

# 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 **compare**the**market**.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 comparethemeerkat.com.au

It is much appreciate!



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



# Silver Standard Extras (Vic) SDE (Closed to new members)

### 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
Audiology <sup>1</sup>	2 months	
Initial visit		\$25
Subsequent visit		\$20
Annual limit per person each calendar year		\$400
Blood glucose monitor <sup>2</sup>	12 months	
Benefit		\$150
Chiropractic / Osteopathy <sup>3</sup>	2 months	
Initial visit		\$25
2-10 subsequent visits		\$17
Chiropractic x-ray (1 per person)		\$40
Annual limit per person/single membership each calendar year		\$100
Annual limit per family membership each calendar year		\$150
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		75% up to \$300 per year
Maximum benefit per course of treatment		\$900
Lifetime benefit limit		\$1,050
<b>Dentures</b> (see important note for dental)	12 months	
New full upper and lower dentures per 2 years		\$420

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

- Audiology The annual limit of \$400 per person each calendar year includes combined benefits for audiology, speech therapy and eye therapy.
- 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** There is a limit of one chiropractic x-ray per person/single membership each calendar year.

The annual limit of \$100 per person/single membership and \$150 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 Standard Extras cover is \$225.

Annual limit per person per calendar year  Indirect restorations (see important note for dental)  Annual limit per person/single membership each calendar year  Annual limit per family membership each calendar year  Annual limit per family membership each calendar year  Annual limit per family membership each calendar year  Annual limit  General Dental (For more information see general dental note) a) Diagnostic services  Diagnostic services e.g. periodic examination 2 per calendar year, removal of plaque 3 per calendar year, canual limit per person per calendar year.  C) Simple extractions (not including surgical extractions of wisdom teeth) d) Restorative services (limited benefits apply to precious restorations)  Annual limit (see important note for dental)  Annual limit per person each calendar year  Dietetics  Dietetics  Dietetics  Dietetics  Class attendance  Annual limit per person each calendar year  Extremity pump <sup>4</sup> Dietetics  Extremity pump <sup>4</sup> Dieteticy  Extremity pump <sup>4</sup> Dieteticy  Dieteticy  Dieteticy  Extremity pump <sup>4</sup> Dieteticy  Dietet	Combined crown and bridgework (see important note for dental)	12 months	
Annual limit per person/single membership each calendar year Annual limit per family membership each calendar year  Implants (see important note for dental) Annual limit General Dental (For more information see general dental note) a) Diagnostic services e.g. periodic examination 2 per calendar year, removal of plaque 3 per calendar year. Annual limit per person per calendar year. Annual limit per person per calendar year. c) Simple extractions (not including surgical extractions of wisdom teeth) d) Restorative services (limited benefits apply to precious restorations) Annual limit (see important note for dental) Annual limit (see important note for dental) Annual limit per person each calendar year  Dietetics 1 2 months Annual limit per person each calendar year  Set benefits Apply  Annual limit per person each calendar year  Single important note for dental) Annual limit per person each calendar year  Single important visit Class attendance Annual limit per person each calendar year  Extremity pump <sup>4</sup> 12 months  Function important of the person each calendar year  Function important year  Samonths  Extendity important year  Function important year  Samonths  Extendity important year  Function important y	Annual limit per person per calendar year		\$450
calendar year  Annual limit per family membership each calendar year  Implants (see important note for dental)  Annual limit  General Dental (For more information see general dental note) a) Diagnostic services  2 months 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. Annual limit per person per calendar year. Annual limit per person per calendar year. c) Simple extractions (not including surgical extractions of wisdom teeth) d) Restorative services (limited benefits apply to precious restorations)  Annual limit (see important note for dental)  Annual limit per person each calendar year  Dietetics  Initial visit  S27  Subsequent visit  Class attendance  Annual limit per person each calendar year  Extremity pump <sup>4</sup> Benefit  Eye therapy and speech therapy <sup>5</sup> Limital visit  S27  Subsequent visit  Annual limit per person each calendar year  Fluoride dietary supplement <sup>6</sup> Benefit of up to  Maximum benefit per person each calendar year  Fluoride dietary supplement <sup>6</sup> Benefit up to  Maximum benefit per person every 3 years  Naturopathy/homeopathy/Acupuncture <sup>7</sup> Initial visit  S19  2 months  Panonths  Pano		12 months	
Implants (see important note for dental)  Annual limit  General Dental (For more information see general dental note) a) Diagnostic services b) Preventative services e.g. periodic examination 2 per calendar year, removal of plaque 3 per calendar year. c) Simple extractions (not including surgical extractions of wisdom teeth) d) Restorative services (limited benefits apply to precious restorations)  Annual limit (see important note for dental) Annual limit per person each calendar year  Dietetics Initial visit Subsequent visit Class attendance Annual limit per person each calendar year  Extremity pump <sup>4</sup> 12 months  Extremity pump <sup>4</sup> 13 months  Extremity pump <sup>4</sup> 14 months  Extremity pump <sup>4</sup> 15 months  Extremity pump <sup>4</sup> 16 months  Extremity pump <sup>4</sup> 17 months  Extremity pump <sup>4</sup> 18 months  Extremity pump <sup>4</sup> 19 months  Extremity pump <sup>4</sup> 20 months  Extremity pump <sup>4</sup> 21 months  Extremity pump <sup>4</sup> 22 months  Extremity pump <sup>4</sup> 23 months  Extremity pump <sup>4</sup> 24 months  Extremity pump <sup>4</sup> 25 months  Extremity pump <sup>4</sup> 27 months  Extremity pump <sup>4</sup> 28 months  Extremity pump <sup>4</sup> 29 months  Extremity pump <sup>4</sup> 20 months  Extremity pump <sup>4</sup> 21 months  Extremity pump <sup>4</sup> 22 months  Extremity pump <sup>4</sup> 23 months  Extremity pump <sup>4</sup> 24 months  Extremity pump <sup>4</sup> 25 months  Extremity pump <sup>4</sup> 27 months  Extremity pump <sup>4</sup> 29 months  Extremity pump <sup>4</sup> 20 months  Extremity pump <sup>4</sup> 20 months  Extremity pump <sup>4</sup> 21 months  Ext			\$350
Annual limit  General Dental (For more information see general dental note) a) Diagnostic services 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. Set benefits apply d) Restorative services (limited benefits apply to precious restorations)  Annual limit (see important note for dental)  Annual limit per person each calendar year  Dietetics 2 months Initial visit \$27  Subsequent visit Class attendance Annual limit per person each calendar year  Extremity pump <sup>4</sup> 12 months  Benefit \$300  Eye therapy and speech therapy <sup>5</sup> 2 months Initial visit \$27  Subsequent visit \$21  Annual limit per person each calendar year  Fluoride dietary supplement <sup>6</sup> Benefit of up to  Maximum benefit per person each calendar year  Fluoride dietary supplement <sup>6</sup> Benefit up to  Maximum benefit per person each calendar year  Fluoride dietary supplement <sup>6</sup> Benefit up to  Maximum benefit per person each calendar year  Fluoride dietary supplement <sup>6</sup> Benefit up to  Maximum benefit per person each calendar year  Hearing aids  Initial visit  \$12 months  Benefit up to  Maximum benefit per person each calendar year  Fluoride dietary supplement <sup>6</sup> Benefit up to  Maximum benefit per person each calendar year  Hearing aids  Initial visit  \$12 months  Soverance  Samonths  Benefit up to  Maximum benefit per person each calendar year  Placendar year  Samonths  Samonth			\$700
