# Member Guide

Sept 2012

weare GMHBa

HEALTH INSURANCE

# AT THE HEART OF OUR HEALTHY COMMUNITY WE ARE GMHBA

Established more than 75 years ago, today GMHBA is one of Australia's fastest growing health funds, renowned for great value and outstanding service – and we come highly recommended by our members.

GMHBA offers a range of hospital, extras and combined covers to suit different budgets and life stages. Whether you are single, a couple, a single parent or a family, GMHBA has an affordable private health insurance cover to suit your needs.

## Contents




GMHBA is a fully compliant member of the private health insurance code of conduct. GMHBA is a not-for-profit private health insurance company governed by the Private Health Insurance Act 2007, Private Health Insurance Rules 2007 and our fund rules.

Information in this member guide is designed for people who have full Medicare eligibility and is current as at the 1st of September 2012 and replaces all earlier versions. It summarises our policies, benefits, premiums, and fund rules which are subject to change from time to time. Any personal information provided to GMHBA will be treated in accordance with our Privacy Policy.

Please read this member guide carefully including the important information on pages 60-74 and retain with any other GMHBA documents. Please call our customer service centre on 1300 446 422 if you would like clarification on any of the terms used, or simply want help choosing your health cover.

We recommend you contact GMHBA for a benefit estimate before commencing treatment to confirm the benefit payable.

# Why do I need private health insurance?

We understand that the decision to get private health insurance can be challenging. So many questions: 'When do I need it?', 'What does it cover?' and 'How much can I save on tax?'

In this Member Guide, we hope to answer all these questions and more.

We are here to help you at every step of the way, looking at the specific needs of you and your family to help determine the best cover for you.

So let us cover the basics first.

## Why hospital cover?

With hospital cover you can:

- Be treated as a private patient.
- Have a greater choice of who treats you.*
- Have a greater choice about where you are treated.*
- Have more choice about when you are treated.*
- Avoid the Medicare Levy Surcharge if it applies to you.
- Lock in your Lifetime Health Cover age.
- Have peace of mind knowing you are covered for unexpected medical bills.

* As compared to public patients in a public hospital.

## Why extras cover?

Extras cover provides insurance on the common services Medicare will not cover such as:

- Dental & Orthodontic care to keep your teeth healthy.
- Visits to the Physio, Chiropractor or Remedial Massage.
- Optical care including glasses or contact lenses.

Plus, you can claim on the spot with your GMHBA membership card at more than 26,000 providers nationally.

## There are financial benefits too:

### Save on tax

If your taxable income is over the amount set by the Government, you can avoid paying the extra 1% – 1.5% Medicare Levy Surcharge (depending on your income) by taking out any one of our hospital covers for you and your dependants.

You can find more information at privatehealth.gov.au or ato.gov.au

### Pay less after you turn 31

By taking out hospital cover before the 1st of July after your 31st birthday, you will avoid paying a higher premium. If you join hospital cover after this date, you will pay an extra 2% on the premium for every year you do not have health insurance after you turn 30, up to a total of 70%. *See pages 58-59 for details.*



# Why choose GMHBA?

More like a family than a business, we put members before profit and work together to provide great value health cover and build stronger, healthier, sustainable communities.

We are the fourth largest health insurer in Victoria and the ninth in Australia. Our focus is never about scale or products but the value we provide to each and every member.

We love being local and realise it is not what you say but how you think and what you do that makes the real difference. We invest in local branches and an Australian call centre.

We live at the heart of healthy communities, supporting local sporting groups, health seminars and local festivals.

Here are some key facts:

- Not-for-profit private health insurer.
- More than 75 years experience.
- Exclusive Member loyalty program, (Connect Rewards Plus).
- Manage your membership and claims online.
- 60-day money back guarantee: If you find better value health insurance within 60 days of joining and have not made a claim we will refund your money in full. It is that simple!

GMHBA is renowned for great value and outstanding service. We are proud that many of our members join because of recommendations from families or friends. In the Ipsos Australia's Health Care & Insurance survey in 2011, GMHBA had the highest rating# of any major, non-restricted health fund in answer to the question "Would you recommend your friends and colleagues use your health insurer?".

# Compared to other open-access health funds with more than 75,000 policy holders. The sample size for GMHBA was 123 members.

# Mix and match to suit your needs

At GMHBA, we offer four different levels of cover to suit your needs. You can choose either Hospital or Extras cover or for maximum coverage choose both.

You can mix and match the different levels of Hospital and Extras to customise a perfect level of coverage for your needs.

## 1. Choose your level of Hospital Cover

- Platinum
- Gold
- Silver
- Bronze

## 2. Choose your level of Hospital Excess

- **No Excess**
  (Level 0 – $0 excess)
- **Low Excess**
  (Level 1 – $250 single & $500 families/couples single parents)
- **Higher Excess**
  (Level 2 –$500 single & $1,000 families/couples single parents)

You can reduce the cost of your hospital cover by having a calendar year excess.

## 3. Choose your level of Extras Cover

- Platinum
- Gold
- Silver
- Bronze

## Or a combined package with Hospital & Extras

- Silver Everyday
- Silver Young Singles
- Bronze Young Singles

**Join today**

**Online at gmhba.com.au, call us on 1300 446 422, or fill in the enclosed application form**

For more detailed information about excesses refer to page 8.

# What life stage are you?

## We have got you covered for every stage of life

At GMHBA, we understand that each member has their own unique needs. We offer covers to suit this, beginning with our types of membership.

Choose a cover to suit your life:

### Single Membership

Coverage for one person.

### Couples Membership

Coverage for you and your partner (married or de-facto – a person with whom you are living in a bona-fide domestic relationship).

### Family Membership

Coverage for you, your partner and your child dependants under the age of 21 years (including step, adopted and permanent foster children).

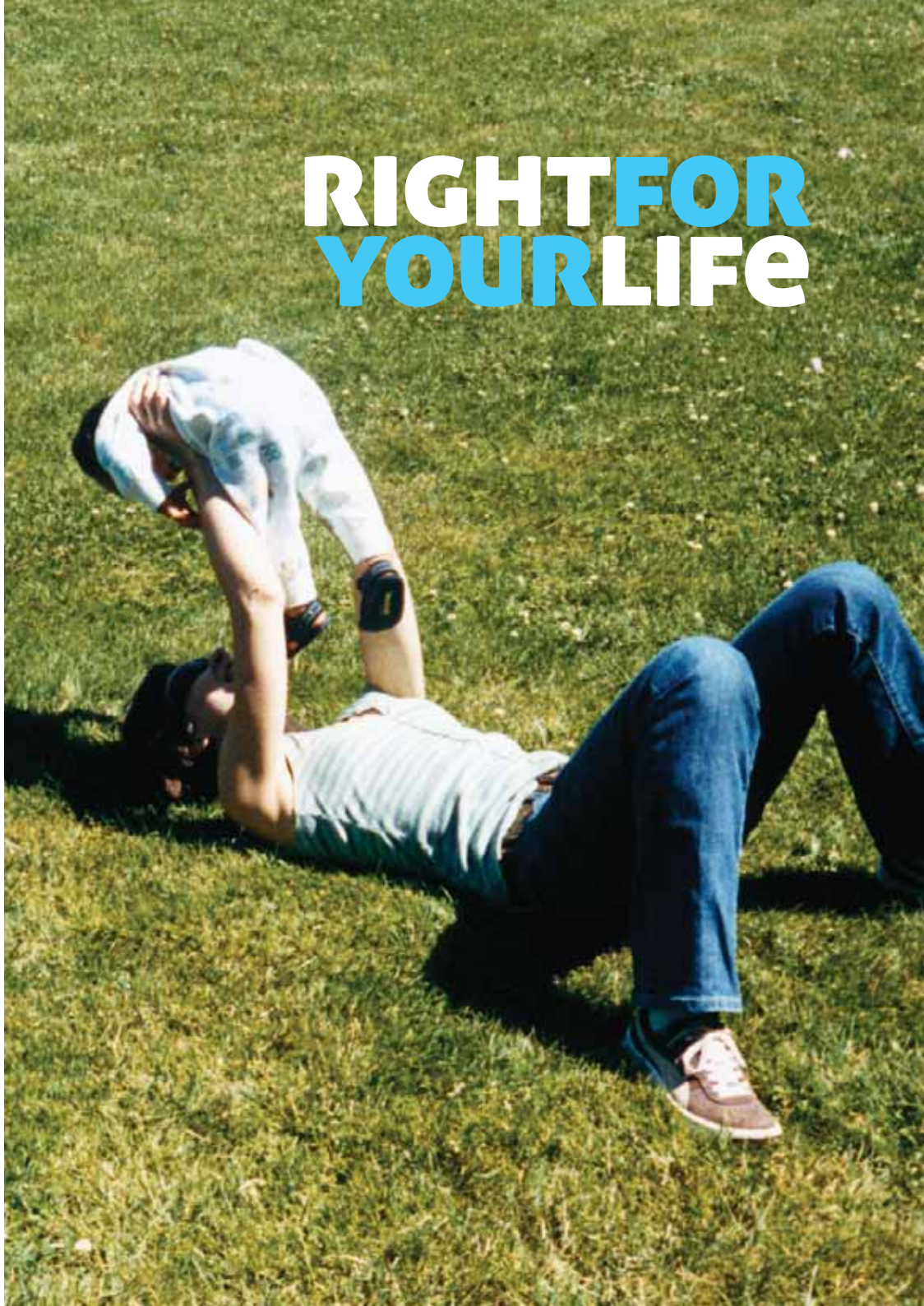
Family Memberships also cover any student dependants who are under 25 years old, are single and are undertaking a full-time apprenticeship, a full-time traineeship or are full-time students at a school, college, university or institution recognised by GMHBA and primarily relies on you (the fund member) for maintenance and support.

### Single Parents Membership

GMHBA offers hospital cover especially designed for Single Parents with coverage for you and your child dependants (as defined under Family Membership). See page 20-21 for more details.

**Please note:** These cover types are a reference guide only and should be read in conjunction with the information in this member guide. If you prefer to speak to a trained health insurance consultant please call 1300 446 422..





# Hospital covers

## Platinum Hospital Page 16

Comprehensive cover for total peace of mind with increased medical gap coverage and a single room guarantee in a Private Hospital.

## Gold Hospital Page 18

High level of cover for a wide range of treatments in a Private Hospital with medical gap benefits.

## Silver Hospital Pages 20 or 22

### Silver Hospital Single Parents

Moderate level of cover for common treatments in a Private Hospital, excluding a select range of treatments and services to help reduce the premiums.

### Silver Hospital

Moderate level of cover for common treatments in a Private Hospital excluding a range of treatments and services to help reduce the premiums.

## Bronze Hospital Page 24

Basic level of cover for treatment as a Private Patient in a Public Hospital with some exclusions to reduce the premiums.

### Excess options

You can reduce the cost of your hospital cover by choosing a calendar year excess. There are three different excess levels available:

| Excess | Single | Couples & Families |
|---|---|---|
| Level 0 | Nil | Nil |
| Level 1 | $250 | $500 |
| Level 2 | $500 | $1,000 |

Silver Hospital Single Parents cover is only available with a calendar year excess:

| Cover | Excess |
|---|---|
| Silver Hospital Single Parents | $200 |

# Extras cover

## Platinum Extras Page 28

Comprehensive cover on an extensive range of services for total peace of mind. Get more back with higher benefits and increased annual limits.

## Gold Extras Page 28

High level of cover on a wide range of services with generous benefits and annual limits.

## Silver Extras Page 28

Moderate level of cover on a commonly used range of services with a medium level of benefits and annual limits.

## Bronze Extras Page 28

Basic level of cover on a limited range of extras services. Basic benefits and annual limits apply.

# Combined packages

## Silver Everyday Package Page 48

Moderate level of cover for common hospital and extras treatments and services. Excludes a range of services and treatments to help reduce the premium.

(This cover is available to families, couples, single parents and singles)

## Silver Young Singles Package Page 50

Moderate level of cover for common hospital and extras treatments and services. Excludes a range of services and treatments that young singles may not need to help reduce the premium.

(This cover is only available as a single cover)

## Bronze Young Singles Package Page 52

Basic hospital and extras package that covers you as a private patient in a public hospital. Excludes a range of services and treatments to help reduce the premium.

(This cover is only available as a single cover)

Combined package products detailed above are fixed packages. All packages include an excess and exclusions. If a combined package is not suitable, you may consider mixing and matching a standalone hospital cover with an extras cover.


# Waiting periods

## What are waiting periods?

A waiting period is the time between joining GMHBA and when you can start claiming. Waiting periods exist to protect members' funds from those who wait until they are sick to join a health fund claiming large sums immediately.

Waiting periods apply to:

- New members to health insurance (members who have never held hospital or extras cover with a health fund).
- Existing GMHBA members who upgrade to a higher level of cover or reduce their excess payable.
- Members who transfer from another health fund who have not fully served the required waiting and/or benefit limitation period for equivalent benefits.
- Treatment for a pre-existing condition.

## Waiting periods

| Hospital services (when included on cover) | Waiting period |
|---|---|
| Accidents – bodily injuries resulting from accidents which occur after the date of joining GMHBA or upgrading to a higher cover. | No waiting period |
| Obstetrics and maternity. | 12 months |
| Pre-existing ailment, illness or condition (other than psychiatric, rehabilitation and palliative care). | 12 months |
| Any other benefit for hospital (or hospital substitution) treatment. | 2 months |

| Extras services (when included on cover) | Waiting period |
|---|---|
| All extras benefits except as specified below. | 2 months |
| Optical. | 6 months |
| Major dental services (including full & partial dentures, orthodontics, crown & bridgework, endodontic services such as root canal, gold fillings, indirect restorations, surgical extractions of a tooth/teeth including wisdom teeth). | 12 months |
| Health appliances including nebuliser pump, blood glucose monitor, pressure garments, sleep apnoea monitor, extremity pump, hearing aids, orthopaedic appliances (GMHBA approved), prostheses (GMHBA approved non-surgical), tens monitor, podiatry surgical procedures and orthotic appliances (foot). | 12 months |

# HOSPITAL COVER



Hospital Cover

# Quick Hospital Cover Comparison

**This table provides a quick comparison of the main features of GMHBA's hospital covers and must be read in conjunction with the detailed information in this member guide.**

✓ Cover provided in participating private hospital.

☑ Public hospital cover as a private patient only. Not recommended for private hospital treatment.

✗ No benefits payable.

