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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 **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 **compare**the**meerkat**.com.au

It is much appreciate!

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

FIT Standard Package - $250 & $500 excess

XBa1Mi8, XBa2Mi8

This information is important, please read and retain for future reference.
FIT Standard Package offer you cost effective hospital and great extras cover for active sports enthusiasts. We know that that when you're young, fit and healthy you feel invincible. That is why this cost effective cover has great benefits for unexpected things that may need attention such as dental and physiotherapy.

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

- ✓ Knee arthroscope
- ✓ Knee reconstruction
- ✓ Ankle reconstruction
- ✓ Shoulder reconstruction
- ✓ Surgery to repair a fractured collarbone, fracture wrist, hand or finger.

What is covered in a public hospital?
For services not listed under 'exclusions', FIT Standard Package provides cover[2] as a private patient in a public hospital with some exclusions.

Please note: benefits for a single room in a public hospital or treatment in a private hospital for non-listed selected services when using FIT Standard cover will result in significant out of pocket expenses. For further information please call us on 1300 446 422.

Hospital Exclusions
You are not covered (excluded) for:

- × Pregnancy.
- × IVF and related services.
- × Delivery suite/theatre for C-section.
- × Joint replacement.
- × Cosmetic surgery.
- × Cataract surgery and corneal transplants.
- × Haemodialysis.
- × Gastric banding and all obesity surgeries.
- × Cochlear ears.

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

Excess Table	Level 1 Excess	Level 2 Excess
Admission Excess Private Hospital Overnight	$250	$500
Admission Excess Public Hospital or Day Stay	$250	$500
Maximum Annual Excess (per person)	$250	$500
Maximum Annual Excess (single)	$250	$500
Maximum Annual Excess (family)	$500	$1,000
Waived for dependants under 21	No	No

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

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

1. Limited benefits may apply to cosmetic surgery and high cost drugs. Drugs purchased outside of the hospital are not included. Other private hospitals – fixed benefits are payable in non-participating private hospitals.
2. You may be subject to doctor's waiting lists in a public hospital. Default benefits are paid for all public hospital episodes
Surgically implanted prostheses (Government Prostheses List group benefits): benefits are no higher than the No Gap Government prescribed benefit.

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

FIT Standard Package medical gap
On FIT Standard Packages where the actual fee for the anticipated service is greater than the MBS fee, an additional medical gap benefit will be paid equal to 20% of the MBS fee for each service.

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

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

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

Waiting periods
Waiting periods exist to protect members from claims made by those who join the fund or increase their level of cover because they have an ailment or illness that may require treatment.

Waiting periods will apply to:

- New memberships (previously uninsured).
- Additions to a membership (unless the addition/s has already served all waiting periods with GMHBA or another fund) except newborns, adopted and permanent foster children where the family membership has been in existence for at least 2 months.
- Existing GMHBA memberships, and transfers to GMHBA from another fund where the level of cover and/or benefit entitlement is upgraded or increased and/or where the waiting periods have not been completed.

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

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

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

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Extras Service	Waiting Periods	Single	Couple/Family/ Single Parent
Acupuncture/Naturopathy/Myotherapy / Homeopathy	2 months	80% of cost	
Combined annual limit per person/single membership each calendar year		$400	
Combined annual limit per couple, single parent, family membership each calendar year			$800
Ambulance subscription#	2 months		
Annual subscription refund		80% of the cost	
Annual limit per membership each calendar year		$75	$150
Chiropractic / Osteopathy/Remedial Massage/Podiatry	2 months	80% of the cost	
Combined annual limit per person/single membership each calendar year		Year 1 $500 Year 2-3 $520 Year 4-5 $540 Year 6-7 $560 Year 8-9 $580 Year 10+ $600	
Combined annual limit per couples, single parents, family membership each calendar year			Year 1 - $1,000 Year 2-3 $1,040 Year 4-5 $1,080 Year 6-7 $1,120 Year 8-9 $1,160 Year 10+ $1,200
Major Dental (see important note for dental)	12 months		
Orthodontic – benefit example: Fixed appliance treatment – upper and lower jaw treatment by a registered specialist	12 months		
Maximum benefit per person per calendar year		75% up to $300 per year	
Maximum benefit per course of treatment		$900	
Lifetime benefit limit per person		$1,050	
Other Major Dental	12 months		
New full upper and lower dentures per two years	12 months	$420	$420
Combined crown and bridgework benefit limit per person per calendar year	12 months	$450	$450
Indirect restorations benefit limit per calendar year	12 months	$350	$350 limit per person $700 limit per family
Implants benefit limit per person per calendar year	12 months	$400	$400
General Dental (for more information see general dental note)	2 months		
Diagnostic services		Set benefits apply	