General Dental (For more information see general dental note) a) Diagnostic services  2 months 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. c) Simple extractions (not including surgical extractions of wisdom teeth) d) Restorative services (limited benefits apply to precious restorations)  Annual limit (see important note for dental)  Annual limit per person each calendar year  Dietetics  Initial visit  Sat benefits 4, pply  Annual limit per person each calendar year  Sat benefits 527  Subsequent visit  Class attendance Annual limit per person each calendar year  Extremity pump <sup>4</sup> Benefit  Saton  Extremity pump <sup>4</sup> 12 months  Benefit  Saton  Fluoride dietary supplement <sup>6</sup> Pluoride dietary supplement <sup>6</sup> Benefit up to  Maximum benefit per person each calendar year  Naturopathy/Homeopathy/Acupuncture <sup>7</sup> 2 months  Initial visit  Saton  Satobenefits 2 months  Set benefits 3 pply  A months  Set benefits 4 pply  A months  Set benefits	Implants (see important note for dental)	12 months	
(For more information see general dental note) a) Diagnostic services 2 months 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. c) Simple extractions (not including surgical extractions of wisdom teeth) d) Restorative services (limited benefits apply to precious restorations) Annual limit (see important note for dental) Annual limit per person each calendar year  Dietetics 2 months Annual limit per person each calendar year  S1,000  Dietetics 10 months  Set benefits Apply  Annual limit per person each calendar year  S1,000  Dietetics 2 months  S27  Subsequent visit S21  Class attendance Annual limit per person each calendar year  Extremity pump <sup>4</sup> 12 months  Benefit S300  Eye therapy and speech therapy <sup>5</sup> 2 months  Initial visit S27  Subsequent visit Annual limit per person each calendar year  Fluoride dietary supplement <sup>6</sup> 2 months  Benefit of up to  Maximum benefit per person each calendar year  Hearing aids 12 months  Benefit up to  Maximum benefit per person every 3 years  Naturopathy/Homeopathy/Acupuncture <sup>7</sup> 2 months  Initial visit S19 2-10 subsequent visits  Annual limit per person/single membership each calendar year	Annual limit		\$400
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. c) Simple extractions (not including surgical extractions of wisdom teeth) d) Restorative services (limited benefits apply to precious restorations)  Annual limit (see important note for dental)  Annual limit (see important note for dental)  Dietetics 2 months Annual limit per person each calendar year  Dietetics 2 months Initial visit 527  Extremity pump <sup>4</sup> 12 months  Benefit 5300  Eye therapy and speech therapy <sup>5</sup> 2 months Initial visit 527  Subsequent visit Class attendance Annual limit per person each calendar year  Fluoride dietary supplement <sup>6</sup> 2 months  Benefit of up to Maximum benefit per person each calendar year  Hearing aids Benefit up to Maximum benefit per person every 3 years  Naturopathy/Homeopathy/Acupuncture <sup>7</sup> 2 months Initial visit 521  Annual limit per person/single membership each calendar year  S100  S100  S200  S2 months S21  S21  S22  S23  S24  S25  S26  S27  S27  S28  S29  S20  S20  S20  S20  S20  S20  S20		2 months	
2 per calendar year, removal of plaque 3 per calendar year. Annual limit per person per calendar year. Annual limit per person per calendar year.  c) Simple extractions (not including surgical extractions of wisdom teeth)  d) Restorative services (limited benefits apply to precious restorations)  Annual limit (see important note for dental)  Annual limit (see important note for dental)  Annual limit per person each calendar year  Dietetics  Initial visit  Subsequent visit  Class attendance  Annual limit per person each calendar year  Extremity pump <sup>4</sup> 12 months  Benefit  \$300  Eye therapy and speech therapy <sup>5</sup> Initial visit  Subsequent visit  Subsequent visit  Subsequent visit  Fluoride dietary supplement <sup>6</sup> Pluoride dietary supplement <sup>6</sup> Enemity ou to  Maximum benefit per person each calendar year  Hearing aids  Benefit up to  Maximum benefit per person every 3 years  Naturopathy/Homeopathy/Acupuncture <sup>7</sup> 2 months  Initial visit  \$19  2-10 subsequent visits  Annual limit per person/single membership each calendar year	a) Diagnostic services	2 months	
extractions of wisdom teeth)  d) Restorative services (limited benefits apply to precious restorations)  Annual limit (see important note for dental)  Annual limit (see important note for dental)  Annual limit per person each calendar year  Dietetics  2 months  Initial visit  \$27  Subsequent visit  Class attendance  Annual limit per person each calendar year  Extremity pump <sup>4</sup> 12 months  Benefit  \$300  Eye therapy and speech therapy <sup>5</sup> 2 months  Initial visit  \$27  Subsequent visit  \$27  Subsequent visit  \$27  Subsequent visit  \$27  Subsequent visit  Annual limit per person each calendar year  Fluoride dietary supplement <sup>5</sup> 2 months  Benefit of up to  Maximum benefit per person each calendar year  Hearing aids  Benefit up to  Maximum benefit per person every 3 years  Naturopathy/Homeopathy/Acupuncture <sup>7</sup> 2 months  Initial visit  \$19  2-10 subsequent visits  \$100	2 per calendar year, removal of plaque 3 per calendar year. Annual limit per person per	2 months	
precious restorations)  Annual limit (see important note for dental)  Annual limit (see important note for dental)  Annual limit per person each calendar year  Dietetics  Initial visit  Subsequent visit  Class attendance  Annual limit per person each calendar year  Extremity pump <sup>4</sup> Initial visit  Subsequent visit  Extremity pump <sup>4</sup> Initial visit  Subsequent visit  Subsequent visit  Initial visit  Subsequent visit  Annual limit per person each calendar year  Fluoride dietary supplement <sup>6</sup> Benefit of up to  Maximum benefit per person each calendar year  Hearing aids  Benefit up to  Maximum benefit per person every 3 years  Naturopathy/Homeopathy/Acupuncture <sup>7</sup> 2 months  Initial visit  \$19  2-10 subsequent visits  \$100		2 months	
Annual limit per person each calendar year  Dietetics  Initial visit  Subsequent visit  Class attendance  Annual limit per person each calendar year  Extremity pump <sup>4</sup> 12 months  Benefit  \$300  Eye therapy and speech therapy <sup>5</sup> Subsequent visit  Subsequent visit  Annual limit per person each calendar year  Fluoride dietary supplement <sup>6</sup> Benefit of up to  Maximum benefit per person each calendar year  Hearing aids  Benefit up to  Maximum benefit per person every 3 years  Naturopathy/Homeopathy/Acupuncture <sup>7</sup> 2 months  Initial visit  \$19  2-10 subsequent visits  \$10  Annual limit per person/single membership each calendar year		2 months	
Dietetics  Initial visit  S27  Subsequent visit  Class attendance  Annual limit per person each calendar year  Extremity pump <sup>4</sup> 12 months  Benefit  \$300  Eye therapy and speech therapy <sup>5</sup> Initial visit  S27  Subsequent visit  Annual limit per person each calendar year  Fluoride dietary supplement <sup>6</sup> Benefit of up to  Maximum benefit per person each calendar year  Hearing aids  Benefit up to  Maximum benefit per person every 3 years  Naturopathy/Homeopathy/Acupuncture <sup>7</sup> 2 months  Initial visit  S27  S45  Hearing aids  12 months  Benefit up to  80%  Naturopathy/Homeopathy/Acupuncture <sup>7</sup> 2 months  Initial visit  S19  2-10 subsequent visits  \$100	Annual limit (see important note for dental)	12 months	