# Partial Coverage, a co-payment of $100 per day applies up to a maximum of $700 per admission.

^ Benefits for a single room in a public hospital will result in significant out-of-pocket expenses.

a. We will pay you $50 per day (up to a maximum of $150 for 3 days) if you stay in a shared room when you requested a single room. See page 71 for more details.

b. A pre-existing condition (PEC) is one where signs or symptoms of your ailment, illness or condition, in the opinion of a medical practitioner appointed by GMHBA (not your own doctor), existed at any time during the six months preceding the day on which you purchased your hospital cover or upgraded to a higher level of hospital cover and/or benefit entitlement. Please refer to pages 69 & 72 for more information.

c. Limited benefits may apply to high cost drugs. Drugs purchased outside of the hospital are not included.

d. If the fund believes that a patient, following a review of the case (on the basis of information provided by the hospital either internally or using an agreed independent source), is not receiving acute care after 35 days continuous hospitalisation, GMHBA benefits will be reduced to Nursing Home Type Patients benefits and will be paid in accordance with the default benefit determined by the Health Department. All Nursing Home Type Patients are required to pay part of the cost of hospital accommodation.

e. During the first 24 months of cover (after the standard hospital waiting periods have been served), benefits payable for these services will be limited to Public Hospital benefits only. See page 61 for more information.

f. Benefits are no higher than the No Gap Government prescribed benefit.

| | Platinum Hospital | Gold Hospital | Silver Hospital Single Parents | Silver Hospital | Bronze Hospital |
|---|---|---|---|---|---|
| Accidents | ✓ | ✓ | ✓ | ✓ | ☑ |
| Single Room Guarantee[a] | ✓ | ✗ | ✗ | ✗ | ✗ |
| Accommodation – single room (where available) | ✓ | ✓ | # | # | ^ |
| Accommodation – shared room | ✓ | ✓ | ✓ | ✓ | ☑ |
| Admission excess waiver for child dependants aged under 21 | ✓ | ✓ | ✓ | ✗ | ✗ |
| Broader Health Cover | ✓ | ✓ | ✓ | ✓ | ☑ |
| Cataract surgery and corneal transplants[b] | ✓ | ✓ | ✓ | ✗ | ☑ |
| Cosmetic surgery[b] (limited benefits – see page 72) | ✓ | ✓ | ✓ | ✗ | ☑ |
| Delivery suite[b] | ✓ | ✓ | ✗ | ✗ | ☑ |
| Dental Implants | ✓ | ✓ | ✗ | ✗ | ☑ |
| Gastric banding and all obesity surgeries[b] | ✓ | ✓[e] | ✗ | ✗ | ✗ |
| Haemodialysis[b] | ✓ | ✓[e] | ✗ | ✗ | ✗ |
| Intensive and coronary care[b] | ✓ | ✓ | ✓ | ✓ | ☑ |
| IVF and related services[b] | ✓ | ✓ | ✗ | ✗ | ☑ |
| Joint reconstruction eg knee[b] | ✓ | ✓ | ✓ | ✓ | ☑ |
| Joint replacement eg hip[b] | ✓ | ✓ | ✓ | ✗ | ☑ |
| Medical gap cover | ✓ | ✓ | ✓ | ✓ | ☑ |
| Medical gap cover – increased benefit | ✓ | ✗ | ✗ | ✗ | ✗ |
| Nursing home type patients[d] | ✓ | ✓ | ✓ | ✓ | ☑ |
| Obstetrics[b] | ✓ | ✓ | ✗ | ✗ | ☑ |
| Other agreed charges[c] | ✓ | ✓ | ✓ | ✓ | ☑ |
| Participating private hospital | ✓ | ✓ | ✓ | ✓ | ✗ |
| Psychiatric | ✓ | ✓[e] | ✓[e] | ✓[e] | ☑ |
| Rehabilitation | ✓ | ✓ | ✓ | ✓ | ☑ |
| Same day treatment[b] | ✓ | ✓ | ✓ | ✓ | ☑ |
| Surgically implanted prostheses (Government Prosthesis List group benefits)[f] | ✓ | ✓ | ✓ | ✓ | ☑ |
| Theatre[b] | ✓ | ✓ | ✓ | ✓ | ☑ |





Hospital Cover

# Platinum Hospital

**Platinum Hospital gives you comprehensive cover for total peace of mind with increased medical gap coverage and a single room guarantee.[1]**

## What is covered in a participating private hospital?

Platinum Hospital provides cover[2] at participating private hospitals for:

- ✓ Private hospital accommodation*
- ✓ Single room guarantee[1]
- ✓ Increased medical gap cover (see pages 26-27 for details)
- ✓ Delivery suite
- ✓ Theatre
- ✓ Intensive and coronary care
- ✓ Same day treatment
- ✓ Surgically implanted prostheses (Government Prosthesis List group benefits)[3]
- ✓ Other agreed charges.

## What is covered in a public hospital?

You will be covered[2] for hospital accommodation costs when you are admitted to a single or shared room (subject to bed availability) as a private patient in a public hospital.

## Increased medical gap cover

Platinum Hospital provides members with access to increased benefits when treated by a doctor or specialist if admitted to hospital. As a member on our comprehensive cover you will have a higher level of protection by receiving more back on selected services.

We recommend you contact us for a benefit estimate before commencing treatment to confirm the benefit payable.

## Excess options

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

| Excess options table | Level 0 excess | Level 1 excess | Level 2 excess |
|---|---|---|---|
| Admission excess (private hospital – overnight) | nil | $250 | $500 |
| Admission excess (public hospital or day stay) | nil | $125 | $250 |
| Maximum annual excess – per person | nil | $250 | $500 |
| Maximum annual excess – singles | nil | $250 | $500 |
| Maximum annual excess – families | nil | $500 | $1,000 |

To find out more about excess payments see page 66.

No excess applies for child dependants under 21 on Platinum Hospital cover.

***Other private hospitals**

Fixed benefits are payable in non-participating private hospitals (see page 69 for more details).

**Waiting periods**

Please refer pages 11 and 72-73 regarding waiting periods and pre-existing conditions.

1. We will pay you $50 per day (up to a maximum of $150 for 3 days) if you stay in a shared room when you requested a single room. See page 71 for more details.
2. Limited benefits may apply to cosmetic surgery and high cost drugs. Drugs purchased outside of the hospital are not included.
3. Benefits are no higher than the No Gap Government prescribed benefit.





Hospital Cover

# Gold Hospital

## Gold Hospital gives you a high level of cover for a wide range of treatments with medical gap benefits.

### What is covered in a participating private hospital?

Gold Hospital provides cover[1] at participating private hospitals for:

- ✓ Private hospital accommodation* in a shared or single room (where available)
- ✓ Medical gap (see pages 26-27 for details)
- ✓ Delivery suite
- ✓ Theatre
- ✓ Intensive and coronary care
- ✓ Same day treatment
- ✓ Surgically implanted prostheses (Government Prosthesis List group benefits)[2]
- ✓ Other agreed charges.

### What is covered in a public hospital?

You will be covered[1] for hospital accommodation costs when you are admitted to a single or shared room (subject to bed availability) as a private patient in a public hospital.

### Healthy Start Benefit

Gold Hospital cover provides an additional benefit of up to $500 per childbirth admission to help cover the obstetrician's medical gap (inpatient services only). For further details see page 67.

1. Limited benefits may apply to cosmetic surgery and high cost drugs. Drugs purchased outside of the hospital are not included.
2. Benefits are no higher than the No Gap Government prescribed benefit.

### Excess options

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

| Excess options table | Level 0 excess | Level 1 excess | Level 2 excess |
|---|---|---|---|
| Admission excess (private hospital – overnight) | nil | $250 | $500 |
| Admission excess (public hospital or day stay) | nil | $125 | $250 |
| Maximum annual excess – per person | nil | $250 | $500 |
| Maximum annual excess – singles | nil | $250 | $500 |
| Maximum annual excess – families | nil | $500 | $1,000 |

To find out more about excess payments see page 66.

No excess applies for child dependants under 21 on Gold Hospital cover.

### *Other private hospitals

Fixed benefits are payable in non-participating private hospitals (see page 69 for more details).

### Waiting periods

Please refer to the information on pages 11 and 72-73 regarding waiting periods and pre-existing conditions.

### Benefit limitation periods

A 24 month benefit limitation period applies to the following services:
– Psychiatric
– Haemodialysis
– Gastric banding and all obesity surgeries
See page 61 for more information.





Hospital Cover

# Silver Hospital Single Parents

**As a single parent family, you can select any level of cover – or you can save with our special Silver Hospital Single Parents' cover.**

**Silver Hospital Single Parents gives you a moderate level of cover for common treatments in a Private Hospital, excluding a select range of treatments and services to help reduce the premium.**

## What is covered in a participating private hospital?

For services not listed under 'exclusions', Silver Hospital Single Parents cover provides cover[1] at participating private hospitals for:

- ✓ Hospital accommodation* in a shared room
- ✓ Partial cover in a single room (a co-payment of $100 per day, capped at seven days per admission applies)[2]
- ✓ Medical gap (see pages 26-27 for details)
- ✓ Theatre
- ✓ Intensive and coronary care
- ✓ Same day treatment
- ✓ Surgically implanted prostheses (Government Prosthesis List group benefits)[3]
- ✓ Other agreed charges.

## What is covered in a public hospital?

For services not listed under 'exclusions' Silver Hospital Single Parents provides cover[1] as a private patient in a public hospital for accommodation in a shared room or partial cover in a single room (co-payments of $100 per day apply for single rooms, capped at seven days per admission).

## Exclusions

To reduce the premium, Silver Hospital Single Parents excludes the following services:

- ✗ Obstetrics.
- ✗ IVF and related services.
- ✗ Haemodialysis.
- ✗ Gastric banding and all obesity surgeries.
- ✗ Dental implants.

1. Limited benefits may apply to cosmetic surgery and high cost drugs. Drugs purchased outside of the hospital are not included.
2. **Please note:** Some Private Hospitals only have single rooms and co-payments will apply.
3. Benefits are no higher than the No Gap Government prescribed benefit.

## Excess options

The Silver Hospital Single Parents cover is only available with a calendar year excess. This excess reduces your premium and you will not pay the calendar year excess unless you are admitted to hospital.

| Admission type | Excess |
|---|---|
| Admission excess (private hospital – overnight) | $100 |
| Admission excess (public hospital or day stay) | $50 |
| Maximum annual excess – per person | $100 |
| Maximum annual excess | $200 |

To find out more about excess payments see page 66.

No excess applies for child dependants under 21 on Silver Hospital Single Parents cover.

***Other private hospitals**

Fixed benefits are payable in non-participating private hospitals (see page 69 for more details).

**Waiting periods**

Please refer to the information on pages 11 and 72-73 regarding waiting periods and pre-existing conditions.

**Benefit limitation periods**

A 24 month benefit limitation period applies to the following service:
– Psychiatric
See page 61 for more information.





Hospital Cover

# Silver Hospital

**Silver Hospital gives you a moderate level of cover for common treatments in a Private Hospital, excluding a range of treatments and services to help reduce the premium.**

## What is covered in a participating private hospital?

For services not listed under 'exclusions', Silver Hospital provides cover[1] at participating private hospitals for:

- ✓ Hospital accommodation* in a shared room
- ✓ Partial cover in a single room (a co-payment of $100 per day, capped at seven days per admission applies)[2]
- ✓ Medical gap (see pages 26-27 for details)
- ✓ Theatre
- ✓ Intensive and coronary care
- ✓ Same day treatment
- ✓ Surgically implanted prostheses (Government Prosthesis List group benefits)[3]
- ✓ Other agreed charges.

## What is covered in a public hospital?

For services not listed under 'exclusions', Silver Hospital provides cover[1] as a private patient in a public hospital for accommodation in a shared room or partial cover in a single room (co-payments of $100 per day apply for single rooms, capped at seven days per admission).

## Exclusions

To reduce the premium, Silver Hospital excludes the following services:

- ✗ Obstetrics.
- ✗ Joint replacement.
- ✗ Cosmetic surgery.
- ✗ IVF and related services.
- ✗ Cataract surgery and corneal transplants.
- ✗ Haemodialysis.
- ✗ Gastric banding and all obesity surgeries.
- ✗ Dental implants.

1. Limited benefits may apply to high cost drugs. Drugs purchased outside of the hospital are not included.
2. **Please note:** Some Private Hospitals only have single rooms and co-payments will apply.
3. Benefits are no higher than the No Gap Government prescribed benefit.

## Excess options

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

| Excess options table | Level 0 excess | Level 1 excess | Level 2 excess |
|---|---|---|---|
| Admission excess (private hospital – overnight) | nil | $250 | $500 |
| Admission excess (public hospital or day stay) | nil | $125 | $250 |
| Maximum annual excess – per person | nil | $250 | $500 |
| Maximum annual excess – singles | nil | $250 | $500 |
| Maximum annual excess – families | nil | $500 | $1,000 |

To find out more about excess payments see page 66.

Unlike Platinum, Gold, Silver Hospital Single Parents covers; an excess applies for child dependants on all Silver Hospital covers.

### *Other private hospitals

Fixed benefits are payable in non-participating private hospitals (see page 69 for more details).

### Waiting periods

Please refer to the information on pages 11 and 72-73 regarding waiting periods and pre-existing conditions.

### Benefit limitation periods

A 24 month benefit limitation period applies to the following service:
– Psychiatric
See page 61 for more information.





Hospital Cover

# Bronze Hospital

**Offering an affordable, basic level of cover for treatment as a Private Patient in a Public Hospital, Bronze Hospital gives you a reduced premium because certain treatments and services are excluded.**

**This is an ideal option if you primarily want to avoid the Medicare Levy surcharge (details on pages 56 & 68) or lock in your Lifetime Health Cover (details on pages 58-59) certified age of entry.**

## What is covered in a public hospital?

Bronze Hospital provides cover for accommodation costs when you are admitted to a shared room in a recognised public hospital, less any applicable excess. This is for services not listed under 'exclusions' and is subject to bed availability.[1]

## What is covered in a private hospital?

For services not listed under 'exclusions', fixed benefits are payable for accommodation in private hospitals. The benefit depends on the type of treatment, accommodation or surgery received and length of the hospital stay. Additional private hospital costs such as theatre and delivery suite charges are not covered through Bronze Hospital.

## Additional benefits

In both public and private hospitals, our Bronze Hospital cover includes benefits for:

- ✓ Medical gap (see pages 26-27 for details)
- ✓ Surgically implanted prostheses (Government Prosthesis List group benefits)[2]
- ✓ Nursing home type patients – Government prescribed benefits are available towards non-acute hospital care.

As a Private Patient in a public hospital you may have the choice of doctor if that doctor is available and has the rights of private practice at that hospital. Depending on the situation this may or may not be the same doctor who would have been allocated to you by the hospital as a public patient.

## Exclusions

To reduce the premium, Bronze Hospital excludes the following services:

- ✗ Haemodialysis
- ✗ Gastric banding and all obesity surgeries.

## Excess options

You can reduce your premium by selecting an excess payable once every calendar year. Choose from one of the following excess options:

| Excess options table | Level 0 excess | Level 1 excess | Level 2 excess |
|---|---|---|---|
| Maximum annual excess – per person | nil | $250 | $500 |
| Maximum annual excess – singles | nil | $250 | $500 |
| Maximum annual excess – families | nil | $500 | $1,000 |

To find out more about excess payments see page 66.

Unlike Platinum, Gold, Silver Hospital Single Parents covers; an excess applies for child dependants on all Bronze Hospital covers.

**Waiting periods**

Please refer to pages 11 and 72-73 regarding waiting periods and pre-existing conditions.

**Please note:** Benefits for a single room in a public hospital or treatment in a private hospital when using Bronze Hospital cover will result in significant out-of-pocket expenses. For further information on private patient benefits on Bronze Hospital cover, please call us on 1300 446 422.

1. Limited benefits may apply to high cost drugs. Drugs purchased outside of the hospital are not included.
2. Benefits are no higher than the No Gap Government prescribed benefit.





Hospital Cover

# 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.

## What is a scheduled fee (MBS)?

The Federal Government has created a schedule of fees (Medicare Benefits Schedule) set for eligible services by doctors in a hospital or day surgery. Medicare pays 75% of this scheduled fee for in-patient medical treatments and GMHBA pays the other 25%, up to 100% of the Medical Benefit Schedule (MBS) fee.

## Gold, Silver and Bronze Hospital

In the event that your doctor chooses to use GMHBA's medical gap cover and 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.

**Please note:** Additional medical gap benefits may not be payable towards the cost of imaging or pathology services. Contact GMHBA on 1300 446 422 for details.

## 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 patient 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.

## Multiple doctors

If other doctors are involved in your treatment (such as anaesthetists) you should ask GMHBA, your doctor or the other medical professionals if they will be using GMHBA's medical gap cover system. If they choose not to, you will still receive a combined Medicare and GMHBA benefit of up to 100% of the MBS fee and (if applicable) any GMHBA member 'Connect Rewards Plus' dollars you may have accrued for medical out of pocket costs that exist.

The participation in GMHBA's medical gap cover by any medical practitioner is not a recommendation or endorsement by GMHBA of that practitioner.

## Platinum Hospital

GMHBA's Platinum Hospital product provides medical gap cover regardless of whether your doctor participates or not. Where the actual fee for the anticipated service is greater than the MBS fee, an additional medical gap benefit will be paid for you, which in most cases will be in excess of 20% of the MBS fee for each service, as paid under our Gold, Silver and Bronze Hospital covers. The additional medical gap benefit under the Platinum Hospital cover will vary by eligible service, please contact GMHBA prior to treatment to determine your additional medical gap cover benefit.

