19
Class attendance		\$10
Annual limit per person each calendar year		\$400
Extremity pump ⁵	12 months	
Benefit		100% up to \$300
Eye therapy and speech therapy ⁶	2 months	
Initial visit		\$30
Subsequent visit		\$23
Annual limit per person each calendar year		\$400

General Dental – There are a range of dental procedures that cannot be claimed when provided on the same day e.g. a filling 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.

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

5. **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.
6. **Eye therapy and speech therapy** – The annual limit of \$400 per person each calendar year includes combined benefits for audiology, eye therapy and speech therapy.

Fluoride dietary supplement⁷	2 months	
Benefit of up to		\$19
Maximum benefit per person each calendar year		\$45
Hearing aids	12 months	
Benefit up to		100% up to \$744
Maximum benefit per person every 3 years		\$1,200
Naturopathy/Homeopathy/Acupuncture⁸	2 months	
Initial visit		\$24
2-10 subsequent visits		\$18
Further visits		\$12
Annual limit per person/single membership each calendar year		\$300
Annual limit per family membership each calendar year		\$600
Nebuliser pump⁹	12 months	
Benefit		100% up to \$150
Nursing – Visiting/Home/Registered Nurse (Private Practice)¹⁰	2 months	
Home (bush) nursing benefit for each visit		\$8
Visiting/Registered nurse (private practice) benefit per hour		\$8
Maximum benefit each day		\$48
Annual limit per person each calendar year		\$1,000
Occupational therapy¹¹	2 months	
Initial visit		\$36
2-10 subsequent visits		\$27
Further visits		\$18
Annual limits per person /single membership each calendar year		\$400
Annual limit per family membership each calendar year		\$800
Optical¹²	6 months	
Prescription spectacles, contact lenses and frames – benefit of up to		80%
Annual limit per person each calendar year		\$200
Orthopaedic appliances¹³	12 months	
Benefit of up to		\$84
Limit per person every 3 years		\$300
Orthopaedic appliance repairs	2 months	
Annual limit per person each calendar year		\$40
Orthotic appliances (foot)¹⁴	12 months	
Benefit of up to		\$90
Annual limit per person/single membership each calendar year		\$200
Annual limit per family membership each calendar year		\$400

- 7. 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.
- 8. Naturopathy/Homeopathy/Acupuncture** – Benefits will be paid for one consultation and/or treatment per provider per day. The annual limit of \$300 per person/single membership and \$600 per family membership each calendar year includes combined benefits for naturopathy, homeopathy, acupuncture, chiropractic and osteopathy.
- 9. 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.
- 10. 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.
- 11. Occupational therapy** - The annual limit of \$400 per person/single membership and \$800 per family membership each calendar year includes combined benefits for occupational therapy, physiotherapy, myotherapy and hydrotherapy.
- 12. Optical** - Non-prescription sunglasses and repairs are excluded.
- 13. 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 \$300 per person is available every three years.
- 14. 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. The annual limit of \$200 per person and \$400 per family each calendar year includes combined benefits for podiatry visits, orthotic appliances (foot) and podiatric surgical procedures.

Pharmacy – private script¹⁵	2 months		15. 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.
Members pay the first maximum PBS contribution then the following benefit is paid towards the balance		\$23	
Annual limit per person/single membership each calendar year		\$250	
Annual limit per family membership each calendar year		\$450	
Physiotherapy/Myotherapy/Hydrotherapy¹⁶	2 months		16. 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.
Initial visit		\$35	
2-10 subsequent visits		\$26	
Further visits		\$18	
Class attendance		\$20	
Annual limit per person/single membership each calendar year		\$400	
Annual limit per family membership each calendar year		\$800	The annual limit of \$400 per person/single membership and \$800 per family membership each calendar year includes combined benefits for physiotherapy, myotherapy, occupational therapy and hydrotherapy.
Podiatry¹⁷	2 months		17. Podiatry – The annual limit of \$250 per person each calendar year includes combined benefits for podiatry visits, podiatric surgical procedures and orthotic appliances (foot).
Initial visit		\$26	
Subsequent visit		\$20	
Comprehensive treatment – initial visit		\$33	
Comprehensive treatment – subsequent visit		\$25	
Surgical procedures – benefit of up to	12 months	80% up to \$115	18. 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 \$200 per person is available every three years for pressure garments.
Annual limit per person each calendar year		\$250	
Pressure garments¹⁸	12 months		19. 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.
Benefit of up to		\$49	
Maximum benefit per person every 3 years		\$200	
Prostheses (non-surgical)¹⁹	12 months		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.
Benefit of up to		\$130	
Maximum benefit per person every 3 years		\$200	
Psychology	2 months		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
Initial visit		\$39	
Second visit		\$29	
Subsequent visit		\$20	
Group therapy initial visit		\$42	
Group therapy second visit		\$31	
Group therapy subsequent visit		\$16	
Annual limit per person/single membership each calendar year		\$350	
Annual limit per family membership each calendar year		\$600	
Sleep apnoea monitor²⁰	12 months		
Benefit		\$200	
Tens monitor²¹	12 months		
Benefit		100% up to \$100	

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.



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