Initial visit \$27  Subsequent visit \$21  Class attendance \$10  Annual limit per person each calendar year \$350  Extremity pump <sup>4</sup> 12 months  Benefit \$300  Eye therapy and speech therapy <sup>5</sup> 2 months  Initial visit \$27  Subsequent visit \$21  Annual limit per person each calendar year \$400  Fluoride dietary supplement <sup>6</sup> 2 months  Benefit of up to 85%  Maximum benefit per person each calendar year \$45  Hearing aids 12 months  Benefit up to 80%  Maximum benefit per person every 3 years \$400  Naturopathy/Homeopathy/Acupuncture <sup>7</sup> 2 months  Initial visit \$19  2-10 subsequent visits \$17  Annual limit per person/single membership each calendar year	Annual limit per person each calendar year		\$1,000
Subsequent visit \$21  Class attendance \$10  Annual limit per person each calendar year \$350  Extremity pump <sup>4</sup> 12 months  Benefit \$300  Eye therapy and speech therapy <sup>5</sup> 2 months  Initial visit \$27  Subsequent visit \$21  Annual limit per person each calendar year \$400  Fluoride dietary supplement <sup>6</sup> 2 months  Benefit of up to 85%  Maximum benefit per person each calendar year \$45  Hearing aids 12 months  Benefit up to 80%  Maximum benefit per person every 3 years \$400  Naturopathy/Homeopathy/Acupuncture <sup>7</sup> 2 months  Initial visit \$19  2-10 subsequent visits \$17  Annual limit per person/single membership each calendar year	Dietetics	2 months	
Class attendance \$10  Annual limit per person each calendar year \$350  Extremity pump <sup>4</sup> 12 months  Benefit \$300  Eye therapy and speech therapy <sup>5</sup> 2 months  Initial visit \$27  Subsequent visit \$21  Annual limit per person each calendar year \$400  Fluoride dietary supplement <sup>6</sup> 2 months  Benefit of up to 85%  Maximum benefit per person each calendar year \$45  Hearing aids 12 months  Benefit up to 80%  Maximum benefit per person every 3 years \$400  Naturopathy/Homeopathy/Acupuncture <sup>7</sup> 2 months  Initial visit \$19  2-10 subsequent visits \$17  Annual limit per person/single membership each calendar year	Initial visit		\$27
Annual limit per person each calendar year  Extremity pump <sup>4</sup> Benefit  Samo  Eye therapy and speech therapy <sup>5</sup> Initial visit  Subsequent visit  Annual limit per person each calendar year  Fluoride dietary supplement <sup>6</sup> Benefit of up to  Maximum benefit per person each calendar year  Hearing aids  Benefit up to  Maximum benefit per person every 3 years  Naturopathy/Homeopathy/Acupuncture <sup>7</sup> 2 months  Initial visit  \$19  2-10 subsequent visits  \$100  \$100	Subsequent visit		\$21
Extremity pump <sup>4</sup> Benefit  \$300  Eye therapy and speech therapy <sup>5</sup> Initial visit  \$27  Subsequent visit  \$21  Annual limit per person each calendar year  Fluoride dietary supplement <sup>6</sup> Benefit of up to  Maximum benefit per person each calendar year  Hearing aids  Benefit up to  Maximum benefit per person every 3 years  Naturopathy/Homeopathy/Acupuncture <sup>7</sup> Initial visit  2-10 subsequent visits  Annual limit per person/single membership each calendar year  \$100  \$100	Class attendance		\$10
Benefit \$300  Eye therapy and speech therapy5  Initial visit \$27  Subsequent visit \$21  Annual limit per person each calendar year \$400  Fluoride dietary supplement6  Benefit of up to 85%  Maximum benefit per person each calendar year \$45  Hearing aids 12 months  Benefit up to 80%  Maximum benefit per person every 3 years \$400  Naturopathy/Homeopathy/Acupuncture7 2 months  Initial visit \$19  2-10 subsequent visits \$17  Annual limit per person/single membership each calendar year	Annual limit per person each calendar year		\$350
Eye therapy and speech therapy <sup>5</sup> Initial visit  Subsequent visit  Annual limit per person each calendar year  Fluoride dietary supplement <sup>6</sup> Benefit of up to  Maximum benefit per person each calendar year  Hearing aids  Benefit up to  Maximum benefit per person every 3 years  Naturopathy/Homeopathy/Acupuncture <sup>7</sup> Initial visit  2 months  80%  Naturopathy/Homeopathy/Acupuncture <sup>7</sup> 2 months  Initial visit  \$19  2-10 subsequent visits  \$17  Annual limit per person/single membership each calendar year	Extremity pump <sup>4</sup>	12 months	
Initial visit \$27  Subsequent visit \$21  Annual limit per person each calendar year \$400  Fluoride dietary supplement <sup>6</sup> 2 months  Benefit of up to 85%  Maximum benefit per person each calendar year \$45  Hearing aids 12 months  Benefit up to 80%  Maximum benefit per person every 3 years \$400  Naturopathy/Homeopathy/Acupuncture <sup>7</sup> 2 months  Initial visit \$19  2-10 subsequent visits \$17  Annual limit per person/single membership each calendar year	Benefit		\$300
Subsequent visit \$21  Annual limit per person each calendar year \$400  Fluoride dietary supplement <sup>6</sup> 2 months  Benefit of up to 85%  Maximum benefit per person each calendar year \$45  Hearing aids 12 months  Benefit up to 80%  Maximum benefit per person every 3 years \$400  Naturopathy/Homeopathy/Acupuncture <sup>7</sup> 2 months  Initial visit \$19  2-10 subsequent visits \$17  Annual limit per person/single membership each calendar year	Eye therapy and speech therapy <sup>5</sup>	2 months	
Annual limit per person each calendar year \$400  Fluoride dietary supplement <sup>6</sup> 2 months  Benefit of up to 85%  Maximum benefit per person each calendar year \$45  Hearing aids 12 months  Benefit up to 80%  Maximum benefit per person every 3 years \$400  Naturopathy/Homeopathy/Acupuncture <sup>7</sup> 2 months  Initial visit \$19  2-10 subsequent visits \$17  Annual limit per person/single membership each calendar year	Initial visit		\$27
Fluoride dietary supplement <sup>6</sup> Benefit of up to  Maximum benefit per person each calendar year  Hearing aids  Benefit up to  Maximum benefit per person every 3 years  Naturopathy/Homeopathy/Acupuncture <sup>7</sup> Initial visit  2 months  \$19  2-10 subsequent visits  \$17  Annual limit per person/single membership each calendar year	Subsequent visit		\$21
Benefit of up to 85%  Maximum benefit per person each calendar year \$45  Hearing aids 12 months  Benefit up to 80%  Maximum benefit per person every 3 years \$400  Naturopathy/Homeopathy/Acupuncture 2 2 months  Initial visit \$19  2-10 subsequent visits \$17  Annual limit per person/single membership each calendar year	Annual limit per person each calendar year		\$400
Maximum benefit per person each calendar year  Hearing aids  Benefit up to  Maximum benefit per person every 3 years  Naturopathy/Homeopathy/Acupuncture <sup>7</sup> Initial visit  2-10 subsequent visits  Annual limit per person/single membership each calendar year	Fluoride dietary supplement <sup>6</sup>	2 months	
Hearing aids  Benefit up to  80%  Maximum benefit per person every 3 years  Naturopathy/Homeopathy/Acupuncture <sup>7</sup> 2 months  Initial visit  \$19  2-10 subsequent visits  \$17  Annual limit per person/single membership each calendar year	Benefit of up to		
Benefit up to 80%  Maximum benefit per person every 3 years \$400  Naturopathy/Homeopathy/Acupuncture <sup>7</sup> 2 months  Initial visit \$19 2-10 subsequent visits \$17  Annual limit per person/single membership each calendar year	Maximum benefit per person each calendar year		\$45
Maximum benefit per person every 3 years \$400  Naturopathy/Homeopathy/Acupuncture 2 2 months  Initial visit \$19  2-10 subsequent visits \$17  Annual limit per person/single membership each calendar year	Hearing aids	12 months	
Naturopathy/Homeopathy/Acupuncture <sup>7</sup> 2 months  Initial visit  2-10 subsequent visits  4nnual limit per person/single membership each calendar year	Benefit up to		80%
Initial visit \$19 2-10 subsequent visits \$17  Annual limit per person/single membership each calendar year	Maximum benefit per person every 3 years		\$400
2-10 subsequent visits \$17  Annual limit per person/single membership each calendar year \$100	Naturopathy/Homeopathy/Acupuncture <sup>7</sup>	2 months	
Annual limit per person/single membership each calendar year \$100	Initial visit		\$19
calendar year	2-10 subsequent visits		\$17
Annual limit per family membership each calendar \$150			\$100
	Annual limit per family membership each calendar		\$150