**Please note:** Additional medical gap benefits may not be payable towards the cost of imaging or pathology services. Contact GMHBA on 1300 446 422 for details.

### Important

This information is provided as a guide only. Before you have any treatment, we suggest you contact us for the most up to date information.

### In an emergency

In the case of an emergency, it may not be possible for a participating doctor to advise you of their fees in advance. Please contact us should this occur.





Hospital Cover

# extras cover



Extras Cover

# GMHBA extras covers

## Coverage comparison table

This table details your extras options at a glance using an easy to follow star system.

The more stars shown, the better the coverage and benefits.

For a more detailed benefits comparison see pages 32-45.

# Remedial massage benefits and reimbursement of an Ambulance subscription from your state or territory Ambulance scheme are only available under Connect Rewards Plus as detailed on pages 54-55.

| Extras services | Standalone and combined extras products | | | | Package product extras | | |
|---|---|---|---|---|---|---|---|
| | Platinum Extras | Gold Extras | Silver Standard Extras | Bronze Extras | Silver Everyday Package | Silver Young Singles Package | Bronze Young Singles Package |
| Acupuncture | ★★★★★ | ★★★★ | ★★★ | | ★★★ | ★ | ★ |
| Ambulance | ★★★★ | ★★★★ | ★★★★ | # | ★★★★ | # | ★★★ |
| Audiology | ★★★★ | ★★★★ | ★★★ | | ★★★ | | |
| Blood glucose monitor | ★★★★ | ★★★★ | ★★★ | | ★★★ | | |
| Chiropractic | ★★★★★ | ★★★★ | ★★★ | | ★★★ | ★ | ★ |
| Dental – General | ★★★★ | ★★★★ | ★★★ | ★★★ | ★★★ | ★★ | ★★ |
| Dental – Major | ★★★★ | ★★★★ | ★★★ | ★★★ | ★★★ | ★★ | ★★ |
| Dental – Dentures | ★★★★ | ★★★★ | ★★★ | ★★★ | ★★★ | ★★ | ★★ |
| Dental – Orthodontics | ★★★★ | ★★★★ | ★★★ | ★★ | ★★★ | ★★ | ★★ |
| Dietetics | ★★★★ | ★★★★ | ★★★ | | ★★★ | | |
| Extremity pump | ★★★★ | ★★★★ | ★★★★ | | ★★★★ | | |
| Eye therapy | ★★★★ | ★★★★ | ★★★ | | ★★★ | | |
| Dietary fluoride supplement | ★★★★ | ★★★★ | ★★★★ | ★★★★ | ★★★★ | | |
| Foot orthotics | ★★★★ | ★★★★ | ★★★ | | ★★★ | | |
| Hearing aids | ★★★★ | ★★★★ | ★★★ | | ★★★ | | |
| Home nursing – Visiting/Bush/Private Nursing Service | ★★★★ | ★★★★ | ★★★★ | | ★★★★ | | |
| Homeopathy | ★★★★★ | ★★★★ | ★★★ | | ★★★ | ★ | ★ |
| Hydrotherapy | ★★★★★ | ★★★★ | ★★★ | ★★★ | ★★★ | ★ | ★ |
| Myotherapy | ★★★★★ | ★★★★ | ★★★ | ★★★ | ★★★ | ★ | ★ |
| Naturopathy | ★★★★★ | ★★★★ | ★★★ | | ★★★ | ★ | ★ |
| Nebuliser pump | ★★★★ | ★★★★ | ★★★★ | | ★★★★ | | |
| Occupational therapy | ★★★★ | ★★★★ | ★★★ | ★★★ | ★★★ | | |
| Optical | ★★★★★ | ★★★★ | ★★★ | ★★★ | ★★★ | ★★ | ★★ |
| Orthopaedic appliances (GMHBA approved) | ★★★★ | ★★★★ | ★★★ | ★★★ | ★★★ | | |
| Osteopathy | ★★★★★ | ★★★★ | ★★★ | | ★★★ | ★ | ★ |
| Pharmacy – Private script | ★★★★ | ★★★★ | ★★★ | ★★★ | ★★★ | | |
| Physiotherapy | ★★★★★ | ★★★★ | ★★★ | ★★★ | ★★★ | ★ | ★ |
| Podiatry – Consultation | ★★★★ | ★★★★ | ★★★ | | ★★★ | | |
| Podiatry – Surgical procedures | ★★★★ | ★★★★ | ★★★ | | ★★★ | | |
| Pressure garments (GMHBA approved) | ★★★★ | ★★★★ | ★★★ | | ★★★ | | |
| Prostheses (GMHBA approved non-surgical) | ★★★★ | ★★★★ | ★★★ | ★★★ | ★★★ | | |
| Psychology | ★★★★ | ★★★★ | ★★★ | | ★★★ | | |
| Remedial massage | ★★★★★ | ★★★★ | # | # | # | # | # |
| Sleep apnoea monitor | ★★★★ | ★★★★ | ★★★★ | | ★★★★ | | |
| Speech therapy | ★★★★ | ★★★★ | ★★★ | | ★★★ | | |
| Tens monitor | ★★★★ | ★★★★ | ★★★★ | | ★★★★ | | |
| Weight loss programs | ★★★★★ | | | | | | |





Extras Cover

# Detailed extras comparison

| Extras services | Waiting Periods | Platinum Extras | Gold Extras | Silver Standard Extras | Bronze Extras | Silver Everyday Package^ | Silver Young Singles Package^ | Bronze Young Singles Package^ |
|---|---|---|---|---|---|---|---|---|
| **Acupuncture** see Naturopathy/Homeopathy/Acupuncture | 2 months | | | | | | | |
| **Ambulance subscription/transport**[1] | N/A | | | | | | | |
| Annual subscription refund | | 100% | 100% | 100% | | 100% | | 100% |
| Transport benefit (per trip) | | $300 | $300 | $300 | | $300 | | |
| Annual limit per person each calendar year | | $500 | $500 | $500 | | $500 | | |
| **Audiology** | 2 months | | | | | | | |
| Initial visit | | 80% | $25 | $25 | | $25 | | |
| Subsequent visit | | 80% | $20 | $20 | | $20 | | |
| Annual limit per person each calendar year | | $350 | $350 | $400[2] | | $400[2] | | |
| **Blood glucose monitor** | 12 months | | | | | | | |
| Benefit | | 80% up to $650 per monitor[3a] | $200[3b] | $150[3b] | | $150[3b] | | |
| **Chiropractic/Osteopathy**[4] | 2 months | | | | | | | |
| Initial visit | | 80% | $26 | $25 | | $25 | $17 | $17 |
| 2-10 subsequent visits | | 80% | $21 | $17 | | $17 | $17 | $17 |
| Further visits | | 80% | $17 | $15 | | $15 | $17 | $17 |
| Chiropractic x-ray (1 per person) | | $80 | $80 | $40 | | $40 | | |
| Annual limit per person/single membership each calendar year | | $700[5] | $350[6] | $350[7] | | $350[7] | $350[8] | $350[8] |
| Annual limit per family membership each calendar year | | $1,000[5] | $700[6] | $600[7] | | $600[7] | | |

All extras services must be provided by practitioners in private practice who are appropriately registered with recognised bodies approved by GMHBA.

We recommend you call 1300 446 422 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.

^ Silver Everyday extras, Silver Young Singles extras and Bronze Young Singles extras are only available within a combined hospital and extras package. See pages 48-53.

**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 or territory. You can claim a refund on one ambulance subscription per membership each calendar year under Platinum Extras, Gold Extras, Silver Standard Extras, Silver Everyday Package or Bronze Young Singles Package. Single members may claim 50% of cost when a family ambulance subscription is purchased.

Under Platinum Extras, Gold Extras, Silver Standard Extras and Silver Everyday Package a transport benefit per trip is claimable (see table opposite) however this will not cover the entire cost and therefore will result in significant out of pocket costs. Publicly funded ambulance services and State Government Ambulance transport schemes are excluded.

**2. Audiology –** The annual limit of $400 per person each calendar year includes combined benefits for audiology, speech therapy and eye therapy.

**3a. 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. Up to 80% per monitor to a maximum of $650, combined limit for blood glucose monitor, nebuliser pump, tens monitor and sleep apnoea monitor.

**3b. 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 excluding Bronze Young Singles Package and Silver Young Singles package. Benefits will be paid for one consultation and/or treatment per provider per day.

**5. Chiropractic/Osteopathy –** The annual limit of $700 per person/single membership and $1,000 per family membership each calendar year includes combined benefits for chiropractic (including chiropractic x-rays) and osteopathy.

**6. Chiropractic/Osteopathy –** The annual limit of $350 per person/single membership and $700 per family membership each calendar year includes combined benefits for chiropractic (including chiropractic x-rays) and osteopathy.

**7. Chiropractic/Osteopathy –** 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.

**8. Chiropractic/Osteopathy –** The annual limit of $350 per single membership each calendar year includes combined benefits for chiropractic (excluding x-rays), osteopathy, naturopathy, homeopathy, acupuncture, physiotherapy, myotherapy and hydrotherapy.





Extras Cover

# Detailed extras comparison

| Extras services | Waiting Periods | Platinum Extras | Gold Extras | Silver Standard Extras | Bronze Extras | Silver Everyday Package^ | Silver Young Singles Package^ | Bronze Young Singles Package^ |
|---|---|---|---|---|---|---|---|---|
| **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 | | 85% up to $500 per year incr. to $850 at 10 years | 85% up to $450 per year incr. to $850 at 10 years | 75% up to $320 per year incr. to $570 at 6 years | 75% up to $300 per year | 75% up to $320 per year incr. to $570 at 6 years | 75% up to $300 per year | 75% up to $300 per year |
| Maximum benefit per course of treatment | | $2,550 | $2,550 | $1,710 | $900 | $1,710 | $900 | $900 |
| Lifetime benefit limit | | $2,900 | $2,900 | $1,900 | $1,050 | $1,900 | $1,050 | $1,050 |
| **Dentures** (see important note for dental) | 12 months | | | | | | | |
| New full upper and lower dentures per 2 years | | $500 | $500 | $420 | $420 | $420 | $420 | $420 |
| **Combined crown and bridgework** (see important note for dental) | 12 months | | | | | | | |
| Annual limit per person each calendar year | | $900 | $600 | $450 | $450 | $450 | $450 | $450 |
| **Indirect restorations** (see important note for dental) | 12 months | | | | | | | |
| Annual limit per person/single membership each calendar year | | $400 | $400 | $350 | $350 | $350 | $350 | $350 |
| Annual limit per family membership each calendar year | | $700 | $700 | $700 | $700 | $700 | | |
| **Implants** (see important note for dental) | 12 months | | | | | | | |
| Annual limit per person each calendar year | | $400 | $400 | $400 | $400 | $400 | $400 | $400 |
| **General dental** (For more information see general dental note) | 2 months | | | | | | | |
| a. Diagnostic services | 2 months | Set benefits apply | Set benefits apply | Set benefits apply | Set benefits apply | Set benefits apply | Set benefits apply | 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. See preventive dental note. | 2 months | Up to $450 per person | Up to $300 per person | Up to $200 per person | Up to $200 per person | Up to $200 per person | Up to $200 per person | Up to $200 per person |
| c. Simple extractions (not including surgical extractions of wisdom teeth) | 2 months | Set benefits apply | Set benefits apply | Set benefits apply | Set benefits apply | Set benefits apply | Set benefits apply | Set benefits apply |
| d. Restorative services (limited benefits apply to precious restorations) | 2 months | Set benefits apply | Set benefits apply | Set benefits apply | Set benefits apply | Set benefits apply | Set benefits apply | Set benefits apply |
| **Annual limit** (see important note for Dental note) | 12 months | | | | | | | |
| Annual limit per person each calendar year | | $2,000 | $2,000 | $1,000 | $1,000 | $1,000 | $500 | $500 |

All extras services must be provided by practitioners in private practice who are appropriately registered with recognised bodies approved by GMHBA.

We recommend you call 1300 446 422 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.

^ Silver Everyday extras, Silver Young Singles extras and Bronze Young Singles extras are only available within a combined hospital and extras package. See pages 48-53.

**Important Note: The table opposite must be read along with the footnotes below.**

**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 e.g. the individual benefit for one crown on Platinum or Gold Extras is $300.

**General Dental –** There are a range of dental procedures that cannot be claimed when provided on the same day eg a filling on a tooth that has been removed. There are also limits on the number of dental procedures you can have eg 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 consultation are available each calendar year.

**Preventative Dental –** A detailed list of item numbers and definition of benefits payable under preventative dental can be found on page 63.

# Detailed extras comparison

| Extras services | Waiting Periods | Platinum Extras | Gold Extras | Silver Standard Extras | Bronze Extras | Silver Everyday Package^ | Silver Young Singles Package^ | Bronze Young Singles Package^ |
|---|---|---|---|---|---|---|---|---|
| **Dietetics** | 2 months | | | | | | | |
| Initial visit | | 80% | $54 | $27 | | $27 | | |
| Subsequent visit | | 80% | $25 | $21 | | $21 | | |
| Class attendance | | 80% | $10 | $10 | | $10 | | |
| Annual limit per person each calendar year | | $350 | $350 | $350 | | $350 | | |
| **Extremity pump**[9] | 12 months | | | | | | | |
| Benefit | | $300 | $300 | $300 | | $300 | | |
| **Eye therapy and speech therapy** | 2 months | | | | | | | |
| Initial visit | | 80% | $54 | $27 | | $27 | | |
| Subsequent visit | | 80% | $25 | $21 | | $21 | | |
| Annual limit per person each calendar year | | $500[10] | $500[10] | $400[11] | | $400[11] | | |
| **Fluoride dietary supplement**[12] | 2 months | | | | | | | |
| Benefit of up to | | 80% | 85% | 85% | 85% | 85% | | |
| Maximum benefit per person each calendar year | | $45 | $45 | $45 | $45 | $45 | | |
| **Hearing aids** | 12 months | | | | | | | |
| Benefit of up to | | 100% | 100% | 80% | | 80% | | |
| Maximum benefit per person every 3 years | | $800 | $800 | $400 | | $400 | | |
| **Homeopathy** see Naturopathy/Homeopathy/Acupuncture | 2 months | | | | | | | |
| **Myotherapy** see Physiotherapy/Myotherapy/ Hydrotherapy | 2 months | | | | | | | |

All extras services must be provided by practitioners in private practice who are appropriately registered with recognised bodies approved by GMHBA.

We recommend you call 1300 446 422 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.

^ Silver Everyday extras, Silver Young Singles extras and Bronze Young Singles extras are only available within a combined hospital and extras package. See pages 48-53.

**Important Note: The table opposite must be read along with the footnotes below.**

**9. 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.

**10. Eye therapy and speech therapy** – The annual limit of $500 per person each calendar year includes $500 for eye therapy and $500 for speech therapy.

**11. 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.

**12. 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.





Extras Cover

# Detailed extras comparison

| Extras services | Waiting Periods | Platinum Extras | Gold Extras | Silver Standard Extras | Bronze Extras | Silver Everyday Package^ | Silver Young Singles Package^ | Bronze Young Singles Package^ |
|---|---|---|---|---|---|---|---|---|
| **Naturopathy/Homeopathy/Acupuncture[13]** | 2 months | | | | | | | |
| Initial visit | | 80% | $25 | $19 | | $19 | $17 | $17 |
| 2-10 subsequent visits | | 80% | $20 | $17 | | $17 | $17 | $17 |
| Further visits | | 80% | $17 | $14 | | $14 | $17 | $17 |
| Annual limit per person/single membership each calendar year | | $600[14] | $350[15] | $350[16] | | $350[16] | $350[17] | $350[17] |
| Annual limit per family membership each calendar year | | $900[14] | $700[15] | $600[16] | | $600[16] | | |
| **Nebuliser pump** | 12 months | | | | | | | |
| Benefit | | 80% up to $650 per monitor[18a] | $150[18b] | $150[18b] | | $150[18b] | | |
| **Nursing – Visiting/Home/Registered Nurse (Private Practice)[19]** | 2 months | | | | | | | |
| Home (bush) nursing benefit for each visit | | 80% | $8 | $8 | | $8 | | |
| Visiting/Registered nurse (private practice) benefit per hour | | 80% | $8 | $8 | | $8 | | |
| Maximum benefit for each day | | $48 | $48 | $48 | | $48 | | |
| Annual limit per person each calendar year | | $1,000 | $1,000 | $1,000 | | $1,000 | | |

All extras services must be provided by practitioners in private practice who are appropriately registered with recognised bodies approved by GMHBA.

