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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

Thank you for not
getting muddle with
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It is much appreciate!



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

Silver Extras

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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 Services	Waiting Periods	Benefit
Ambulance subscription/transport		
Please note: 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 result in significant out of pocket costs. Publicly funded ambulance services and State Government transport schemes are excluded (e.g. TAS/NSW/QLD).		
Benefit	N/A	
Annual subscription refund		65%
Transport benefit (per trip)		\$300
Annual limit per person		\$500
Audiology	2 months	
Initial visit		65%
Subsequent visit		65%
Annual limits per person		\$400
Blood glucose monitor	12 months	
A doctor's letter of recommendation must accompany each claim		
One per membership every three years		65% up to \$150
Chiropractic / Osteopathy	2 months	
Initial visit		65%
Subsequent visit		65%
Chiropractic x-ray (1 per person)		65%
Annual limits per person /single membership each calendar year		\$300 per person
Annual limit per family membership each calendar year		\$600 per family
Dental		
Major Dental	12 months	
Please note: The benefits shown are the annual limits for each type of dental service. There are further sub limits within some of these dental services.		
Orthodontic – Benefits example: Fixed appliance treatment – upper and lower jaw treatment by a registered specialist	12 months	Year 1-3: 65% up to \$320 Year 4: 65% up to \$400 Year 5: 65% up to \$470 Year 6+: 65% up to \$570

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Maximum benefits per calendar year		
Maximum benefit per course of treatment		\$1,710
Lifetime benefit limit		\$1,900
Dentures		
New full upper and lower dentures every 2 years		\$420
Combined crown and bridgework	12 months	
Annual limit per person per calendar year		\$450
Indirect restorations	12 months	
Annual limit per person		\$350
Annual limit per family membership		\$700
Implants	12 months	\$500
Annual limit per person each calendar year		
General Dental		
General Dental – There are a range of dental procedures 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.		
Preventative Dental – Benefits are based on specific item numbers.		
a) Diagnostic services	2 months	65%
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	65% up to \$400 per person
d) Restorative services (limited benefits apply to precious restorations)	2 months	65%
Annual limit per person each calendar year	2 months	\$1,500
Dietetics & diabetes education consultations	2 months	
Initial visit		65%
Subsequent visit		65%
Annual limit per person		\$400
Extremity Pump	12 months	
A doctor's letter of recommendation must accompany each claim		
Benefit		65% up to
One per membership every 3 years		\$300
Eye therapy and speech therapy	2 months	
Initial visit		65%
Subsequent visit		65%
Annual limit per person		\$400
Fluoride dietary supplement	2 months	
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 of up to		65%
Maximum benefit per person each calendar year		\$45
Hearing aids	12 months	
Benefit up to		65%
Maximum benefit per person every 3 years		\$1,200
Naturopathy/Homeopathy/Acupuncture/Remedial Massage	2 months	
Initial visit		65%

Subsequent visits	65%
Annual limits per person/single membership each calendar year	\$300
Annual limit per family membership each calendar year	\$600
Nebuliser pump	12 months
A doctor's letter of recommendation must accompany each claim	
One per membership every 3 years	65% up to \$150
Nursing – Visiting/Home/Registered Nurse (Private Practice)	2 months
Home (bush) nursing benefit for each visit	65%
Visiting/Registered nurse (private practice) benefit per hour	65%
Maximum benefit each day	\$48
Annual limit per person	\$1,000 per person
Occupational therapy	2 months
Initial visit	65%
Subsequent visit	65%
Annual limit per person/single membership each calendar year	\$400
Annual limit per family membership each calendar year	\$800
Optical	6 months
Non-prescription sunglasses and repairs are excluded.	
Prescription spectacles, contact lenses and frames – benefit of up to	65%
Annual limit per person each calendar year	\$200
Orthopaedic appliances	12 months
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. 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.	
Benefit of up to	65%
Limit per person every 3 years	\$300
Orthopaedic appliance repairs	2 months
Annual limit per person each calendar year	65% up to \$40
Orthotic appliances (foot)	12 months
Orthotic appliances must be custom made by a podiatrist or orthotists and not by a chiropractor or physiotherapist. 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.	
Benefit of up to	65%
Annual limit per person/single membership each calendar year	\$200
Annual limit per family membership each calendar year	\$400
Pharmacy including travel vaccinations – private script	2 months
Private Script Benefits are only payable towards the cost of prescription pharmaceuticals that are dispensed through a provider in private practice. Pharmaceuticals must be classed as either Schedule 4 or Schedule 8 for benefits to be paid. Please refer to the Important Information Guide for claiming guidelines.	
Members pay the first maximum PBS contribution then the following benefit is paid towards the balance	65%
Annual limit per person/single membership each calendar year	\$250
Annual limit per family membership each calendar year	\$450
Physiotherapy/Myotherapy/Hydrotherapy	2 months

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. Physiotherapy consultation must be for a minimum of 15 – 20 minutes to qualify for one-on-one physiotherapy benefits.

Initial visit	65%
Subsequent visits	65%
Class attendance	65%
Annual limit per person/single membership each calendar year	\$400
Annual limit per family membership each calendar year	\$800
Podiatry	2 months
Initial visit	65%
Subsequent visit	65%
Comprehensive treatment – initial visit	65%
Comprehensive treatment – subsequent visit	65%
Surgical procedures – benefit of up to	12 months 65% of the cost up to \$115
Annual limit per person, per calendar year	\$250
Pressure garments	12 months
Are used for the treatment of burns, varicose veins, 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 private practice. A doctor's letter of recommending the appliance must accompany each claim for benefits.	
Benefit of up to	65%
Maximum benefit per item every 3 years	\$200
Prostheses (non-surgical)	12 months
Prostheses include a range of approved non-surgically implanted prostheses (eg wigs). A doctor's letter of recommendation must accompany each claim for benefits.	
Benefit of up to	65%
Maximum benefit per item every 3 years	\$200
Psychology	2 months
Initial visit	65%
Subsequent visit	65%
Initial group therapy visit	65%
Subsequent group therapy visit	65%
Annual limit per person/single membership each calendar year	\$350
Annual limit per family membership each calendar year	\$600
Sleep apnoea monitor	12 months
A doctor's letter of recommendation must accompany each claim	
One claim per membership every 3 years	65% up to \$200
Tens monitor	12 months
A doctor's letter of recommendation must accompany each claim	
One claim per membership every 3 years	65% up to \$100

Preventative Health Benefits

We give you access to a range of preventative health benefits listed below

Preventative health	Service limit
FOBT Kits (purchased through GMHBA)	1 every 2 years
Melanoma Surveillance Photography	1 per year
Quit smoking programs	1 per year
Nicotine replacement patches	1 x 12 week course of patches per year
Annual limit per person/single membership each calendar year	\$100
Annual limit per family membership each calendar year	\$200

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



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Why **comparethemarket.com.au**?

It's simple; we're here to help you save time and money off your next household bill. One quick search with **comparethemarket.com.au** can bring you results from some of Australia's award winning insurance and utility brands, so you can compare them side-by-side. We don't mark up policies, so if you do choose to purchase a product or service, you'll only be charged the provider's premium or fee.

So whether you're looking for car insurance, home and contents insurance or perhaps a better deal on your energy bill, compare with us. Visit our website for more information.

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