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 \$400 per person each calendar year includes combined benefits for audiology, eye therapy and 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.
- 7. Naturopathy/Homeopathy/Acupuncture Benefits will be paid for one consultation and/or treatment per provider per day. The annual limit of \$100 per person/single membership and \$150 per family membership each calendar year includes combined benefits for naturopathy, homeopathy, acupuncture, chiropractic and osteopathy.

Nebuliser pumps   12 months   5150	year		
Nursing — Visiting/Home/Registered Nurse (Private Practice)  Home (bush) nursing benefit for each visit  \$8  Visiting/Registered nurse (private practice) benefit per hour  Maximum benefit each day  Annual limit per person each calendar year  Cocupational therapy <sup>10</sup> 10 2 months  Initial visit  2-10 subsequent visits  517  Annual limit per person /single membership each calendar year  Annual limit per family membership each calendar year  Optical <sup>11</sup> 6 months  Prescription spectacles, contact lenses and frames benefit of up to  Annual limit per person each calendar year  Orthopaedic appliances <sup>12</sup> 12 months  Benefit of up to  Maximum benefit per item  Limit per person every 3 years  Orthopaedic appliances (foot) <sup>13</sup> Benefit of up to  Annual limit per person each calendar year  Orthopaedic appliances (foot) <sup>13</sup> Benefit of up to  Annual limit per person each calendar year  Orthopaedic appliances (foot) <sup>13</sup> Benefit of up to  Annual limit per person each calendar year  Orthopaedic appliances (foot) <sup>13</sup> Benefit of up to  Annual limit per person each calendar year  Orthopaedic appliances (foot) <sup>13</sup> 12 months  Benefit of up to  Annual limit per person/single membership each calendar year  Annual limit per person/single membership each calendar year  Annual limit per family membership each calendar year  Pharmacy — private script <sup>14</sup> 2 months  Members pay the first maximum PBS contribution then the following benefit is paid towards the balance  Annual limit per person/single membership each calendar year  Annual limit per family membership each calendar year  Physiotherapy/Myotherapy/Hydrotherapy <sup>15</sup> 2 months  Initial visit  2-10 subsequent visits  521  Further visits  Class attendance	Nebuliser pump <sup>8</sup>	12 months	
Private Practice  Pactice  P	Benefit		\$150
Visiting/Registered nurse (private practice) benefit per hour  Maximum benefit each day  Annual limit per person each calendar year  Occupational therapy <sup>10</sup> 2 months  Initial visit  2-10 subsequent visits  521  Further visits  Annual limit per person /single membership each calendar year  Annual limit per family membership each calendar year  Optical <sup>11</sup> Ortical <sup>11</sup> 6 months  Prescription spectacles, contact lenses and frames benefit of up to  Annual limit per person each calendar year  Orthopaedic appliances <sup>12</sup> 12 months  Benefit of up to  Maximum benefit per item  Limit per person every 3 years  Orthopaedic appliance repairs  Annual limit per person each calendar year  Orthotic appliances (foot) <sup>13</sup> Benefit of up to  Annual limit per person each calendar year  Orthotic appliances (foot) <sup>13</sup> Benefit of up to  Annual limit per person/single membership each calendar year  Annual limit per person/single membership each calendar year  Annual limit per person/single membership each calendar year  Pharmacy – private script <sup>14</sup> Members pay the first maximum PBS contribution then the following benefit is paid towards the balance  Annual limit per person/single membership each calendar year  Physiotherapy/Myotherapy/Hydrotherapy <sup>15</sup> 2 months  Initial visit  2-10 subsequent visits  521  Further visits  Class attendance		2 months	
Maximum benefit each day  Annual limit per person each calendar year  Occupational therapy <sup>10</sup> Initial visit  2-10 subsequent visits  Further visits  Annual limit per person /single membership each calendar year  Annual limit per family membership each calendar year  Annual limit per family membership each calendar year  Optical <sup>11</sup> 6 months  Prescription spectacles, contact lenses and frames benefit of up to  Annual limit per person each calendar year  Orthopaedic appliances <sup>12</sup> 12 months  Benefit of up to  Maximum benefit per item  Limit per person every 3 years  Orthopaedic appliance repairs  Annual limit per person each calendar year  Orthotic appliances (foot) <sup>13</sup> Benefit of up to  Annual limit per person each calendar year  Orthotic appliances (foot) <sup>13</sup> 12 months  Benefit of up to  Annual limit per person/single membership each calendar year  Annual limit per person/single membership each calendar year  Annual limit per family membership each calendar year  Pharmacy – private script <sup>14</sup> Annual limit per family membership each calendar year  Pharmacy – private script <sup>14</sup> Annual limit per person/single membership each calendar year  Pharmacy – private script <sup>14</sup> Annual limit per person/single membership each calendar year  Pharmacy – private script <sup>14</sup> Annual limit per family membership each calendar year  Physiotherapy/Myotherapy/Hydrotherapy <sup>15</sup> 2 months  Initial visit  531  2-10 subsequent visits  Further visits  Class attendance	Home (bush) nursing benefit for each visit		\$8
Annual limit per person each calendar year  Occupational therapy <sup>10</sup> Initial visit  2-10 subsequent visits  Further visits  Annual limits per person /single membership each calendar year  Annual limit per family membership each calendar year  Optical <sup>11</sup> Orthopaedic appliances <sup>12</sup> Benefit of up to  Annual limit per person each calendar year  Orthopaedic appliance repairs  Annual limit per person each calendar year  Orthopaedic appliance repairs  Annual limit per person each calendar year  Orthopaedic appliance repairs  Annual limit per person each calendar year  Orthopaedic appliance repairs  Annual limit per person each calendar year  Orthopaedic appliance repairs  Annual limit per person each calendar year  Orthopaedic appliance se years  Annual limit per person/single membership each calendar year  Orthotic appliances (foot) <sup>13</sup> Benefit of up to  Annual limit per family membership each calendar year  Pharmacy – private script <sup>14</sup> 2 months  Members pay the first maximum PBS contribution then the following benefit is paid towards the balance  Annual limit per person/single membership each calendar year  Annual limit per family membership each calendar year  Pharmacy – private script <sup>14</sup> 2 months  S250  calendar year  Annual limit per family membership each calendar year  Physiotherapy/Myotherapy/Hydrotherapy <sup>15</sup> 2 months  Initial visit  2-10 subsequent visits  Further visits  S17  Class attendance	- · · · · · · · · · · · · · · · · · · ·		\$8