We recommend you call 1300 446 422 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.

^ Silver Everyday extras, Silver Young Singles extras and Bronze Young Singles extras are only available within a combined hospital and extras package. See pages 48-53.

**Important Note: The table opposite must be read along with the footnotes below.**

**13. Naturopathy/Homeopathy/Acupuncture –** Benefits will be paid for one consultation and/or treatment per provider per day.

**14. Naturopathy/Homeopathy/Acupuncture –** The annual limit of $600 per person/single membership and $900 per family membership each calendar year includes combined benefits for remedial massage, naturopathy, homeopathy and acupuncture.

**15. Naturopathy/Homeopathy/Acupuncture –** The annual limit of $350 per person/single membership and $700 per family membership each calendar year includes combined benefits for remedial massage, naturopathy, homeopathy and acupuncture.

**16. Naturopathy/Homeopathy/Acupuncture –** 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.

**17. Naturopathy/Homeopathy/Acupuncture –** The annual limit of $350 per person each calendar year includes combined benefits for naturopathy, acupuncture, homeopathy, physiotherapy, myotherapy, chiropractic (excluding x-rays), osteopathy and hydrotherapy.

**18a. Nebuliser pump –** Benefits are limited to one monitor per membership every three years. A doctor's letter of recommendation must accompany each claim for benefits. Up to 80% per monitor up to $650 combined limit for blood glucose monitors, nebuliser pump, tens monitor and sleep apnoea monitor.

**18b. 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.

**19. 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.





Extras Cover

# Detailed extras comparison

| Extras services | Waiting Periods | Platinum Extras | Gold Extras | Silver Standard Extras | Bronze Extras | Silver Everyday Package^ | Silver Young Singles Package^ | Bronze Young Singles Package^ |
|---|---|---|---|---|---|---|---|---|
| **Occupational therapy** | 2 months | | | | | | | |
| Initial visit | | 80% | $54 | $31 | $31 | $31 | | |
| 2-10 subsequent visits | | 80% | $25 | $21 | $21 | $21 | | |
| Further visits | | 80% | $17 | $17 | $17 | $17 | | |
| Annual limit per person/single membership each calendar year | | $500[20] | $500[20] | $350[21] | $350[22] | $350[21] | | |
| Annual limit per family membership each calendar year | | $800[20] | $800[20] | $600[21] | $600[22] | $600[21] | | |
| **Optical**[23] | 6 months | | | | | | | |
| Prescription spectacles, contact lenses and frames – benefit of up to (Laser eye surgery claimable on Platinum Extras only) | | 100% | 100% | 80% | 80% | 80% | 80% | 80% |
| Annual limit per person each calendar year | | $300 | $250 | $170 | $170 | $170 | $120 | $120 |
| **Orthopaedic appliances**[24] | 12 months | | | | | | | |
| Benefit of up to | | 80% | 80% | 80% | 80% | 80% | | |
| Maximum benefit per item | | $115 | $115 | $115 | $115 | $115 | | |
| Limit per person every 3 years | | $400[25] | $400[25] | $400[26] | $400[27] | $400[26] | | |
| **Orthopaedic appliance repairs** | 2 months | | | | | | | |
| Annual limit per person each calendar year | | $40 | $40 | $40 | $40 | $40 | | |
| **Orthotic appliances** (foot)[28] | 12 months | | | | | | | |
| Benefit of up to | | 80% | 80% | 80% | | 80% | | |
| Maximum benefit per item | | $115 | $115 | $115 | | $115 | | |
| Annual limit per person/single membership each calendar year | | $230 | $230 | $400[29] | | $400[29] | | |
| Annual limit per family membership each calendar year | | $460 | $460 | | | | | |
| **Osteopathy** see Chiropractic/Osteopathy | 2 months | | | | | | | |

All extras services must be provided by practitioners in private practice who are appropriately registered with recognised bodies approved by GMHBA.

We recommend you call 1300 446 422 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.

^ Silver Everyday extras, Silver Young Singles extras and Bronze Young Singles extras are only available within a combined hospital and extras package. See pages 48-53.

**Important Note: The table opposite must be read along with the footnotes below.**

**20. Occupational therapy –** The annual limit of $500 per person/single membership and $800 per family membership each calendar year only includes benefits for occupational therapy.

**21. 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 and hydrotherapy.

**22. 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 and hydrotherapy.

**23. Optical –** Non-prescription sunglasses and repairs are excluded.

**24. 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.

**25. Orthopaedic appliances (GMHBA approved) –** The limit of $400 per person is available each calendar year for orthopaedic appliances.

**26. Orthopaedic appliances (GMHBA approved) –** The limit of $400 per person is available every three years. This limit includes combined benefits for orthopaedic appliances and pressure garments.

**27. Orthopaedic appliances (GMHBA approved) –** The limit of $400 per person is available every three years for orthopaedic appliances.

**28. 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.

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





Extras Cover

# Detailed extras comparison

| Extras services | Waiting Periods | Platinum Extras | Gold Extras | Silver Standard Extras | Bronze Extras | Silver Everyday Package^ | Silver Young Singles Package^ | Bronze Young Singles Package^ |
|---|---|---|---|---|---|---|---|---|
| **Pharmacy – private script**[30] | 2 months | | | | | | | |
| Members pay the first maximum PBS contribution then the following benefit is paid towards the balance | | 100% | 100% | $40 | $40 | $40 | | |
| Annual limit per person/single membership each calendar year | | $350 | $350 | $250 | $250 | $250 | | |
| Annual limit per family membership each calendar year | | $550 | $550 | $400 | $400 | $400 | | |
| **Physiotherapy/Myotherapy/Hydrotherapy**[31] | 2 months | | | | | | | |
| Initial visit | | 80% | $36 | $31 | $31 | $31 | $17 | $17 |
| 2-10 subsequent visits | | 80% | $26 | $21 | $21 | $21 | $17 | $17 |
| Further visits | | 80% | $18 | $17 | $17 | $17 | $17 | $17 |
| Class attendance | | 80% | $10 | $10 | $10 | $10 | $10 | $10 |
| Annual limit per person/single membership each calendar year | | $700[32] | $500[33] | $350[34] | $350[34] | $350[34] | $350[35] | $350[35] |
| Annual limit per family membership each calendar year | | $1,000[32] | $800[33] | $600[34] | $600[34] | $600[34] | | |
| **Podiatry** | 2 months | | | | | | | |
| Initial visit | | 80% | $35 | $27 | | $27 | | |
| Subsequent visit | | 80% | $25 | $21 | | $21 | | |
| Comprehensive treatment – initial visit | | 80% | $35 | $35 | | $35 | | |
| Comprehensive treatment – subsequent visit | | 80% | $25 | $25 | | $25 | | |
| Video analysis | | 80% | $25 | $25 | | $25 | | |
| Plaster of paris | | 80% | $25 | $25 | | $25 | | |
| Surgical procedures – benefit of up to | 12 months | 80% | 80% | 80% | | 80% | | |
| Maximum benefit per surgical procedure | | $115 | $115 | $115 | | $115 | | |
| Annual limit per person each calendar year | | $350[36] | $350[36] | $400[37] | | $400[37] | | |

All extras services must be provided by practitioners in private practice who are appropriately registered with recognised bodies approved by GMHBA.

We recommend you call 1300 446 422 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.

^ Silver Everyday extras, Silver Young Singles extras and Bronze Young Singles extras are only available within a combined hospital and extras package. See pages 48-53.

**Important Note: The table opposite must be read along with the footnotes below.**

**30. Pharmacy –** Private Script Benefits are only payable towards the cost of prescription pharmaceuticals dispensed via a provider in private practice. Benefits are not payable towards the cost of contraceptives or NHS (PBS) prescriptions, food supplements, natural remedies (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.

**31. Physiotherapy/Myotherapy/Hydrotherapy –** For physiotherapy and hydrotherapy only, class attendance is limited to $240 per person each calendar year and this limit is included within 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.

**32. Physiotherapy/Myotherapy/Hydrotherapy –** The annual limit of $700 per person/single membership and $1,000 per family membership each calendar year includes combined benefits for physiotherapy, myotherapy and hydrotherapy.

**33. Physiotherapy/Myotherapy/Hydrotherapy –** The annual limit of $500 per person/single membership and $800 per family membership each calendar year includes combined benefits for physiotherapy, myotherapy and hydrotherapy.

**34. Physiotherapy/Myotherapy/Hydrotherapy –** 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.

**35. Physiotherapy/Myotherapy/Hydrotherapy –** The annual limit of $350 per person each calendar year includes combined benefits for chiropractic (excluding x-ray), osteopathy, naturopathy, homeopathy, physiotherapy, hydrotherapy, myotherapy and acupuncture.

**36. Podiatry –** The annual limit of $350 per person each calendar year includes combined benefits for podiatry visits and podiatric surgical procedures.

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





Extras Cover

# Detailed extras comparison

| Extras services | Waiting Periods | Platinum Extras | Gold Extras | Silver Standard Extras | Bronze Extras | Silver Everyday Package | Silver Young Singles Package^ | Bronze Young Singles Package^ |
|---|---|---|---|---|---|---|---|---|
| **Pressure garments**[38] | 12 mths | | | | | | | |
| Benefit of up to | | 80% | 80% | 80% | | 80% | | |
| Maximum benefit per item | | $115 | $115 | $115 | | $115 | | |
| Limit per person every 3 years | | $350[39] | $350[39] | $400[40] | | $400[40] | | |
| **Prostheses (non-surgical)**[41] | 12 mths | | | | | | | |
| Benefit of up to | | 85% | 85% | 80% | 80% | 80% | | |
| Maximum benefit per item | | $300 | $300 | $300 | $300 | $300 | | |
| Maximum benefit per person every 3 years | | $400[42] | $400[42] | $400 | $400 | $400 | | |
| **Psychology** | 2 mths | | | | | | | |
| Initial visit | | 80% | $54 | $40 | | $40 | | |
| Second visit | | 80% | $54 | $25 | | $25 | | |
| Subsequent visit | | 80% | $25 | $25 | | $25 | | |
| Group therapy initial visit | | 80% | $27 | $20 | | $20 | | |
| Group therapy second visit | | 80% | $27 | $12.50 | | $12.50 | | |
| Group therapy subsequent visit | | 80% | $12.50 | $12.50 | | $12.50 | | |
| Annual limit per person/single membership each calendar year | | $500 | $500 | $350 | | $350 | | |
| Annual limit per family membership each calendar year | | $800 | $800 | $600 | | $600 | | |
| **Remedial massage**[43] | 2 mths | | | | | | | |
| Initial visit | | 80% | $20 | | | | | |
| Subsequent visit | | 80% | $20 | | | | | |
| Annual limit per person/single membership each calendar year | | $600[44] | $350[45] | | | | | |
| Annual limit per family membership each calendar year | | $900[44] | $700[45] | | | | | |
| **Sleep apnoea monitor** | 12 mths | | | | | | | |
| Benefit | | 80% up to $650 per person[46a] | $200[46b] | $200[46b] | | $200[46b] | | |
| **Speech therapy** see eye therapy and speech therapy | 2 mths | | | | | | | |
| **Tens monitor** | 12 mths | | | | | | | |
| Benefit | | 80% up to $650 per person[47a] | $100[47b] | $100[47b] | | $100[47b] | | |
| **Weight loss program**[48] | 2 mths | | | | | | | |
| Benefit on achieving 10% of start weight | | $100 | | | | | | |
| Benefit on achieving goal weight (within 24 mths) | | $100 | | | | | | |
| Lifetime benefit limit per policy | | $400 | | | | | | |

**Important Note: The table opposite must be read along with the footnotes below.**

**38. 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 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.

**39. Pressure garments –** The limit of $350 per person is available each calendar year for pressure garments.

**40. Pressure garments –** The limit of $400 per person is available every three years. This limit includes combined benefits for orthopaedic appliances (GMHBA approved) and pressure garments.

**41. 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.

**42. Prostheses (non-surgical) –** The limit of $400 per person is the benefit available for prostheses each calendar year.

**43. Remedial massage –** Benefits will be paid for one consultation and/or treatment per provider per day.

**44. Remedial massage –** The annual limit of $600 per person/single membership and $900 per family membership each calendar year includes combined benefits for remedial massage, naturopathy, homeopathy and acupuncture.

**45. Remedial massage –** The annual limit of $350 per person/single membership and $700 per family membership each calendar year includes combined benefits for remedial massage, naturopathy, homeopathy and acupuncture.

**46a. 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. Up to 80% per monitor to a maximum of $650, combined limit for blood glucose monitor, nebuliser pump, tens monitor and sleep apnoea monitor.

**46b. Sleep apnoea monitor –** Benefits are limited to one sleep apnoea monitor per membership every three years. A doctor's letter of recommendation must accompany each claim for benefits.

**47a. Tens monitor –** Benefits are limited to one monitor per membership every three years. A doctor's letter of recommendation must accompany each claim for benefits. Up to 80% per monitor to a maximum of $650, combined limit for blood glucose monitor, nebuliser pump, tens monitor and sleep apnoea monitor.

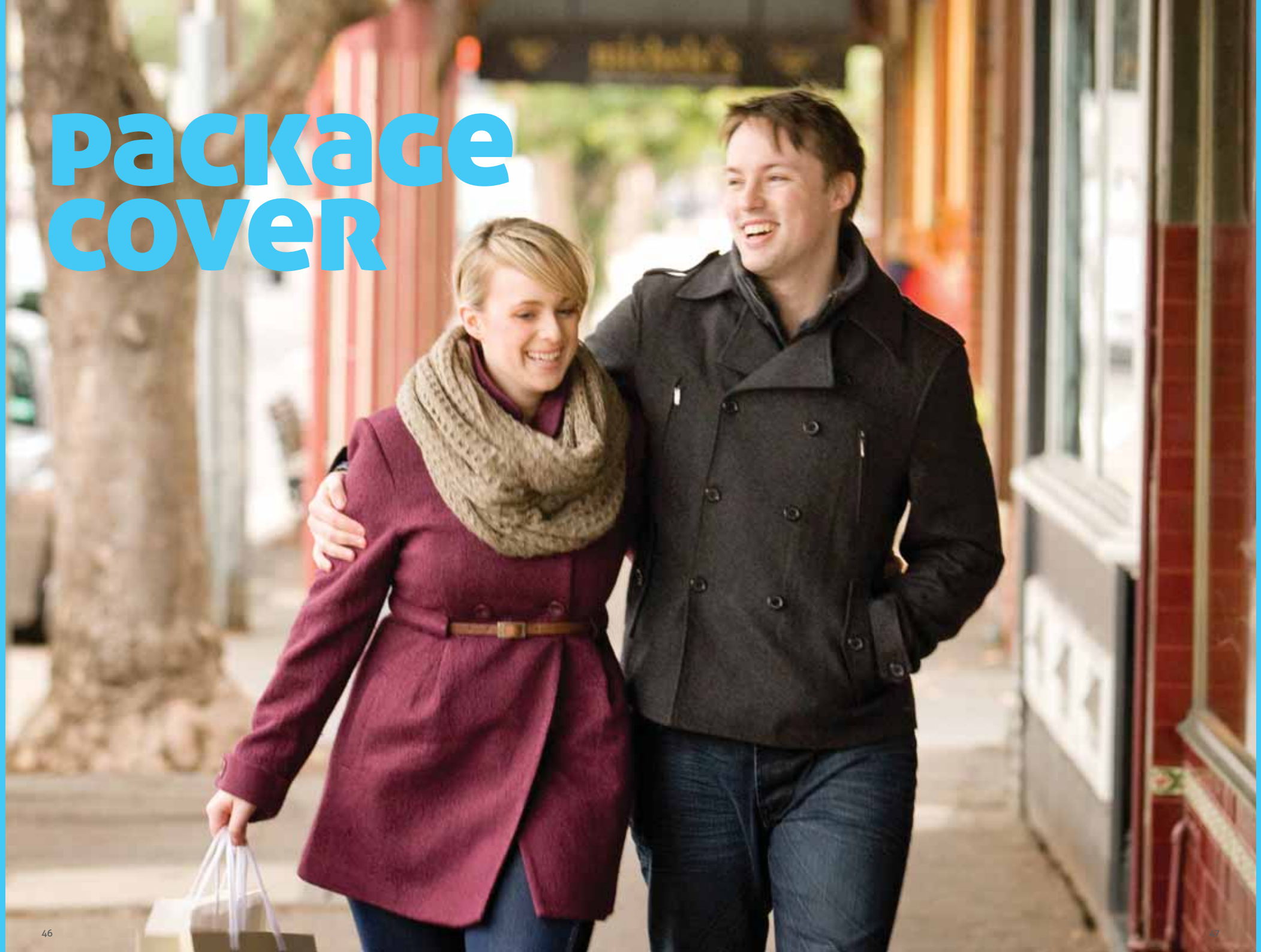
**47b. Tens monitor –** Benefits are limited to one tens monitor per membership every three years. A doctor's letter of recommendation must accompany each claim for benefits.

