

Silver Special Care Extras *Ye (Closed to new members)*

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

Moderate level of cover on a range of services with a medium level of benefits and annual limits for those with special needs.

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 subscription¹	N/A	100%
Audiology²	2 months	
Initial visit		\$25
Subsequent visit		\$20
Annual limit per person each calendar year		\$400
Blood glucose monitor³	12 months	
Benefit		\$150
Chiropractic / Osteopathy⁴	2 months	
Initial visit		\$25
2-10 subsequent visits		\$17
Further visits		\$15
Chiropractic x-ray (1 per person)		\$40
Annual limit per person/single membership each calendar year		\$350
Annual limit per family membership each calendar year		\$600
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 \$320 per year incr to \$570 at 6 years.

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

- 1. Ambulance** – To be fully covered for Ambulance services, we recommend that you take out an ambulance subscription in your state and territory. You can claim a refund on one ambulance subscription per membership each calendar year.
- 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/single membership each calendar year. The annual limit of \$350 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. There is a limit of one chiropractic x-ray per person/single membership each calendar year.

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 Special Care Extras cover is \$225.

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		\$400
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 \$200 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)	12 months	
Annual limit per person each calendar year		\$1,000
Dietetics	2 months	
Initial visit		\$27
Subsequent visit		\$21
Class attendance		\$10
Annual limit per person each calendar year		\$350
Extremity pump⁵	12 months	
Benefit		\$300
Eye therapy and speech therapy⁶	2 months	
Initial visit		\$27
Subsequent visit		\$21
Annual limit per person each calendar year		\$400
Fluoride dietary supplement⁷	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
Incontinence aids⁸	2 months	
Benefit up to		100%
Maximum benefit – 1 item per membership each calendar year		\$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.

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.
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. **Incontinence aids** – Benefits are payable for quick dry absorbent sheet (pads are excluded).

Medical aids⁹	6 months	
Benefit of up to		50%
Maximum benefit per person each calendar year		\$100
Naturopathy/Homeopathy/Acupuncture¹⁰	2 months	
Initial visit		\$19
2-10 subsequent visits		\$17
Further visits		\$14
Annual limit per person/single membership each calendar year		\$350
Annual limit per family membership each calendar year		\$600
Nebuliser pump¹¹	12 months	
Benefit		\$150
Nursing – Visiting/Home/Registered Nurse (Private Practice)¹²	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
Nursing aids – Home and domestic	6 months	
Equipment hire following a hospital stay – benefit of up to		50% ¹³
Equipment purchase for daily living – benefit of up to		30% ¹⁴
Maximum benefit per membership each calendar year		\$350
Occupational therapy¹⁵	2 months	
Initial visit		\$31
2-10 subsequent visits		\$21
Further visits		\$17
Annual limits per person /single membership each calendar year		\$350
Annual limit per family membership each calendar year		\$600
Optical¹⁶	6 months	
Prescription spectacles, contact lenses and frames – benefit of up to		80%
Annual limit per person each calendar year		\$170
Orthopaedic appliances¹⁷	12 months	
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)¹⁸	12 months	
Benefit of up to		80%
Annual limit per person/single membership each calendar year		\$115
Annual limit per family membership each calendar year		\$400
Oxygen¹⁹	2 months	

9. Medical aids benefits example – Blood pressure/pulse monitors and electric pulse massagers. A doctor's letter of recommendation must accompany each claim.

10. Naturopathy/Homeopathy/Acupuncture – Benefits will be paid for one consultation and/or treatment per provider per day. The annual limit of \$350 per person/single membership and \$600 per family membership each calendar year includes combined benefits for naturopathy, homeopathy, acupuncture, chiropractic and osteopathy.

11. 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.

12. 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.

13. Nursing aids – Home and domestic – Benefits can only be paid for home and domestic nursing aids which were following a hospital stay, not provided by a hospital and which assist the functional activities of daily living.

14. Nursing aids -Home and domestic – Benefits can only be paid for home and domestic nursing aids which assist daily living and not provided by hospital e.g. crutches. A doctor's letter of recommendation must accompany each claim for benefits.

15. Occupational therapy - 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, hydrotherapy and remedial massage.

16. Optical - Non-prescription sunglasses and repairs are excluded.

17. 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. The limit of \$400 per person is available every three years. This limit includes combined benefits for orthopaedic appliances and pressure garments.

Benefit of up to		80%
Maximum benefit per membership each calendar year		\$300
Personal alarm/monitoring²⁰	2 months	
Maximum personal alarm benefit per calendar year		\$50
Maximum personal monitoring benefit per calendar year		\$50
Pharmacy – private script²¹	2 months	
Members pay the first maximum PBS contribution then the following benefit is paid towards the balance		\$40
Annual limit per person/single membership each calendar year		\$250
Annual limit per family membership each calendar year		\$400
Physiotherapy/Myotherapy/Hydrotherapy²²	2 months	
Initial visit		\$31
2-10 subsequent visits		\$21
Further visits		\$17
Class attendance		\$10
Annual limit per person/single membership each calendar year		\$350
Annual limit per family membership each calendar year		\$600
Podiatry²³	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 garments²⁴	12 months	
Benefit of up to		80%
Maximum benefit per item		\$115
Limit per person every 3 years		\$400
Prostheses (non-surgical)²⁵	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

18. 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.

19. Oxygen – Must be ordered by a medical practitioner.

20. Personal alarm/monitoring – Systems must be approved by GMHBA. Benefits are payable per calendar year. We recommend you contact GMHBA for a benefit estimate to confirm the benefit payable. A doctor's letter of recommendation must accompany each claim for benefits.

21. 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.

22. 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, hydrotherapy and remedial massage.

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

24. 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.

25. Prostheses (non-surgical) – Prostheses include a range of approved non-surgically implanted prostheses (eg wigs). A doctor's letter of recommendation must accompany each claim for benefits. We recommend you contact GMHBA for a benefit estimate to confirm the benefit payable. The limit of \$400 per person is the benefit available for prostheses every three years.

Annual limit per person/single membership each calendar year		\$350
Annual limit per family membership each calendar year		\$600
Remedial massage²⁶	2 months	
Initial visit		\$17
Subsequent visit		\$17
Annual limit per person/single membership each calendar year		\$350
Annual limit per family membership each calendar year		\$600
Respite Care²⁷	2 months	
Specialised Registered Nurse – benefit per hour		\$15
Annual limit per membership each calendar year		\$300
Sleep apnoea monitor²⁸	12 months	
Benefit		\$200
Tens monitor²⁹	12 months	
Benefit		\$100

26. Remedial massage – The annual limit of \$350 per person/single membership and \$600 per family membership includes combined benefits for occupational therapy, physiotherapy, myotherapy, hydrotherapy and remedial massage.

27. Respite Care - Benefits for respite care are payable for emergency weekend or planned care provided in the home by a specialised registered nurse. A doctor's letter of recommendation must accompany each claim for benefits. Please ensure the letter outlines any change in circumstances which necessitate the need for respite care.

28. 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.

29. 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, 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.