Occupational therapy <sup>10</sup> Initial visit  2-10 subsequent visits  Further visits  Annual limits per person /single membership each calendar year  Annual limit per family membership each calendar year  Optical <sup>11</sup> Orthopaedic appliances <sup>12</sup> Benefit of up to  Maximum benefit per item  Limit per person each calendar year  Orthopaedic appliance repairs  Annual limit per person each calendar year  Orthopaedic appliance repairs  Annual limit per person each calendar year  Orthopaedic appliance repairs  Annual limit per person each calendar year  Orthopaedic appliance repairs  Annual limit per person each calendar year  Orthopaedic appliance repairs  Annual limit per person each calendar year  Orthotic appliances (foot) <sup>13</sup> Benefit of up to  Annual limit per person/single membership each calendar year  Annual limit per family membership each calendar year  Pharmacy – private script <sup>14</sup> Annual limit per family membership each calendar year  Pharmacy – private script <sup>14</sup> Annual limit per person/single membership each calendar year  Annual limit per family membership each calendar year  Pharmacy – private script <sup>14</sup> Annual limit per family membership each calendar year  Pharmacy – private script <sup>14</sup> Annual limit per family membership each calendar year  Pharmacy – private script <sup>14</sup> Annual limit per family membership each calendar year  Pharmacy – private script <sup>14</sup> Annual limit per family membership each calendar year  Physiotherapy/Myotherapy/Hydrotherapy <sup>15</sup> 2 months  Initial visit  2-10 subsequent visits  Further visits  Further visits  Sint class attendance	Maximum benefit each day		\$48
Initial visit \$31 2-10 subsequent visits \$21 Further visits \$17 Annual limits per person / single membership each calendar year Annual limit per family membership each calendar year  Optical 11 6 months  Prescription spectacles, contact lenses and frames benefit of up to benefit per item benefit per person every 3 years benefit of up to benefit per person every 3 years benefit of up to benefit	Annual limit per person each calendar year		\$1,000
Further visits  2-10 subsequent visits  Further visits  Annual limits per person /single membership each calendar year  Annual limit per family membership each calendar year  Optical 11 6 months  Prescription spectacles, contact lenses and frames – benefit of up to  Annual limit per person each calendar year  Orthopaedic appliances 12 12 months  Benefit of up to  Maximum benefit per item  Limit per person every 3 years  Orthopaedic appliance repairs  Annual limit per person each calendar year  Orthotic appliance (foot) 13 12 months  Benefit of up to  Annual limit per person each calendar year  Orthotic appliances (foot) 13 12 months  Benefit of up to  Annual limit per person/single membership each calendar year  Annual limit per person/single membership each calendar year  Annual limit per family membership each calendar year  Pharmacy – private script 14 2 months  Members pay the first maximum PBS contribution then the following benefit is paid towards the balance  Annual limit per person/single membership each calendar year  Annual limit per family membership each calendar year  Physiotherapy/Myotherapy/Hydrotherapy 15 2 months  Initial visit 531  2-10 subsequent visits 517  Class attendance 510	Occupational therapy <sup>10</sup>	2 months	
Further visits  Annual limits per person /single membership each calendar year  Annual limit per family membership each calendar year  Optical <sup>11</sup> Optical <sup>11</sup> Optical <sup>11</sup> Frescription spectacles, contact lenses and frames benefit of up to  Annual limit per person each calendar year  Orthopaedic appliances <sup>12</sup> Benefit of up to  Maximum benefit per item  Limit per person every 3 years  Orthopaedic appliance repairs  Annual limit per person each calendar year  Orthotic appliances (foot) <sup>13</sup> Benefit of up to  Annual limit per person each calendar year  Orthotic appliances (foot) <sup>13</sup> Benefit of up to  Annual limit per person/single membership each calendar year  Annual limit per family membership each calendar year  Pharmacy – private script <sup>14</sup> Annual limit per first maximum PBS contribution then the following benefit is paid towards the balance  Annual limit per family membership each calendar year  Annual limit per person/single membership each calendar year  Annual limit per family membership each calendar year  Physiotherapy/Myotherapy/Hydrotherapy <sup>15</sup> 2 months  Initial visit  531  2-10 subsequent visits  521  Further visits  S17  Class attendance	Initial visit		\$31
Annual limits per person /single membership each calendar year  Annual limit per family membership each calendar year  Optical 11 6 months  Prescription spectacles, contact lenses and frames – benefit of up to  Annual limit per person each calendar year  Orthopaedic appliances 12 12 months  Benefit of up to  Maximum benefit per item  Limit per person every 3 years  Orthopaedic appliance repairs  Annual limit per person each calendar year  Orthotic appliances (foot) 13 12 months  Benefit of up to  Annual limit per person each calendar year  Orthotic appliances (foot) 13 12 months  Benefit of up to  Annual limit per person/single membership each calendar year  Annual limit per family membership each calendar year  Pharmacy – private script 14 2 months  Members pay the first maximum PBS contribution then the following benefit is paid towards the balance  Annual limit per person/single membership each calendar year  Annual limit per person/single membership each calendar year  Annual limit per family membership each calendar year  Annual limit per family membership each calendar year  Annual limit per family membership each calendar year  Physiotherapy/Myotherapy/Hydrotherapy 25 2 months  Initial visit \$31  2-10 subsequent visits  \$21  Further visits  \$17  Class attendance	2-10 subsequent visits		\$21