**48. Weight loss program –** Benefit payable only when participation in a recognised weight loss program is recommended in writing by a doctor. See page 62 for more details.

All extras services must be provided by practitioners in private practice who are appropriately registered with recognised bodies approved by GMHBA. We recommend you call 1300 446 422 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.

^ Silver Everyday extras, Silver Young Singles extras and Bronze Young Singles extras are only available within a combined hospital and extras package. See pages 48-53.

# Package cover





Package Cover

# Silver Everyday Package

## The ideal cover for young healthy couples who would prefer to be covered in a private hospital.

## This option excludes a range of services and treatments that young couples may not need to help reduce the premium.

### What is covered in a participating private hospital?

For services not listed under 'exclusions', Silver Everyday Package provides cover[1] at participating private hospitals for:

- ✓ Hospital accommodation* in a shared room
- ✓ Partial cover in a single room (a co-payment of $100 per day, capped at seven days per admission applies)[2]
- ✓ Medical gap (see page 26-27 for details)
- ✓ Delivery suite
- ✓ Theatre
- ✓ Intensive and coronary care
- ✓ Same day treatment
- ✓ Surgically implanted prostheses (Government Prosthesis List group benefits)[3]
- ✓ Other agreed charges.

### What is covered in a public hospital?

For services not listed under 'exclusions', Silver Everyday Package provides cover[1] as a private patient in a public hospital for accommodation in a shared room or partial cover in a single room (co-payments of $100 per day apply for single rooms, capped at seven days per admission).

### Exclusions

To reduce the premium, the Silver Everyday Package excludes the following services:

- ✗ Joint replacement
- ✗ Cosmetic surgery
- ✗ Cataract surgery and corneal transplants
- ✗ Haemodialysis
- ✗ Gastric banding and all obesity surgeries
- ✗ Dental implants.

### Excess

The Silver Everyday Package is only available with a calendar year excess. This excess reduces your premium and you will not pay the excess unless you are admitted to hospital.

| Admission type | Excess |
|---|---|
| Admission excess (private hospital – overnight) | $250 |
| Admission excess (public hospital or day stay) | $125 |
| Maximum annual excess – per person | $250 |
| Maximum annual excess – singles | $250 |
| Maximum annual excess – families | $500 |

To find out more about excess payments see page 66.

Unlike Platinum, Gold and Silver Hospital Single Parents covers, the excess applies for child dependants on Silver Everyday.

1. Limited benefits may apply to high cost drugs. Drugs purchased outside of the hospital are not included.
2. **Please note:** Some Private Hospitals only have single room and co-payments will apply.
3. Benefits are no higher than the No Gap Government prescribed benefit.

***Other private hospitals**
Fixed benefits are payable in non-participating private hospitals, see page 69 for more details.

**Waiting periods**
Please refer to the information on pages 11 and 72-73 regarding waiting periods and pre-existing conditions.

**Benefit limitation periods**
A 24 month benefit limitation period applies to psychiatric services. See page 61 for more information.

**Extras**
Silver Everyday Package provides benefits for services listed in the chart on pages 30-31.





Package Cover

# Silver Young Singles Package

**The ideal cover for young healthy singles who would prefer to be covered in a private hospital.**

**This option excludes a range of services and treatments that young singles may not need to help reduce the premium.**

## What is covered in a participating private hospital?

For services not listed under 'exclusions and restrictions', Silver Young Singles Package provides cover[1] at participating private hospitals for:

- ✓ Hospital accommodation* in a shared room
- ✓ Partial cover in a single room (a co-payment of $100 per day capped at seven days per admission applies).[2]
- ✓ Medical gap (see pages 26-27 for details)
- ✓ Theatre
- ✓ Intensive and coronary care
- ✓ Same day treatment
- ✓ Surgically implanted prostheses (Government Prosthesis List group benefits)[3]
- ✓ Other agreed charges.

## What is covered in a public hospital?

For services not listed under 'exclusions' Silver Young Singles Package provides cover[1] as a private patient in a public hospital for accommodation in a shared room or partial cover in a single room (co-payments of $100 per day apply for single rooms, capped at seven days per admission).

## Exclusions

To reduce the premium, Silver Young Singles Package excludes the following services:

- ✗ Obstetrics
- ✗ Joint replacement
- ✗ Cosmetic surgery
- ✗ IVF and related services
- ✗ Cataract surgery and corneal transplants
- ✗ Haemodialysis
- ✗ Gastric banding and all obesity surgeries
- ✗ Dental implants.

## Restrictions

Public hospital level of benefits (i.e. significant out of pocket expenses are incurred if you go to a private hospital) apply for the following services:

- – Psychiatric care
- – Rehabilitation treatment.

1. Limited benefits may apply to high cost drugs. Drugs purchased outside of the hospital are not included.
2. **Please note**: Some private hospitals only have single rooms and co-payments will apply.
3. Benefits are no higher than the No Gap Government prescribed benefit.

## Excess

The Silver Young Singles Package is only available with a calendar year excess. This excess reduces your premium and you will not pay the excess unless you are admitted to hospital.

| Admission type | Excess |
|---|---|
| Admission excess (private hospital – overnight) | $250 |
| Admission excess (public hospital or day stay) | $125 |
| Maximum annual excess | $250 |

To find out more about excess payments see page 66.

Our Silver Young Singles Package cover is more affordable because you agree to pay a part of the cost for each hospital stay – up to $250 in a calendar year.

### *Other private hospitals

Fixed benefits are payable in non-participating private hospitals (see page 69 for more details).

### Waiting periods

Please refer to the information on pages 11 and 72-73 regarding waiting periods and pre-existing conditions.

### Restrictions

The services listed are covered to a limited extent, which means significant out of pocket expenses in a private hospital.

### Extras

Silver Young Singles Package provides benefits for services listed in the chart on pages 30-31.





Package Cover

# Bronze Young Singles Package

**The Bronze Young Singles Package is an ideal option if you want to avoid the Medicare Levy Surcharge, lock in your Lifetime Health Cover certified entry age and claim on popular extras services such as dental and optical.**

## What is covered in a public hospital?

Your Bronze Young Singles Package provides cover[1] for accommodation costs when you are admitted to a shared room in a recognised public hospital (subject to bed availability). This cover is not recommended for members who would like to be covered in a private hospital.

## What is covered in a private hospital?

For services not listed under 'exclusions', fixed benefits apply for services and accommodation in a private hospital and will result in significant out of pocket expenses. Please call 1300 446 422 for further details.

**Please note:** No benefits are payable for services listed under 'Exclusions' or additional hospital costs such as theatre fees when admitted to a private hospital.

## Additional benefits

In both public and private hospitals, your Bronze Young Singles Package includes benefits for:

- ✓ Medical gap (see pages 26-27 for details).
- ✓ Surgically implanted prostheses (Government Prosthesis List group benefits).[2]
- ✓ Nursing home type patients – Government prescribed benefits are available towards non-acute hospital care.

As a Private Patient in a public hospital you may have the choice of doctor if that doctor is available and has the rights of private practice at that hospital. Depending on the situation this may or may not be the same doctor who would have been allocated to you by the hospital as a public patient.

## Exclusions

To reduce the premium, Bronze Young Singles Package excludes the following services:

- ✗ Cataract surgery and corneal transplants
- ✗ Joint replacement
- ✗ Gastric banding and all obesity surgeries
- ✗ Haemodialysis
- ✗ Obstetrics
- ✗ IVF and related services.

## Excess

The Bronze Young Singles Package is only available with a calendar year excess.The excess is payable once a calendar year and reduces your premium and you will not pay the excess unless you are admitted to hospital.

| Excess table | Excess |
|---|---|
| Maximum annual excess | $500 |

To find out more about excess payments see page 66.

### Waiting periods

Please refer to information on pages 11 and 72-73 of the GMHBA Member Guide regarding waiting periods and pre-existing conditions.

### Extras

Bronze Young Singles Package provides benefits for services listed in the chart on pages 30-31.

1. Limited benefits may apply to high cost drugs. Drugs purchased outside of the hospital are not included.
2. Benefits are no higher than the No Gap Government prescribed benefit.





Package Cover

# Connect Rewards Plus

Take out combined hospital and extras cover to enjoy the extra benefits of GMHBA's member loyalty program, Connect Rewards Plus.

The Connect Rewards Plus program allows members to accumulate Connect Reward dollars year on year. The amount of dollars you receive depends on how long you have been a GMHBA member and your level of hospital cover. So the longer you have been with us the more rewards dollars you will receive.

## Here is how it works

The tables below break down the Connect Rewards Plus dollars earned based on membership tenure and level of hospital cover.

| | Years of Membership | | | | |
|---|---|---|---|---|---|
| | 1–3 | 4&5 | 6&7 | 8&9 | 10+ |
| Tenure | $0 | $40 | $60 | $80 | $100 |

+

| Cover | Platinum | Gold | Silver | Bronze |
|---|---|---|---|---|
| Product Bonus | $80 | $40 | $20 | $0 |

We have combined the benefits of membership tenure and level of hospital cover in the below table to detail the entire benefit you will receive.

| Cover | Years of Membership | | | | |
|---|---|---|---|---|---|
| | 1–3 | 4&5 | 6&7 | 8&9 | 10+ |
| Platinum | $80 | $120 | $140 | $160 | $180 |
| Gold | $40 | $80 | $100 | $120 | $140 |
| Silver | $20 | $60 | $80 | $100 | $120 |
| Bronze | $0 | $40 | $60 | $80 | $100 |

**Please note:** Benefits listed in this table apply to Family, Couples and Single Parent memberships. Rewards for singles are half those listed in the table.

**Benefit examples**

1. A family on Gold Hospital and Gold Extras who have held continuous combined cover for eight years will receive $120 Connect Rewards Plus dollars in that year.
2. A single on Gold Hospital and Bronze Extras after their 1st year of cover will receive $20 Connect Rewards Plus dollars.

Connect Rewards Plus benefit entitlements remain available while combined hospital and extras cover is maintained continuously.

## You can also save money on services not covered

Claim up to 70% off the cost of the following when purchased from a GMHBA approved provider:

- ✓ Ambulance subscription (claimed once per year). Publicly funded services and State Government Ambulance transport schemes are excluded. Only claimable if ambulance subscription is not already covered within your extras cover.
- ✓ Remedial massage (up to $17 per visit).
- ✓ Swimming lessons (see page 65 for further details).
- ✓ Orthopaedic shoes – must be supplied by a registered podiatrist and be custom made.
- ✓ Joint supports.
- ✓ Melanoma surveillance photography.
- ✓ Nicotine replacement therapy patches.
- ✓ Quit smoking programs.
- ✓ Blood pressure monitor (limited to one monitor per membership every three years).
- ✓ Bowel Cancer Risk Identification Kit (up to 100% of the cost limited to one kit per person every two years).
- ✓ Antenatal class benefits up to $70 per year. (Classes must be provided by the hospital and not included in the hospital contract. Excludes Silver Hospital, Silver Hospital Single Parents, Silver Young Single Package and Bronze Young Singles Package).

**Please note:** Services listed within the program must be provided by practitioners who are registered with recognised bodies approved by GMHBA. Contact us on 1300 446 422 to confirm if a supplier is recognised. A doctors letter of recommendation may be required to claim some items. Details can be found in the Connect Rewards Plus section on page 64-65 with Important Information.

## Use your rewards to reduce or eliminate out of pocket expenses

- ✓ Claim inpatient medical gap
- ✓ Double your optical limit*
- ✓ Reduce your hospital excess
- ✓ Increase annual limits for: *
  - – pharmacy
  - – physiotherapy
  - – hearing aids
  - – chiropractic/osteopathic
- ✓ Increase major dental benefits including: *
  - – crowns
  - – bridgework
  - – dentures
  - – surgical extractions
  - – implants
  - – indirect restorations
  - – gold fillings
  - – orthodontic
  - – endodontic services.

**Please note:** *Only available on services already included in your extras cover and only when annual limits have been reached.





Things to Know

# Rebate and Medicare Levy

## Australian Government Rebate on Private Health Insurance

Until recently most Australians with Private Health Insurance received a 30% rebate to help cover the cost of their premiums. From 1 July 2012, your private health insurance rebate will be income tested (see table below).

If you expect to earn more than $84,000 as a single, or more than $168,000 as a family you will need to use the table below to calculate your rebate tier.

There are a number of ways to claim the Private Health Insurance Rebate:

- As a premium reduction through GMHBA
- As a direct payment from a Medicare Office
- As a tax offset when lodging your annual tax return.

If you choose to claim your rebate through GMHBA, you can nominate a tier you expect to be in and we can adjust your rebate.

For more information visit: **health.gov.au/privatehealth**, speak with a tax professional or call GMHBA on 1300 446 422.

## Medicare Levy Surcharge

The Medicare Levy Surcharge (MLS) is a surcharge (additional tax) on people who do not hold eligible private hospital cover and who earn above $84,000 for singles or $168,000 for families.

On 1 July 2012, the Medicare Levy Surcharge income test changed. The amount that you pay will now be based on income tiers:

Tier 1 – A 1% Medicare Levy Surcharge will be paid by people who earn more than $84,000 as a single or $168,000 as a family.

Tier 2 – A levy of 1.25% will apply to people who earn more than $97,000 as a single or $194,000 as a famiy.

Tier 3 – A levy of 1.5% will apply to people who earn more than $130,000 as a single or $260,000 as a family.

If you or your family do not have hospital cover, or you choose not to maintain your cover, you may have to pay the Medicare Levy Surcharge based on the new income test (see table below).

For more information please consult a tax professional or call GMHBA on 1300 446 422.

## 2012-13 Rebate and Medicare Levy Surcharge Calculation Table:

| | Unchanged | Tier 1 | Tier 2 | Tier 3 |
|---|---|---|---|---|
| Singles | $84,001 or less | $84,000-97,000 | $97,001-130,000 | $130,001 or more |
| Couples/Families | $168,000 or less | $168,001-194,000 | $194,001-260,000 | $260,001 or more |
| Private Health Insurance Rebate | | | | |
| Under 65 years | 30% | 20% | 10% | 0% |
| 65-69 Years | 35% | 25% | 15% | 0% |
| 70 years & over | 40% | 30% | 20% | 0% |
| Medicare Levy Surcharge | | | | |
| All Ages | 0.0% | 1.0% (unchanged) | 1.25% | 1.5% |

**Please note:** As soon as one member on the membership moves to the next age bracket the entire membership will receive either 35% or 40% (depending on your level of income).