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

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

Important note for dental: The benefits shown are the annual limits for each type of dental service. The annual limit is a combined general and major dental limit per person per calendar year. There are further sub limits within some of these dental services, eg. The individual benefit for one crown on FIT Standard is $225.

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

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Preventative services per person per calendar year		Up to $200	
Simple extractions (non-surgical extractions)		Set benefits apply	
Restorative services (limited benefits apply to precious restorations)		Set benefits apply	
Annual limit (see important note for dental)	12 months		
Annual limit per person each calendar year		$1,000	
Additional Dental Benefits		Plus 100% of cost up to $1,500 per person, $3,000 per couple, single parent, family each calendar year for:	
Composite restorations (521 – 525)	2 months	$250/item	
Pulp capping (411)	2 months	$50/item	
Subluxed and avolved teeth (385 – 387)	2 months	$500/item	
Consult (013 only)	2 months	$50/item	
Veneers (583)	2 months	$1,000/item	
X-rays (022)	2 months	$50/item	
Single root canals (415 & 417)	12 months	$250/item	
Crowns (613 – 615)	12 months	$1,500	
Mouth Guards	2 months	80% of the cost	
Annual limit per person/single membership each calendar year		$200	
Combined annual limit per couples, single parents, family membership per calendar year			$400
Optical	6 months	80% of the cost	
Annual limit per person/single membership each calendar year		$250	
Combined annual limit per couples, single parents, family membership per calendar year			$500
Orthotic Appliances (Foot)	12 months	80% of cost	
Annual limit per person/single membership each calendar year		$480	
Annual limit per couples, single parents, family membership each calendar year			$960
Physiotherapy/Hydrotherapy		80% of the cost	
Combined annual limit per person/single membership each calendar year	2 months	Year 1 $500 Year 2-3 $520 Year 4-5 $540 Year 6-7 $560 Year 8–9 $580 Year 10+ $600	
Combined annual limit per couples, single parents, family membership each calendar year			Year 1 $1,000 Year 2-3 $1,040 Year 4-5 $1,080 Year 6-7 $1,120 Year 8–9 $1,160 Year 10+ $1,200
Preventative Health Assessment[1]		100% of cost	

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

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Annual limit per person/single membership each calendar year		$100	
Annual limit per couples, single parents, family membership each calendar year			$200
Psychology/Dietetics[2]/Exercise Physiology	2 months	80% of cost	
Annual limit per person/single membership each calendar year		Year 1 $400 Year 2-3 $410 Year 4-5 $420 Year 6-7 $430 Year 8–9 $440 Year 10+ $450	
Combined annual limit per couple, single parent family membership each calendar year			Year 1 $800 Year 2-3 $820 Year 4-5 $840 Year 6-7 $860 Year 8–9 $880 Year 10+ $900

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

Important
All extras services must be provided by practitioners in a private practice who are appropriately registered with recognised bodies approved by GMHBA. We recommend you contact us for a benefit estimate before commencing treatment to confirm the benefit payable. For services other than dental, benefits for one initial consultation per therapy type are available each calendar year.

Find out more
If you're planning treatment or a hospital admission, please call us to discuss your options to ensure you're covered and have served all relevant waiting and benefit limitation periods.

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

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