calendar year  Annual limit per family membership each calendar year  Optical <sup>11</sup> Optical <sup>11</sup> Prescription spectacles, contact lenses and frames – benefit of up to  Annual limit per person each calendar year  Orthopaedic appliances <sup>12</sup> Benefit of up to  Maximum benefit per item  Limit per person every 3 years  Orthopaedic appliance repairs  Annual limit per person each calendar year  Orthotic appliances (foot) <sup>13</sup> Benefit of up to  Annual limit per person each calendar year  Orthotic appliances (foot) <sup>13</sup> Benefit of up to  Annual limit per person/single membership each calendar year  Annual limit per person/single membership each calendar year  Pharmacy – private script <sup>14</sup> Members pay the first maximum PBS contribution then the following benefit is paid towards the balance  Annual limit per family membership each calendar year  Annual limit per family membership each calendar year  Physiotherapy/Myotherapy/Hydrotherapy <sup>15</sup> 2 months  Further visits  \$31  2-10 subsequent visits  \$17  Class attendance	Further visits		\$17
year  Optical <sup>11</sup> Prescription spectacles, contact lenses and frames – benefit of up to  Annual limit per person each calendar year  Orthopaedic appliances <sup>12</sup> Benefit of up to  Maximum benefit per item  Limit per person every 3 years  Orthopaedic appliance repairs  Annual limit per person each calendar year  Orthopaedic appliance repairs  Annual limit per person each calendar year  Orthotic appliances (foot) <sup>13</sup> Benefit of up to  Annual limit per person/single membership each calendar year  Annual limit per family membership each calendar year  Pharmacy – private script <sup>14</sup> Members pay the first maximum PBS contribution then the following benefit is paid towards the balance  Annual limit per family membership each calendar year  Physiotherapy/Myotherapy/Hydrotherapy <sup>15</sup> Initial visit  2-10 subsequent visits  Further visits  Class attendance  Annual calendar year  Savo			\$350
Prescription spectacles, contact lenses and frames – benefit of up to  Annual limit per person each calendar year  Orthopaedic appliances 12  Benefit of up to  Maximum benefit per item  Limit per person every 3 years  Orthopaedic appliance repairs  Annual limit per person each calendar year  Orthotic appliances (foot) 3  Benefit of up to  Annual limit per person each calendar year  Orthotic appliances (foot) 3  Benefit of up to  Annual limit per person/single membership each calendar year  Annual limit per family membership each calendar year  Pharmacy – private script 4  Members pay the first maximum PBS contribution then the following benefit is paid towards the balance  Annual limit per family membership each calendar year  Annual limit per family membership each calendar year  Physiotherapy/Myotherapy/Hydrotherapy 5  Physiotherapy/Myotherapy/Hydrotherapy 5  Initial visit  2-10 subsequent visits  \$17  Class attendance	• • • • • • • • • • • • • • • • • • • •		\$600
Annual limit per person each calendar year  Orthopaedic appliances 12  Benefit of up to  Maximum benefit per item  Limit per person every 3 years  Orthopaedic appliance repairs  Annual limit per person each calendar year  Orthopaedic appliance repairs  Annual limit per person each calendar year  Orthotic appliances (foot) 13  Benefit of up to  Annual limit per person/single membership each calendar year  Annual limit per family membership each calendar year  Pharmacy – private script 14  Members pay the first maximum PBS contribution then the following benefit is paid towards the balance  Annual limit per family membership each calendar year  Annual limit per family membership each calendar year  Physiotherapy/Myotherapy/Hydrotherapy 5  Initial visit  2-10 subsequent visits  \$17  Class attendance	Optical <sup>11</sup>	6 months	
Orthopaedic appliances 12  Benefit of up to 80%  Maximum benefit per item \$115  Limit per person every 3 years \$400  Orthopaedic appliance repairs 2 months  Annual limit per person each calendar year \$40  Orthotic appliances (foot) 13  Benefit of up to 80%  Annual limit per person/single membership each calendar year \$115  Annual limit per family membership each calendar year \$400  Pharmacy – private script 14  Members pay the first maximum PBS contribution then the following benefit is paid towards the balance  Annual limit per person/single membership each calendar year  Annual limit per person/single membership each calendar year  Physiotherapy/Myotherapy/Hydrotherapy 5 2 months  Initial visit \$31  2-10 subsequent visits \$17  Class attendance \$100  Control 12 months 80%  Annual limit per family membership each calendar year  Physiotherapy/Myotherapy/Hydrotherapy 5 2 months  Initial visit \$31  Class attendance \$100	• • •		80%
Benefit of up to 80%  Maximum benefit per item \$115  Limit per person every 3 years \$400  Orthopaedic appliance repairs 2 months  Annual limit per person each calendar year \$40  Orthotic appliances (foot) <sup>13</sup> 12 months  Benefit of up to 80%  Annual limit per person/single membership each calendar year  Annual limit per family membership each calendar year  Pharmacy – private script <sup>14</sup> 2 months  Members pay the first maximum PBS contribution then the following benefit is paid towards the balance  Annual limit per person/single membership each calendar year  Annual limit per person/single membership each calendar year  Physiotherapy/Myotherapy/Hydrotherapy 5 2 months  Initial visit 531  2-10 subsequent visits \$21  Further visits \$17  Class attendance \$10	Annual limit per person each calendar year		\$170
Maximum benefit per item  Limit per person every 3 years  Orthopaedic appliance repairs  Annual limit per person each calendar year  Orthotic appliances (foot) <sup>13</sup> Benefit of up to  Annual limit per person/single membership each calendar year  Annual limit per family membership each calendar year  Pharmacy – private script <sup>14</sup> Pharmacy – private script <sup>14</sup> Annual limit per person/single membership each calendar year  Annual limit per farsily membership each calendar year  Pharmacy – private script <sup>14</sup> Annual limit per person/single membership each calendar year  Annual limit per person/single membership each calendar year  Annual limit per family membership each calendar year  Physiotherapy/Myotherapy/Hydrotherapy <sup>15</sup> 2 months  Initial visit  \$31  2-10 subsequent visits  \$21  Further visits	Orthopaedic appliances <sup>12</sup>	12 months	