# Payment and claiming

## Payment method options

### Direct debit

You can save 2% by having your premiums deducted directly from your bank, credit union or building society account.

**2% Direct Debit Discount**

Billing and reminder notices are not sent if you pay by automatic direct debit.

### Credit card

When you choose this option, your premiums are automatically debited from your MasterCard or Visa credit card each month, quarter, half-year or year – whichever you prefer. Please note that automatic payments from a credit card do not attract the direct debit discount. Billing and reminder notices are not sent if you pay by automatic direct debit.

### Payroll deduction

You may also be able to save time by having your employer deduct your premiums directly from your salary and sending them to GMHBA. Call our customer service centre on 1300 446 422 to find out if this facility is available to you.

### Direct to GMHBA

Your premiums can also be paid using any of the following payment method options:

a. **GMHBA branches** – payments can be made in cash, cheque or EFTPOS
b. **GMHBA agents** – payments can be made in cash or cheque
c. **Australia Post** – payments can be made in cash, cheque or EFTPOS when you present your billing notice at any Australia Post office with the Billpay facility
d. **Pay online** – payments can be made by credit card through NAB's Secure on-line payment facility. Simply visit gmhba.com.au and select the 'pay by web' option. Alternately use the BPay facility of your financial institution
e. **Pay by phone** – payments can be made by credit card over the phone using NAB Transact, simply phone 1300 238 959. Alternately you can use the BPay facility of your financial institution
f. **Mail** – payments must be made by cheque, money order or credit card. Please do not send cash by mail.

When making a direct payment either in person or by mail, you must present your billing notice. A billing notice will be sent to you if your premium is paid direct to GMHBA, either monthly, quarterly, half-yearly or yearly in advance.

## Claiming method options

There are a number of ways you can claim your benefits including:

- Visit our website at gmhba.com.au and make your claims online through the GMHBA member centre.
- Bulk bill or electronic payment systems direct at your provider (dependent on your provider, some may not have this facility).
- Complete a GMHBA claim form and post to GMHBA along with your itemised receipt and/or account.
- Lodge your claim at a Medicare office who will forward to GMHBA for processing.

See page 61-62 for more details about claiming.

# Lifetime health cover loading

**The Federal Government introduced the Lifetime Health Cover (LHC) initiative on the 1st of July 2000.**

**From this date, anyone who joins a hospital cover of a registered health fund will be given a Certified Age at Entry (CAE) status – which represents their age when they first joined a hospital cover after the 1st of July 2000.**

If you joined a hospital cover before this date you are assigned a CAE of 30 and you will pay the base rate (the lowest premium) for your hospital cover. If you joined after this date with a CAE of over 30, you will pay a 2% loading for each year your CAE is above 30 to a maximum loading of 70% at age 65. Where you have had to pay a LHC loading, and have done so for a continuous period of 10 years, the loading will no longer apply on the day after the last day of the 10 year period. People born on or prior to the 1st of July 1934 are exempt from the CAE requirement.

If you are over the age of 30, the sooner you take out hospital cover, the less you will pay later. In summary, the Federal Government's Lifetime Health Cover (LHC) loading applies if you were aged 31 or over on the 1st of July just passed and are taking out hospital cover for the first time. Under LHC a 2% loading is applied for each year you are aged over 30 when you join. The Australian Government Rebate on Private Health Insurance applies to your total premiums, including any LHC loading. Lifetime health cover applies to hospital cover and does not apply to extras.

## To use the LHC table on the opposite page, follow these steps:

### Step 1.
Determine your age as at the 1st of July just passed.

### Step 2.
Find that age on the table to find your lifetime health cover loading.

### Step 3.
Add this percentage increase to the base hospital rate quoted by GMHBA. If your hospital cover has two adults aged over 30, just add 1% for each year you are both over 30 to the base hospital rates quoted. If you need help, please call our customer service centre on 1300 446 422.

| Your age on the 1st of July before taking out hospital cover | Lifetime Health Cover Loading % | Your age on the 1st of July before taking out hospital cover | Lifetime Health Cover Loading % |
|---|---|---|---|
| 30 | 0% | 48 | 36% |
| 31 | 2% | 49 | 38% |
| 32 | 4% | 50 | 40% |
| 33 | 6% | 51 | 42% |
| 34 | 8% | 52 | 44% |
| 35 | 10% | 53 | 46% |
| 36 | 12% | 54 | 48% |
| 37 | 14% | 55 | 50% |
| 38 | 16% | 56 | 52% |
| 39 | 18% | 57 | 54% |
| 40 | 20% | 58 | 56% |
| 41 | 22% | 59 | 58% |
| 42 | 24% | 60 | 60% |
| 43 | 26% | 61 | 62% |
| 44 | 28% | 62 | 64% |
| 45 | 30% | 63 | 66% |
| 46 | 32% | 64 | 68% |
| 47 | 34% | 65 and over | Capped at 70% |

## If your situation changes

### Periods of absence
As members may need to discontinue their hospital cover membership for brief periods, lifetime health cover allows periods of absence through a member's lifetime without affecting their CAE. Lifetime Health Cover rules provide members of private health insurance who need to drop their membership, for whatever reason, a cumulative period of 1,094 days absence through their lifetime without affecting their CAE. Members will need to re-serve waiting periods when they return to the fund.

### Membership suspension
Approved periods of suspension, which will not affect a member's CAE are explained on page 71.





Things to Know

# Important Information

**Before you join or transfer your health insurance to GMHBA, we recommend you read the following important information.**

**If you have any questions give us a call on 1300 446 422.**

**We remind you to contact us for a benefit estimate before commencing any treatment to confirm the benefit payable and that our premiums may vary for each state/territory. Please retain this member guide with any other GMHBA documents.**

## Index



## Application for membership with GMHBA

You will be asked to complete a membership application when you join GMHBA or make changes to your membership. For example, when you change your level of cover or add/remove a person covered by your membership. You can make changes to your membership anytime.

When you complete a membership application, it is important that you provide us with all the information requested to allow us to maintain an accurate record of your membership. It is also important that the information you provide is true and correct.

GMHBA will consider your membership void if you provide false or incorrect information on your membership application and premiums received in advance for coverage beyond the termination date will be refunded. Like most health funds, GMHBA uses the terms 'fund member', 'spouse/partner' and 'dependant' to define the people covered by a membership. Only the person nominated as the 'fund member' can authorise changes to the membership unless the fund member has previously authorised the spouse/partner to make such changes.

Similarly, correspondence issued by GMHBA will be addressed to the fund member and it is the fund member's responsibility to notify GMHBA of any change of address. The signing of the membership application and the payment of any premium constitutes an acceptance of any conditions in the regulations of the fund in force at that time or as they may be amended from time to time.

GMHBA reserves the right to refuse admission to membership of any level of health insurance, except Bronze Hospital cover.

In the event of any member or person named on the members' membership being convicted in a court of law of assault or similar offence against a staff member related to that staff member's performance of their duties, has obtained or attempted to obtain an improper advantage, for themselves or for any other member or is convicted in a court of law of fraud against the fund, the Board may in its discretion, declare the members' membership void.

The status of the members' membership will be assessed with any outstanding claims being honoured and any premiums refunded. Any other rights accrued to the member will be forfeited.

## Arrears

GMHBA fund members are responsible for ensuring their premiums are up to date. Membership will cease when premiums fall into arrears of more than two months after the premium due date. To claim benefits, a fund member must be financial at the time of incurring the expense for the service or treatment.

## Audits

GMHBA undertakes audit activities in order to protect members' assets and contain costs. From time to time, in the general interest of members, a GMHBA representative may contact you with a request for assistance to monitor costs – whether relating to benefits paid or charges raised by health care providers. Your co-operation with such requests is critical to our cost containment efforts and will be treated in a completely confidential manner.

## Benefit limitation periods

During your first 24 months of cover – after the standard hospital waiting periods have been served – Gold Hospital, Silver Hospital Single Parents, Silver Hospital cover and Silver Everyday Package are subject to benefit limitations on selected services. This means that the benefits payable on these services are limited to receive the public hospital default benefits only, during the 24 month benefit limitation period. Once the waiting period and benefit limitation period has been served, you will have access to the benefits applicable on your level of cover. Applicable benefit limitation periods can be found in product descriptions under the hospital tab of this member guide.

## Claiming

Claims may be made personally at any GMHBA branch, by post, electronically, by fund-approved hospitals or health care providers, or online at **gmhba.com.au**. In order to assess your claim and calculate your benefit, GMHBA needs the following information:

- A completed claim form when remitted by post or via a provider.
- The fully itemised health care account/s and, if you have paid the account/s, the original receipt/s (photocopies/facsimiles of accounts and/or receipts cannot be accepted).

# Important Information

Registered members can now also claim for select services online at gmhba.com.au/members:

1. Members need to be registered for web services.
2. Member needs to agree to terms and conditions which include agreeing to keep receipts for two years as they will be audited.
3. Costs for these services must have already been paid.

You will also be required to provide additional documentation with claims for the services/ items including:

- A doctor's letter of recommendation is required to be lodged with claims for the following items/ services: blood glucose monitor, extremity pump, nebuliser pump, appliances, sleep apnoea monitor, pressure garments, GMHBA approved orthopaedic appliances, non-surgical prostheses, tens monitor, nicotine replacement therapy patches, learn to swim lessons, blood pressure monitors and joint supports.
- An orthodontic treatment plan certificate, completed by the treating orthodontist/dentist is required before orthodontic benefits can commence. You can obtain an orthodontic treatment plan certificate by calling our customer service centre on 1300 446 422. For the purpose of benefit payments, orthodontic treatment is regarded as commencing on the date the appliance is originally fitted. Limits apply every calendar year.
- Weight loss program is only payable when recommended in writing by a doctor for the purpose of preventing or improving a specific health condition/s. The Weight Loss provider must be a member of the Weight Management Council of Australia and agree to abide by the Weight Management Code of Practice, including: Weight Watchers Australia – Jenny Craig Weight Loss Centres Pty Ltd – Fernwood – Simplicity Weight Loss. Benefits are only payable for weight loss program fees and not meals or exercise components. Upon claiming GMHBA members are required to provide the following in support of their claim for weight loss program benefits:
  - A report from the weight loss provider or photocopy of your membership record of fees paid at the time that the milestone is reached.
  - A report from the weight loss provider or photocopy of your membership record of weight loss achieved from commencement on the program. An initial benefit of $100 is payable upon members achieving a 10% loss of their start weight. Another benefit of up to $100 is payable on members achieving their goal weight where achieved within 24 months and up to the total of programs fees not already reimbursed. Where program fees are less than $100 at each of these milestones, GMHBA will pay the total of the program fees only and not $100. A two-month waiting period for commencement of weight loss program applies.
- GMHBA reserves the right to take the following actions against any policy holder or persons where improper, fraudulent or indiscretion occurs whilst making claims against the fund. Actions that may be taken are:
  - Suspension of electronic claiming with the period of time determined by the fund depending on the severity of the incident
  - Restitution (voluntary or negotiated)
  - Prosecution
- No extras benefit will be payable unless a medical reason/condition is present
- Services for both extras and hospital benefits must be validated by clinical notes. No benefit is payable where there are no clinical notes outlining the service provided. The clinical notes must be legible, written in English and be understandable by a peer.

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

## Unpaid accounts (other than hospital accounts)

Claims for unpaid accounts will be paid by direct credit (where available) or cheque. The benefit cheque will be made payable to the health care provider. The cheque should be immediately forwarded to the health care provider, together with your payment for any account balance.

## Paid accounts

Benefits for paid accounts will be paid:

- In cash at any GMHBA branch for claims of less than $500, when claimed in person.
- By cheque, made payable to the fund member for larger claims, and mail claims.
- Directly into the members' financial institution account where these arrangements are in place.
- To GMHBA, where the member requests that the benefit refund is, either in part or full, used to pay GMHBA premiums.

## Medical benefits

Claims for medical benefits can only be paid after your claim for medical services has been assessed by Medicare (except in the case of claims made through GMHBA's medical gap cover – see page 26-27 for details) and your claim for hospital benefits has been assessed and paid. GMHBA benefits are not payable for services rendered when the patient is not a hospital inpatient.

## Agent's authority

You may authorise another person to collect benefits on your behalf by completing the Agent's Authority section of the claim form. The fund member and the agent (the person who is being authorised to collect the benefits) must sign the authority. The agent will be requested to sign the claim form again when benefits are paid.

## Item numbers included under Preventative Dental limit:

| Item number | ADA Schedule | Simplified definition |
|---|---|---|
| 011 | Comprehensive oral examination | Evaluation of all teeth, also includes recording medical history |
| 012 | Periodic oral examination | Follow up consult, records all changes to patients teeth since previous consult |
| 013 | Oral examination – limited | A "problem-focused" consult done immediately prior to required treatment |
| 014 | Consultation | A consult to seek advice/discuss treatment regarding a specific condition |
| 015 | Consultation – extended (30 minutes or more) | A consult to seek advice/discuss treatment regarding a specific condition which lasts 30 minutes or more |
| 016 | Consultation by referral | A consult with a patient referred by a dental or medical practioner for the management/opinion of a specific dental condition |
| 017 | Consultation by referral – extended (30 minutes or more) | A consult with a patient referred by a dental or medical practitioner for the management/opinion of a specific dental condition which lasts 30 minutes or more |
| 018 | Written report (not elsewhere included) | A written report of the patients care |
| 111 | Removal of plaque and/or stain | Removal of plaque/stain from all surfaces of the teeth |
| 113 | Recontouring of pre-existing restoration(s) | Reshaping/repolishing of existing fillings |
| 114 | Removal of calculus – first visit | Removal of tartar from the surfaces of the teeth |
| 115 | Removal of calculus – subsequent visit | Is the follow up consult to remove all tartar from the surfaces of the teeth |
| 121 | Topical application of remineralising and/or cariostatic agents, one treatment | An application of an agent to the surfaces of the teeth eg calcium salts, fluoride |




Important Information

# Important Information

## Code of Conduct

GMHBA is a fully compliant member of the private health insurance code of conduct. Private Healthcare Australia in conjunction with the Health Insurance Restricted Membership Association of Australia (HIRMAA) has developed codes of practice called the Private Health Insurance Practice Codes to reinforce existing regulatory obligations and to establish a minimum standard of business practice applicable to all participants in such codes. The first code to be established is the Private Health Insurance Code of Conduct.

Development of the codes commenced in 2003 with a committee formed by Private Healthcare Australia and HIRMAA. That committee had broad representation from funds, so the development has had detailed and expert input from a cross-section of the industry and from stakeholders. The Minister for Health and Ageing and the Treasurer have endorsed the Code. The Code is designed to sit beside the current Government acts and regulations within which the industry operates and underlines the intent of the industry to show its commitment to consumers. The Private Health Insurance Code of Conduct is designed to help you by providing clear information and transparency in your relationships with health insurers. The Code covers four main areas of conduct in private health insurance ensuring:

- You receive the correct information on private health insurance from appropriately trained staff
- You are aware of the internal and external dispute resolution procedures with GMHBA Health Insurance
- Policy documentation contains all the information you require to make a fully informed decision about your purchase and all communications between you and GMHBA Health Insurance are conducted in a way that ensures appropriate information flows between the parties
- All information between you and GMHBA is protected in accordance with national and state privacy principles.

You can download the Code at:
**privatehealth.com.au/codeofconduct.php**

## Community Rating

GMHBA is a strong supporter of the principles of community rating. As such, GMHBA will not discriminate between members on the basis of their health or any other reason described in the following column.

When making decisions in relation to members, GMHBA will disregard the following:

1. The suffering by the member of a chronic disease, illness or any other medical condition
2. The gender, race, sexual orientation or religious belief of a person
3. The age of a member, except in relation to Lifetime Health Cover loadings
4. Any other characteristic of a person (including but not just matters such as occupation or leisure pursuits) that are likely to result in an increased need for extras or hospital treatment
5. The frequency with which a person needs hospital treatment or general treatment
6. The amount, or extent, of the benefits to which a member becomes, or has become, entitled during a period.

