

Straightforward health insurance

Complete Extras

	Benefits up to	Maximum per person per calendar year	Waiting perio
Accommodation f travel is required for treatment and you qualify for PATS	\$43 per night	\$645 per membership	2 months
Ambulance Road transport only	100%	100% covered for road transport emergency services and 100% covered for one non-emergency service. \$40 co-payment applies for all subsequent non-emergency services (all services must be medically necessary)	1 day
Ante-Natal Classes Payable only on completed series of classes	\$60	1 series of classes per year	12 months
Audiology			2 months
nitial consultations	\$42	A075	
Subsequent consultations	\$30	\$375	
Report to Otolaryngologist	\$22		
Chiropractic			2 months
nitial consultations	\$37	\$500 combined benefit limit with osteopathy.	
Subsequent consultations	\$26		
Chiropractic x-rays	\$66	1 per year	
Clinical Psychology		F /	12 months
Initial consultations	\$70		
Subsequent consultations	\$52	\$800	
Group psychotherapy	\$47		
Dental, General	γ -1 /		6 months
	400 450		OTTIOTIITIS
Consultations/examinations	\$30 - \$53		
X-rays	\$26 - \$47		
Scale and clean (1st visit)	\$70		
Extractions	\$95 - \$232	A050 (.5 .)	
General Restorations (e.g. 1 surface adhesive filling)		\$850 (<5yrs) \$2000 (>5yrs)	
Mouthguard	\$80	\$2500 (>10 yrs)	
Dental, Major		Combined benefit limit for all dental	12 months
Crowns-bridges	\$74 - \$1003	services including orthodontic.	
Full Dentures#	\$883		
Orthodontic^ – full arch banding (two arches)	\$850 (<5yrs) \$2000 (>5yrs) \$2500 (>10yrs) for complete course of treatment.		
Dietetics			2 months
nitial consultation	\$50	1 per year	
Subsequent consultations	\$23	\$250 combined beneath their the contained to	
Group consultations	\$13	\$350 combined benefit limit with nutritionist	
Exercise Physiology			2 months
nitial consultation	\$42	1 per year	
Subsequent consultations	\$33	0.000	
Group consultations	\$14	\$600 combined benefit limit with physiotherapy	
Hearing Aids	\$860	1 every 5 yrs	24 months
Health management aids and appliances such as:† (Letter from Medical Practitioner is required)	(80% of charge up to)		12-36 months
Braces – spine, leg or arm	\$100	1 per year	
Glucose monitor	\$150	1 per 3 yrs	
Nebuliser	\$150	1 per 3 yrs	
Blood Pressure machine	\$200	1 per 3 yrs	
Wheelchair	\$1000	1 per 5 yrs	

^{*}Benefit is once per member every 2 years

[^]Benefits are per person per lifetime. The benefit limit for orthodontic treatment is determined from the date the current treatment commenced and is included as part of annual maximums. † Benefit of 80% of the account with an annual maximum of \$1500 per person per year. Individual benefits are limited to the maximum amounts listed. Subject to items listed on the GMF Health Management Aid and Appliance Schedule.

	Benefits up to	Maximum per person per calendar year	Waiting periods
Home nursing	\$80 per day	\$1800	2 months
Hospital Boarders	\$43 per day	\$645 per membership	2 months
Natural Therapy			2 months
Acupuncture – per consultation	\$32		
Naturopathy – per consultation	\$32		
Massage Therapy – per consultation	\$32		
Natural Therapies Extra			2 months
Myotherapy	\$32	\$550 combined benefit limit Yoga & Pilates 1 program per year	
Reflexology	\$32		
Yoga Program	\$100 per Program		
Pilates Programs	\$100 per Program		
Traditional Chinese Medicine Consultations	\$32 per consult		
Homeopathy	\$32 per consult		
Nutritionist			2 months
Initial consultation	\$50	1 per year	
Subsequent consultations	\$23		
Group consultations	\$13	\$350 combined benefit limit with dietetics	
Occupational Therapy			2 months
Consults - Initial consultation	\$44	6440	
- Subsequent consultations	\$29	\$440	
Group therapy	\$17		
Optical – Spectacles			3 months
Frames			
Single vision lenses			
Bi-focal lenses	0050	4050	
Multi-focal lenses	\$350	\$350 combined spectacles and contacts	
Spectacle repairs (including lenses)		combined speciacies and comacis	
Optical – Contacts			12 months
Disposable contact lenses			
Non disposable contact lenses			
Osteopathy			2 months
Initial consultation	\$37	1 per year	
Subsequent consultations	\$26	\$500 combined benefit limit with chiropractic	
Pharmaceutical		\$350	2 months
GMF Health Pharmacy Schedule less member co- payment (equal to current Government PBS Scheme)			
Physiotherapy			2 months
Initial consultation	\$42	1 per year	21110111110
Subsequent consultations	\$33	•	
Group & Hydro Therapy	\$14	\$600 combined benefit limit with exercise physiology	
Podiatry	VI-1		
Consultations	\$36	\$500 combined benefit limit for foot orthotics and podiatry	2 months
Orthotic appliances	80% of cost to max	Limited to 1 pair per year	12 months
Benefit is payable if supplied by a registered	of \$200 for single,	Entinod to 1 pair por your	12 1110111113
Podiatrist or GMF Health approved supplier.	\$400 for pair		
Speech & Eye Therapy			2 months
Speech – initial consultations	\$52	1 per year	
Speech – subsequent consultations	\$39		
Orthoptic - initial consultations	\$52	1 per year	
Orthoptic – subsequent consultations	\$39	\$650 for all orthoptic and speech therapy	
Travel costs	20 cents per km after the first 200kms travelled	\$350 per membership	2 months