Limit per person every 3 years  Orthopaedic appliance repairs  Annual limit per person each calendar year  Orthotic appliances (foot) <sup>13</sup> Benefit of up to  Annual limit per person/single membership each calendar year  Annual limit per family membership each calendar year  Annual limit per family membership each calendar year  Pharmacy – private script <sup>14</sup> 2 months  Members pay the first maximum PBS contribution then the following benefit is paid towards the balance  Annual limit per person/single membership each calendar year  Annual limit per family membership each calendar year  Physiotherapy/Myotherapy/Hydrotherapy <sup>15</sup> 2 months  Initial visit  \$31  2-10 subsequent visits  \$17  Class attendance	Benefit of up to		80%
Orthopaedic appliance repairs  Annual limit per person each calendar year  Orthotic appliances (foot) <sup>13</sup> Benefit of up to  Annual limit per person/single membership each calendar year  Annual limit per family membership each calendar year  Annual limit per family membership each calendar year  Pharmacy – private script <sup>14</sup> Members pay the first maximum PBS contribution then the following benefit is paid towards the balance  Annual limit per person/single membership each calendar year  Annual limit per family membership each calendar year  Annual limit per family membership each calendar year  Physiotherapy/Myotherapy/Hydrotherapy <sup>15</sup> 2 months  Initial visit  2-10 subsequent visits  \$17  Class attendance	Maximum benefit per item		\$115
Annual limit per person each calendar year  Orthotic appliances (foot) <sup>13</sup> Benefit of up to  Annual limit per person/single membership each calendar year  Annual limit per family membership each calendar year  Pharmacy – private script <sup>14</sup> Members pay the first maximum PBS contribution then the following benefit is paid towards the balance  Annual limit per person/single membership each calendar year  Annual limit per person/single membership each calendar year  Physiotherapy/Myotherapy/Hydrotherapy <sup>15</sup> Initial visit  2 months  \$400  \$400  \$400  \$400  \$510  \$510  Class attendance	Limit per person every 3 years		\$400
Orthotic appliances (foot) <sup>13</sup> Benefit of up to  Annual limit per person/single membership each calendar year  Annual limit per family membership each calendar year  Pharmacy – private script <sup>14</sup> Members pay the first maximum PBS contribution then the following benefit is paid towards the balance  Annual limit per person/single membership each calendar year  Annual limit per family membership each calendar year  Physiotherapy/Myotherapy/Hydrotherapy <sup>15</sup> Initial visit  2 months  \$400  \$250  \$400  \$400  \$400  \$400  \$5250	Orthopaedic appliance repairs	2 months	
Benefit of up to 80%  Annual limit per person/single membership each calendar year  Annual limit per family membership each calendar year  Pharmacy – private script 14  Members pay the first maximum PBS contribution then the following benefit is paid towards the balance  Annual limit per person/single membership each calendar year  Annual limit per family membership each calendar year  Physiotherapy/Myotherapy/Hydrotherapy 15  Initial visit \$31  2-10 subsequent visits  Further visits \$17  Class attendance	Annual limit per person each calendar year		\$40
Annual limit per person/single membership each calendar year  Annual limit per family membership each calendar year  Pharmacy – private script 14  Members pay the first maximum PBS contribution then the following benefit is paid towards the balance  Annual limit per person/single membership each calendar year  Annual limit per family membership each calendar year  Physiotherapy/Myotherapy/Hydrotherapy 15  Initial visit \$31  2-10 subsequent visits \$21  Further visits \$17  Class attendance \$10	Orthotic appliances (foot) <sup>13</sup>	12 months	
Annual limit per family membership each calendar year  Pharmacy – private script 14  Members pay the first maximum PBS contribution then the following benefit is paid towards the balance  Annual limit per person/single membership each calendar year  Annual limit per family membership each calendar year  Physiotherapy/Myotherapy/Hydrotherapy 15  Initial visit \$31  2-10 subsequent visits \$17  Class attendance \$10	Benefit of up to		80%
Pharmacy – private script <sup>14</sup> 2 months  Members pay the first maximum PBS contribution then the following benefit is paid towards the balance  Annual limit per person/single membership each calendar year  Annual limit per family membership each calendar year  Physiotherapy/Myotherapy/Hydrotherapy <sup>15</sup> 2 months  Initial visit  2-10 subsequent visits  \$17  Class attendance	· · · · · · · · · · · · · · · · · · ·		\$115
Members pay the first maximum PBS contribution then the following benefit is paid towards the balance  Annual limit per person/single membership each calendar year  Annual limit per family membership each calendar year  Physiotherapy/Myotherapy/Hydrotherapy <sup>15</sup> 2 months  Initial visit  2-10 subsequent visits  \$17  Class attendance			\$400
then the following benefit is paid towards the balance  Annual limit per person/single membership each calendar year  Annual limit per family membership each calendar year  Physiotherapy/Myotherapy/Hydrotherapy <sup>15</sup> 2 months  Initial visit  2-10 subsequent visits  Further visits  \$17  Class attendance	Pharmacy – private script <sup>14</sup>	2 months	
Annual limit per family membership each calendar year  Physiotherapy/Myotherapy/Hydrotherapy <sup>15</sup> 2 months  Initial visit  2-10 subsequent visits  Further visits  \$17  Class attendance	then the following benefit is paid towards the		\$40
Physiotherapy/Myotherapy/Hydrotherapy <sup>15</sup> 2 months  Initial visit \$31  2-10 subsequent visits \$21  Further visits \$17  Class attendance \$10			\$250
Initial visit \$31 2-10 subsequent visits \$21 Further visits \$17 Class attendance \$10			\$400
2-10 subsequent visits \$21 Further visits \$17 Class attendance \$10	Physiotherapy/Myotherapy/Hydrotherapy <sup>15</sup>	2 months	
Further visits \$17 Class attendance \$10	Initial visit		\$31
Class attendance \$10	2-10 subsequent visits		\$21
1	Further visits		\$17
Annual limit per person/single membership each \$350	Class attendance		\$10
	Annual limit per person/single membership each		\$350