## Compensation or damages

Where you or your dependants have a right to claim damages or compensation from any other person or body, you are required to pursue that entitlement prior to lodging a claim for benefits with GMHBA. A claim should only be lodged with GMHBA if action at law is unsuccessful. A letter of denial is required. This includes WorkCare, TAC, public liability and third party claims.

## Connect Rewards Plus

The Connect Rewards Plus program pays reward dollars to members on combined hospital and extras cover according to the level of hospital cover and number of years members have been with GMHBA.

- GMHBA does not recommend or endorse any health or medical program, therapy or appliance in respect of which connect rewards plus benefits are offered or paid. Some programs, treatments or appliances should not be undertaken or used without medical advice
- In circumstances where family/couples/single parents memberships change to a single membership, the existing membership may retain the connect rewards accrued
- Connect rewards plus is a membership reward. Connect rewards plus entitlements cannot be transferred from one membership to another
- When you have a hospital admission which results in out-of-pocket expenses, we'll write to you within 60-90 days of your hospital discharge to ask if you would like to use your connect rewards plus dollars towards the cost of the inpatient medical gap. In the letter, we'll include your current connect rewards plus balance. You must have a connect rewards balance and an out-of-pocket medical expense of at least $50 at the time of discharge to qualify for benefits. You can only claim connect reward benefits for inpatient medical gap by producing a copy of the letter and completing the form attached to it. These types of claims cannot be processed in branches on the spot without the member having received a letter from GMHBA first
- Swimming lessons, Orthopaedic shoes, joint supports, Melanoma surveillance photography, nicotine replacement therapy patches and blood pressure monitor claims must be accompanied by a written recommendation by a doctor including a health management plan and approved by GMHBA.

## Customer Service Charter

As testament to our commitment to you, we have developed the GMHBA Customer Service Charter which is our written assurance to you that we take our service delivery seriously. The charter details our promises and guarantee to you as well as what happens in the event something goes wrong.

To view GMHBA's Customer Service Charter visit **gmhba.com.au**

## Dependants

**1. GMHBA membership**
**Child dependants:** are covered up until they turn 21 years of age if they no longer meet the criteria for student dependants.

Child dependants that do not meet the criteria (of a student dependant) will be terminated off the membership from the date they turned 21. They have two months to organise health insurance from this date, however their new membership will commence from the date they turned 21. They won't have to serve waiting periods when transferring to an equivalent or lower level of health insurance.

**Student dependants –** are covered up until they turn 25 years of age. They have two months to organise health insurance from this date however, their new membership will commence from the date they turned 25. They will not be required to serve waiting periods when transferring to an equivalent or lower level of health insurance.

**Student dependants – mid-year school/ apprenticeship and traineeship leavers:**
who transfer from their parent's GMHBA membership within two months of leaving school or finishing an eligible apprenticeship or traineeship through a registered training group are not required to serve waiting periods when transferring to an equivalent or lower level of cover. A letter from their school or registered training group confirming the date of completion is required.

**Student dependants – end of year school/ apprenticeship and traineeship leavers:**
are covered under their parent's family or single parent membership until the 31st of March the following year. They will not be required to serve waiting periods when transferring to an equivalent or lower level of health insurance.

Group Training is an employment and training arrangement whereby an organisation employs apprentices and trainees under an Apprenticeship/ Traineeship Training Contract and places them with host employers. A registered Group Training Organisation undertakes the employer responsibilities for the quality and continuity of the apprentices' and trainees' employment and training. To qualify as a traineeship and be eligible to attract Commonwealth Government incentives, there must be a registered training contract between the trainee and the employer. Please contact us on 1300 446 422 for more information.

**2. Other funds**
Student dependants whose parents are fund members of another registered health fund may join GMHBA within two months of ceasing to be a dependant, on a level of cover equal to or less than that held by their parents, without serving waiting periods. An acceptable transfer certificate and claims history must be received.

**3. Previously uninsured**
Previously uninsured dependants may join GMHBA within two months of leaving school or on completion of a full-time apprenticeship/traineeship, and receive immediate Bronze Hospital cover benefits, except for any pre-existing condition/illness (other than for psychiatric, rehabilitation and palliative care) and maternity cases for which a waiting period of 12 months will apply.

All waiting periods must be served for extras benefits and hospital benefits which are higher than those available from the Bronze Hospital cover.

## Child dependant excess

No excess applies for child dependants under 21 on GMHBA's Platinum, Gold and Silver Hospital Single Parents family hospital covers listed in this member guide.

## Electronic claiming

When you have GMHBA extras cover you can use your GMHBA membership card to claim electronically on the spot when this facility is available at your health care provider. After the service has been provided, your membership card will be swiped and your claim will usually be processed electronically

# Important Information

within seconds. Once your claim is authorised by GMHBA, you simply pay any difference between the full fee for the treatment and the amount claimed by GMHBA.

If there is an unexpected rejection of your claim at point of service, your provider should contact GMHBA on 1300 446 422 to clarify the issue at the time of the service taking place.

## Excess

GMHBA's range of hospital covers often feature an excess to let GMHBA members share some of the cost of hospital admissions in return for lower premiums. The excess is calendar year based.

## Excess – Hospital only

An excess is deducted from the benefit paid by GMHBA. For example, if GMHBA'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.

Where one member on a couples, 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.

No excess applies for child dependants under 21 on GMHBA's Platinum, Gold and Silver Hospital Single Parents family hospital covers listed in this member guide.

## Exclusions

You cannot claim for the following:

- Benefits are only payable on itemised and original account/s. Account/s which have been altered in any way will not be accepted. Providers are required to re-issue any account/s or endorse any alterations.
- The supply of contraceptives, fertility and IVF drugs and items available through the Pharmaceutical Benefit Scheme (PBS).
- Natural remedies (includes Modifast & Optifast).
- Food supplements.
- Pharmacy items, where they are available over the counter and purchased with or without a prescription.
- Supply of liquid filled Temazepam capsules.
- Pharmaceuticals purchased overseas and not listed on the Australian Register of Therapeutic Goods.
- Dental procedures carried out and charged direct to the fund member/dependant by a dental mechanic, other than an advanced dental technician.
- A range of dental procedures when provided on the same day eg a filling on a tooth that has been removed.
- Dental procedures where a limit on the number you can have has been exceeded.
- Dental procedures unless tooth identifications (ID) are supplied by the provider.
- Services/treatment for which the member and/or dependant has a right to claim damages or compensation from any other person or body.
- Treatment where the member and/or dependant is eligible for free treatment under any Commonwealth or State Government Act.
- Services/treatment rendered more than two years prior to the date of claiming.
- Services/treatment not covered by your membership and/or is rendered while the membership is in arrears or is suspended.
- Services/treatment rendered by a practitioner not in private practice and/or not recognised by bodies approved by GMHBA.
- Pressure garments purchased for reasons other than treatment of burns, lymphoedema or for postoperative surgery up to 60 days from hospital discharge only.
- GMHBA specified and approved orthopaedic appliances purchased for support purposes only.
- Hiring of equipment (unless otherwise stated).
- Mass immunisation, services rendered in the course of the carrying out of a mass immunisation.
- Services not rendered face to face (eg remotely over the phone).
- Foot orthotics provided by a physiotherapist or chiropractor.
- Additional medical gap benefits where the medical service is rendered by a medical practitioner employed full-time in the public sector.
- Treatment is provided to themselves, a member of the providers family and/or to a providers business partner and their family members or any other people not independent from the practice. Family members include: wife/husband, brother/sister, children, parents, grandparents, grandchildren of the provider/business partners' and their spouse/partner.
- Benefits for lifestyle related services that primarily take the form of sport, recreation or entertainment.
- Fund benefits, payable under a hospital or extras cover shall not exceed the fees and/or charges raised for any treatment and/or services covered for benefits under the relevant cover, after taking into account benefits paid from any other source
- Benefits for services on treatment received overseas.

## Extras services purchased over the internet

Benefits will be paid for extras services purchased over the internet from Australian providers (optical and pharmaceutical) where a script is provided. Consistent with current GMHBA rules, benefits for services on treatment received overseas are excluded.

## Healthy Start Benefit

GMHBA's Healthy Start Benefit has been introduced to help cover the obstetrician's medical gap (inpatient service only). For Gold Hospital product level 0/1/2, an additional benefit of $500 (up to the actual fee less the standard medical benefit and additional gap medical benefit) is payable where the episode is for the birth of a child. This benefit will be paid per episode and not per child (ie the additional benefit is up to $500 for multiple births as well as single births). When you have a hospital admission which results in an out-of-pocket expense for the birth of a child, we'll send you a payment of up to $500 within 60-90 days of your hospital discharge. For further information on the Healthy Start Benefit we recommend you call us on 1300 446 422.

## If things go wrong

Our mission to be your trusted partner in the provision of private health insurance goes beyond providing quality affordable products and high levels of customer service.

While we receive many letters of praise about our products and customer service advisors, like any organisation, we aren't perfect and, on occasions, we also receive complaints. We believe that your complaints are of equal or greater importance than praise.

As such, we have stringent guidelines in place to ensure we acknowledge you in the most efficient and timely manner.

So, in the unfortunate circumstance that you have a concern or complaint you can contact us through the following channels and can expect an acknowledgement as indicated below:

1. **Talk to a GMHBA representative**
   You can talk to a representative by calling 1300 446 422 or emailing **service@gmhba.com.au**. We respond to all our phone calls immediately, and will follow up all e-mail and telephone messages within 24 hours.

2. **Write to us**
   We will provide an acknowledgement within five working days for written correspondence. Where the matter is complex we will attempt to finalise within a month. However where the difficulty of the matter precludes this, we will inform you of the progress.

3. **Write to the Member Services Review Committee (MSRC)**
   If after receiving our response you are still not satisfied, you can write to the Member Services Review Committee (MSRC). We have appointed a panel of highly experienced employees, including Subject Matter Experts, First Line Leaders, a Senior and Executive Manager who meet regularly to discuss any issues received from members. The aim of the MSRC is to listen to you and to provide decisions that are fair and equitable for all our members. You will receive an acknowledgement of your correspondence within five working days of the committee's weekly meeting.

   You are welcome to write to the MSRC at PO Box 761, Geelong, Vic 3220.

4. **Contact our Member Satisfaction Manager**
   If you require further clarification about the decision made at the MSRC, please write to the Member Satisfaction Manager at PO Box 761, Geelong, Vic 3220. We will acknowledge your correspondence within five days of receipt. Where the matter is complex we will attempt to finalise within a month, however where the complexity of the matter precludes this, we will keep you informed of the progress.

   If you're still dissatisfied with the outcome, free independent advice is available from the Private Health Insurance Ombudsman. You can contact the Ombudsman on freecall 1800 640 695 or Suite 2, Level 22, 580 George Street, Sydney, NSW 2000.

## Insure? Not sure?

If you need more information about private health insurance, please refer to the Private Health Insurance Administration Council (PHIAC) guide "Insure? Not sure?" which can be downloaded from our website gmhba.com.au or **phiac.gov.au/for-consumers/insure-not-sure**.

## Liabilities of fund members to GMHBA

A fund member can be liable to GMHBA for unpaid premiums and for overpayments. Overpayments can be made by GMHBA to a fund member, either through an error in completing a claim, or an error in processing a claim. If an overpayment is made, the fund member is liable to repay the amount of the overpayments to GMHBA on demand.

# Important Information

If a fund member is liable to GMHBA for unpaid premiums or overpayments then GMHBA has the right to deduct the amount of that liability from any monies due by GMHBA to the fund member on any account.

## Medicare levy surcharge

The Medicare Levy Surcharge (MLS) is an additional tax which Australians need to pay if they are without private health insurance hospital cover and are earning over $84,000 as a single or $168,000 as a couple/family. If you do not hold an eligible hospital cover (or if you drop your hospital cover) you will have to pay additional tax on top of the standard Medicare Levy that applies to all Australian taxpayers.

On 1 July 2012 the Federal Government increased the MLS for higher income earners to encourage people to maintain their private health insurance, rather than adding to the already long waiting lists for public hospitals. The surchage payable is now based on income tiers. Please refer to the table on page 56 for more details.

For more information at **privatehealth.gov.au** or **ato.gov.au**.

## Membership card

When you join GMHBA, you'll receive a membership card that identifies you as a member. The card shows your membership number and who is covered. GMHBA's contact details are listed on the back of the card. Have your membership card on hand when you arrange admission to hospital, visit a participating provider or when you call GMHBA with any questions.

A new card may be issued when you make changes to your membership. Please note that an existing card will become invalid whenever a new membership card is issued. Keep your card safe and please advise GMHBA if your card is lost or stolen.

## Membership for non-residents of Australia

GMHBA hospital covers are designed for people who have full Medicare eligibility. These covers will not meet the cost of public hospital treatment, medical treatment or diagnostic services for people who do not have full Medicare eligibility. Temporary residents of Australia who do not have full Medicare eligibility should contact GMHBA on 1300 446 422 to discuss appropriate health insurance arrangements.

## Migrants

Migrants who join GMHBA within two months of arriving in Australia shall receive the following concessions:

- No two month waiting period for any level of hospital cover.
- No 12 month waiting period for pre-existing conditions/illnesses will apply to Bronze Hospital cover.

All other waiting and benefit limitation periods for hospital and extras will apply. Proof of residency must be presented to GMHBA. Lifetime health cover regulations also apply to migrants. Contact GMHBA for details.

## Overseas travel

GMHBA does not provide benefits for services or treatment received overseas.

GMHBA advises that you take out travel insurance for the set period of your travel and that it's suitable to the destinations you're visiting. You can purchase a range of travel insurance options from **gmhba.com.au**.

## Participating providers

A participating provider is a health care provider, with whom GMHBA has entered into an agreement relating to direct billing and/or fees and benefits. These agreements aim to maximise your cover and minimise your out-of-pocket costs.

Details of participating private hospitals can be obtained by calling 1300 446 422 or from **gmhba.com.au**.

**a. Participating private hospitals**

1. Members of GMHBA's Platinum and Gold Hospital covers, who are admitted to a participating private hospital and have served all waiting and benefit limitation periods are entitled to cover for accommodation, theatre, delivery suite, intensive and coronary care and other agreed hospital charges – less any excess (if applicable). Members should present their GMHBA membership card when attending a participating private hospital.

   Public hospitals: Platinum Hospital and Gold Hospital cover provides cover for hospital accommodation costs when you are admitted to a single or shared room (subject to bed availability) as a private patient in a recognised public hospital.
2. Coverage for Silver Hospital, Silver Hospital Single Parents, Silver Everyday Package and Silver Young Singles Package includes:
   - Co-payments applied for single room accommodations of $100 per day, up to $700 per hospital admission.
   - Benefit exclusions and restrictions for a range of services as outlined in the table opposite.

| Hospital cover | Benefit exclusions and restrictions |
|---|---|
| Silver Hospital Single Parents | Dental implants, obstetrics, IVF and related services, gastric banding and all obesity surgeries, haemodialysis (excluded). |
| Silver Hospital | Dental implants, obstetrics, IVF and related services, joint replacement, gastric banding and all obesity surgeries, haemodialysis, cosmetic surgery, cataract surgery and corneal transplants (excluded). |
| Silver Everyday Package | Dental implants, joint replacement, cataract surgery and corneal transplants, gastric banding and all obesity surgeries, haemodialysis and cosmetic surgery (excluded). |
| Silver Young Singles Package | Dental implants, obstetrics, IVF and related services, joint replacement, cataract surgery and corneal transplants, gastric banding and all obesity surgeries, haemodialysis and cosmetic surgery (excluded). Restrictions apply to benefits for psychiatric and rehabilitation services are payable at the basic (default) level of benefits, which means you'll have significant out-of-pocket costs. |

## These excluded services do not attract any benefits

Limited benefits may apply to cosmetic surgery and high cost drugs. Drugs purchased outside of the hospital are not included.