- 8. Nebuliser pump Benefits are limited to one nebuliser pump peer membership every three years.

  A doctor's letter of recommendation must accompany each claim for benefits.
- 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 \$350 per person/single membership and \$600 per family membership each calendar year only includes benefits for physiotherapy, myotherapy, occupational therapy and hydrotherapy.
- 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 every three years. This limit includes combined benefits for orthopaedic appliances and pressure garments.

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.

The annual limit of \$400 per person each calendar year includes combined benefits for podiatry visits, orthotic appliances (foot), and podiatric surgical procedures.

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.

calendar year		
Annual limit per family membership each calendar year		\$600
Podiatry <sup>16</sup>	2 months	
Initial visit		\$27
Subsequent visit		\$21
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		\$400
Pressure garments <sup>17</sup>	12 months	
Benefit of up to		80%
Maximum benefit per item		\$115
Limit per person every 3 years		\$400
Prostheses (non-surgical) <sup>18</sup>	12 months	
Benefit of up to		80%
Maximum benefit per item		\$300
Maximum benefit per person every 3 years		\$400
Psychology	2 months	
Initial visit		\$40
Second visit		\$25
Subsequent visit		\$25
Group therapy initial visit		\$20
Group therapy second visit		\$12.50
Group therapy subsequent visit		\$12.50
Annual limit per person/single membership each calendar year		\$350
Annual limit per family membership each calendar year		\$600
Sleep apnoea monitor <sup>19</sup>	12 months	
Benefit		\$200
Tens monitor <sup>20</sup>	12 months	
Benefit		\$100

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 \$350 per person/single membership and \$600 per family membership each calendar year includes combined benefits for physiotherapy, myotherapy, occupational therapy and hydrotherapy.

- 16. Podiatry The annual limit of \$400 per person each calendar year includes combined benefits for podiatry visits, podiatric surgical procedures and orthotic appliances (foot).
- 17. Pressure garments Are used for the treatment of burns, lymphodaema 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 \$400 per person is available every 3 years 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.
- 19. 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.
- 20. 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.



## Why **compare**the**market**.com.au?

It's simple; we're here to help you save time and money off your next household bill. One quick search with **compare**the**market**.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.

+ HEALTH

**INCOME** 

CAR

**≠** ENERGY

**★ TRAVEL** 

ROADSIDE

**U** LIFE

**♦** FUEL

**HOME**