**b. Non-participating hospitals**

Fixed benefits are payable for hospitalisation in non-participating private hospitals. Please contact GMHBA on 1300 446 422 for further details.

Members of Platinum Hospital, Gold Hospital, Silver Hospital Single Parents, Silver Hospital, Silver Everyday Package and Silver Young Singles Package cover who are to be admitted to a non-participating private hospital should contact GMHBA at least three business days before admission. GMHBA will then contact the hospital and negotiate fee and benefit arrangements on the members' behalf with the aim of minimising out-of-pocket costs.

Limited benefits may apply to cosmetic surgery and high cost drugs. Drugs purchased outside of the hospital are not included.

**c. Bronze hospital**

Members of Bronze Hospital cover, who are admitted to a public hospital and have served all waiting periods are covered for shared accommodation costs.

Bronze Hospital and Bronze Young Singles Package contains exclusions as follows:

| Hospital cover | Benefit exclusions |
|---|---|
| Bronze Hospital | Gastric banding and all obesity surgeries, haemodialysis. |
| Bronze Young Single Package | Cataract surgery and corneal transplants, gastric banding and all obesity surgeries, haemodialysis, obstetrics, joint replacement and IVF and related services. |

**Please note:** Benefits for a single room in a public hospital or for treatment in a private hospital when using Bronze hospital cover will result in significant out-of-pocket expenses. For further information on private patient benefits on Bronze Hospital cover, please call on 1300 446 422.

## Payment in advance

A fund member (or person paying on their behalf) may not make a payment of premiums that would cause the period of cover to exceed 12 months in advance of the contribution due date.

## Pre-existing conditions (PEC)

A pre-existing condition is one where signs or symptoms of your ailment, illness or condition, in the opinion of a medical practitioner appointed by GMHBA (not your own doctor), existed at any time during the six months preceding the day on which you purchased your hospital insurance or upgraded to a higher level of hospital cover and/or benefit entitlement.

The only person authorised to decide that a condition is pre-existing is the medical practitioner appointed by GMHBA. However, the fund medical

# Important Information

practitioner must consider any information regarding signs and symptoms provided by your treating medical practitioner/s.

The pre-existing condition rule still applies even if your ailment, illness or condition was not diagnosed prior to joining the hospital cover. The only test is whether or not, in the six months prior to joining your current hospital table signs and symptoms:

- Were evident to you; or
- Would have been evident to a reasonable general practitioner if a general practitioner had been consulted.

## When to contact GMHBA

If you have less than 12 months membership on your current hospital cover, make sure you contact us before you are admitted to hospital and to find out whether the pre-existing condition waiting period applies to you. We need about five working days to make the pre-existing condition assessment, subject to the timely receipt of information from your treating medical practitioner/s. Make sure you allow for this time frame when you agree to a hospital admission date. If you proceed with the admission without confirming benefit entitlements and we subsequently determine your condition to be pre-existing, you'll have to pay all outstanding hospital charges and medical charges not covered by Medicare.

## Emergency admissions

In an emergency, we may not have time to determine if you are affected by the pre-existing condition rule before your admission. Consequently if you have less than 12 months membership on your current hospital cover you might have to pay for some or all of the hospital and medical charges if:

- You are admitted to hospital and you choose to be treated as a private patient; and
- We later determine that your condition was pre-existing.

## Privacy

We value the relationship between GMHBA and our members. An important part of this relationship is our commitment to protecting the personal information entrusted to us by our members.

This commitment is documented in our privacy policy and summarised in our privacy brochure. You can pick up a copy of our privacy brochure by calling our customer service centre on 1300 446 422 or by visiting **gmhba.com.au**

## Proof of age

When you join GMHBA and you are not transferring from another fund, you (and your partner for families) may need to provide one of these acceptable forms of proof of age:

- Current passport.
- Current photo driver's licence.
- Original birth certificate.
- Statutory declaration (if you have none of the above).

## Recommendation or endorsement

GMHBA is a registered health insurance fund and does not offer health or medical services or advice. GMHBA does not recommend or endorse any medical practitioner, dentist, therapist, hospital, health or medical service provider, treatment, therapy or the use of any appliance or prosthetic. GMHBA does not endorse or make any representation whatsoever as to the appropriateness or effectiveness of any service or goods for which a benefit or reward is paid.

## Refunds

You may cancel your GMHBA membership from:

- The date you notify GMHBA, in writing of the cancellation (a transfer certificate will be provided to the insured person within 14 days of request) or your current premium due date, whichever is earlier.
- Within 60 days of joining and get a full refund of any premiums received provided you have not made a claim.

## Replacement rule

A benefit replacement rule applies to a number of items/services covered by GMHBA's extras covers. The rule requires that after you claim for such an item, you must wait a specified period of time before you can lodge another claim for the same type of item. The replacement rule applies to the following items/services: dentures, all appliances, hearing aids, nebuliser pumps, blood glucose monitors, blood pressure monitors, sleep apnoea monitors, extremity pumps, tens monitor, pressure garments, GMHBA specified orthopaedic appliances and non-surgical prostheses.

## Restrictions

Benefits may not be paid or may be paid at a lower level where:

- You have already claimed the maximum allowable benefits during a specified period
- You have transferred to GMHBA from another fund and have previously claimed for the service/treatment
- The health care account has been incompletely, incorrectly or inappropriately itemised
- You have an excess to pay on your chosen level of cover
- The fund believes that a patient, following a review of the case (on the basis of information provided by the hospital either internally or using an agreed independent source), is not receiving acute care after 35 days continuous hospitalisation, GMHBA benefits will be reduced to Nursing Home Type Patients benefits and will be paid in accordance with the default benefit determined by the Health Department. All Nursing Home Type Patients are required to pay part of the cost of hospital accommodation
- The service/s is subject to a waiting period or other limit
- Surgery is performed in hospital by a registered podiatrist/podiatric surgeon. Contact GMHBA for details
- When no MBS item number is provided by the GP/specialist eg cosmetic surgery
- Where professional services are provided to themselves, the provider or members of the provider's family or to a provider's business partner's family members or any other people not independent from the practice, only wholesale material costs involved in the provision of the service are subject to benefits
- Additional medical gap benefits where the medical service is rendered by a medical practitioner employed full-time in the public sector.

## Single room guarantee

We will pay you $50 per day (up to a maximum of $150 for three days) if you stay in a shared room when you requested a single room. This is only available for overnight accommodation in a Private Hospital. Day stays are ineligible for this payment.

## Standard Information Statements

A Standard Information Statement (SIS) is available for every product available to new and existing members of the fund. The content of the SIS will be as outlined in the private health insurance (complying product) rules.

An up-to-date SIS will be forwarded to anyone on request and, at the very least, to members once every year (without need to be requested). If more than one adult is insured under a single policy GMHBA will only provide a SIS to the primary member on the policy.

A newly insured member will be given an up to date copy of the relevant SIS, details about what the policy covers and how benefits are provided and a statement identifying the referable health benefits funds when they join.

## State of the health funds report

Every year the Private Health Insurance Ombudsman publishes a State of the Health Funds Report. The aim of this report is to give people extra information to help them make decisions about taking up private health insurance. The report provides general independent comparative information on the performance and service delivery of all health funds. It does not provide detailed information on health fund products. A copy of this report can be downloaded from our website **gmhba.com.au** or **phio.org.au**.

## Suspension

You can suspend your GMHBA membership for periods of overseas travel provided you:

- Have at least 12 months continuous unsuspended membership with GMHBA prior to departure; and
- Plan to be overseas for at least two months; and
- Have paid premiums to the date of departure; and
- Apply for suspension of your membership prior to departure.

You'll be required to resume your suspended membership within two months of returning to Australia and premiums must be paid from the date of re-entry. Your passport, boarding pass or a statutory declaration may be required to be presented to GMHBA as proof of travel.

A three-year maximum cover suspension period for overseas travel applies. Only the balance of outstanding waiting and benefit limitation periods need to be served upon resumption of your membership.

If you apply to GMHBA to suspend your hospital cover for a short period of time and we agree, this period of suspension does not impact on your LHC loading, you are considered to be maintaining your cover.

## Transferring from another health fund

You can transfer your health insurance from another health fund to GMHBA without serving any new waiting periods for the equivalent cover provided that you:

- Have served all waiting and benefit limitation periods with your previous fund;

# Important Information

– Transfer to any equivalent or lower level of cover providing you transfer within 30 days of your membership ceasing with your previous fund.
– Provide GMHBA with an acceptable transfer certificate and claims history issued by your previous fund within seven days of transferring your cover.

GMHBA recommends that your cover starts immediately after your previous cover ends.

If your new cover with GMHBA provides higher benefits or benefits for services not covered by your previous fund, you'll be regarded as a new member for those higher benefits, and/or additional services and will be required to serve the waiting and benefit limitation periods – but only for the higher benefits/additional services.

If you transfer to GMHBA from another fund before completing the waiting and benefit limitation periods with your previous fund, you'll need to serve the balance of the waiting and benefit limitation periods with GMHBA (see waiting periods page 11 and below under the heading 'waiting periods').

When you transfer to GMHBA your benefit entitlements may be adjusted by benefits already paid by your previous fund. Under lifetime health cover, continuity of a member's/partner's certified age at entry (CAE) is possible when transferring from another Australian registered health fund.

## 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 a condition 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 two months, and where the addition/s has already served all waiting periods with GMHBA or another fund.
– Existing GMHBA memberships, and transfers to GMHBA from another fund where:
  i The level of cover and/or benefit entitlement is upgraded or increased.
  ii Any hospital or extras service was not covered by the previous fund; and/or
  iii The waiting and benefit limitation periods have not been completed.

Limited benefits may apply on hospital covers for cosmetic surgery, depending on the medical justification for the surgery.

Where a member is transferring from another product or from another health fund, waiting periods for hospital (or hospital substitute) treatment that was not covered under the old policy are:

– 12 months – Obstetric or pre-existing condition (other than for psychiatric, rehabilitation or palliative care).
– 2 months – Psychiatric, rehabilitation or palliative care.
– 2 months – Any other benefit for hospital (or hospital substitute) treatment.

For hospital (or hospital substitution) where a member is transferring from another product or from another health insurer, waiting periods for extras that were not covered under the old policy are:

– 12 months – Major dental, podiatric surgery, orthotics and health appliances.
– 6 months – Optical benefits
– 2 months – Any other extras benefit.

The above waiting periods also apply to previously uninsured members.

For treatment that was covered under the old policy, at the same or higher level than the new policy, waiting periods are no longer than the balance of any unexpired waiting period for the benefit that applied to the person under the policy.

For treatment that was covered under the old policy but at a lower level, the member is entitled to the lower benefits on their old cover during the waiting period. 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 during the waiting period.

## Waiting periods – Pre-existing condition (PEC)

A special waiting period applies to obtain benefits for hospital treatment for new members who have pre-existing conditions. 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 (other than psychiatric, rehabilitation and palliative care).
– Members transferring/upgrading to a higher hospital cover must wait 12 months to get the higher hospital benefits (other than psychiatric, rehabilitation and palliative care).

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.

## Planning a child

If you are preparing to start a family and your hospital cover does not include obstetrics, you will need to ensure you upgrade your hospital cover to include obstetrics at least 12 months before you have a child to ensure all waiting periods have been served.

If all goes well, a newborn baby is not admitted as a patient in hospital, but if you have complications and your baby requires any accommodation or medical attention, you will not be covered for accommodation or medical services unless your child has served the waiting period. So, if you are currently on a singles membership, you will need to change to a family membership at least two months before your baby is born. GMHBA recommends that you change to family membership three months before your baby is due (you can add an unborn child as an additional person) in case your baby arrives prematurely.

# Direct Debit Service Agreement

**Terms:**

1. This agreement relates only to the Direct Debit Scheme and method of premium payments and does not affect the conditions of membership laid down in the regulations in force at this time or as amended from time to time.
2. All communication issued by GMHBA in relation to the Direct Debit Request and Agreement for Payment of Premiums by Direct Debit will be issued to the GMHBA member irrespective of whether it is the members, or another person's/party's financial institution account to which the Direct Debit Request and Agreement for Payment of Premiums by Direct Debit relate.
3. The frequency of direct debit deductions will be as specified in the Direct Debit Request.
4. The GMHBA membership should be paid to the date of the direct debit deduction. If the membership is not paid to this date, the direct debit deduction may include all arrears owing.
5. A cancellation of the Direct Debit Request must be received by GMHBA in writing on the prescribed form at least seven days prior to the stated cancellation date. The request is to be signed and dated by the account holder. Faxed cancellations will be accepted.

   Cancellations notified by telephone will not be accepted. The cancellation of the Direct Debit Request does not constitute cancellation of the GMHBA membership.
6. Alterations to membership or account details must be received in writing, on the prescribed form/s at least 7 days before the next scheduled direct debit deduction date.
7. GMHBA will notify the member in the event of any alteration to the Direct Debit Request Service Agreement, at least 14 days prior to the direct debit deduction date.
8. A refund of premiums cannot be issued within 14 days of the direct debit deduction date. This allows sufficient time for the Financial Institution to advise GMHBA of any direct debit deduction dishonour.
9. Direct debit deductions through 'BECS' is not available on all accounts and it is the responsibility of the member to check the suitability of the account for direct debit deductions.
10. It is the responsibility of the member to ensure that sufficient funds are held in the account to cover the direct debit deduction. If there are not sufficient funds in the account to cover the direct debit deduction any resulting Financial Institution fees are the responsibility of the member.
11. Direct debit deductions will take place on the date/frequency specified in your Direct Debit Request unless those dates fall on a non working day (i.e. weekend or public/bank holiday) in which instance the direct debit deduction will occur on the first working day following the scheduled date. Members must contact the Financial Institution if they are uncertain of the direct debit deduction date.
12. If a direct debit deduction is dishonoured, GMHBA may attempt to make subsequent deductions at any time, including arrears of premium and any financial institution fees incurred on the dishonour.
13. After three consecutive direct debit deduction dishonours GMHBA will remove the membership from the direct debit scheme.
14. Details of the Financial Institution account will be treated confidentially. The account holder agrees that GMHBA may supply to the member, or any Financial Institution with which GMHBA has entered into an agreement to enable participation in the direct debit scheme, or the Financial Institution specified by the account holder on the direct debit request, any information relating to the member's account with GMHBA, or any credit or debit to the member's account with GMHBA, or any credit or debit to GMHBA's account with a Financial Institution.
15. Dispute Resolution Process
    i. It is the responsibility of the member to contact GMHBA in the event of a member claim or complaint.
    ii. GMHBA will promptly investigate the claim and advise the member if the claim is accepted as a valid claim or, if it is disputed by GMHBA, the reasons why it has been disputed (including without limitation details of the authority given to GMHBA by the customer, including a copy of the original record of the Direct Debit Request and Agreement for Payment of Premiums by Direct Debit).
16. GMHBA is unable to accept direct debits on the 29th, 30th and the 31st of any month.
17. If a frequency is not selected GMHBA will default the frequency to monthly debits. If a date is not selected GMHBA will default the date to the next available date for your frequency.



# Notes

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INSURANCE

## Branches

**Geelong:** 60-68 Moorabool Street

**Belmont:** 178 High Street

**Newcomb:** Bellarine Village, Queenscliff Road

**Norlane:** Bellpost Shopping Centre, Anakie Road

**Ballarat:** 62 Bridge Mall

**Bendigo:** Fountain Court, Mitchell Street

**Colac:** 178 Murray Street

**Hamilton:** 182 Gray Street

**Perth:** Suite 7, Atrium Building, 168 St. Georges Terrace

**Portland:** 112a Percy Street

**Warrnambool:** 114 Lava Street

**Werribee:** Wyndham Private Medical Centre, 242 Hoppers Lane

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**Call** 1300 446 422 **Fax** 03 5221 4582
**Email** service@gmhba.com.au **ABN** 98 004 417 092

Private Health Insurance Code of Conduct