

straightforward health insurance

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# Your Health Cover Options



# Welcome to GMF Health

GMF Health has been helping the people of Western Australia for over 50 years. Over that time, we've grown in size and strength so that today we cover over 60,000 members throughout every State of Australia.

We are a not-for-profit fund, committed to providing our members with excellent service and quality health insurance at a reasonable price.

We've put together this easy-to-read guide to help explain many of the entitlements and benefits available to you as a GMF Health member. This brochure should be read in conjunction with the Your Rights and Obligations brochure.

Health insurance is complex, so not every aspect can be covered in this brochure. If you'd like more information, just talk to one of our Member Service Consultants by calling us on 1300 653 099 from 7am-5pm (WST) week days or visit our website at [gmfhealth.com.au](http://gmfhealth.com.au)



# Why you need GMF Health cover

## Value, Service and Quality

GMF Health is a not-for-profit organisation. Our sole focus is on providing our members with excellent service and quality health insurance at a reasonable price. Our Member Service Consultants are not motivated by commissions on sales, so you know the advice they give you is trustworthy and in your best interests.

## Simple, straightforward health insurance.

Our health insurance options are easy to understand, and we're happy to help when you have questions about your cover. Our processes are simple to follow, so you can save money, time and hassles.

## Financially strong

Because we have no shareholders, member premiums are used to pay claims and cover administrative expenses. Last year we paid over \$60 million in claims and still generated a healthy surplus, giving you confidence in the future of the fund.

# Hospital cover at a glance

GMF Health Hospital cover gives you the peace of mind, to know that you are covered for things like accommodation, in-patient services and theatre room fees, as well as allowing you to choose your own doctor and avoid long waiting lists

GMF Health offers three levels of hospital cover:

### Complete Hospital

Complete Hospital is our highest level of hospital cover and fully covers you for a private room in a public hospital or a GMF Health contracted private hospital.

Complete Hospital covers you for a range of services often excluded in other products including dialysis, gastric banding, obesity surgeries, joint replacement and major eye surgery.

### Mid Hospital

Mid Hospital is our intermediate level of hospital cover and fully covers you for a private room in a public hospital or a GMF Health contracted private hospital.

Mid Hospital is a great value option that covers you for most hospital services, including maternity, with a few exclusions for services including joint replacement.

### Lite Hospital

Lite Hospital is our entry level of hospital cover and fully covers you for a shared room in a GMF Health contracted private hospital and most public hospitals.\*

Lite Hospital covers you for unexpected trips to the hospital including appendicitis and a broken arm and helps you keep your premiums low by excluding services you may not need.

### Save on the amount you pay with an optional excess

With an excess, you'll pay a lower premium now but pay an excess for any overnight hospital stays within each calendar year. If you'd like to add an excess, you can choose from one of these options:

- \$300 per person (maximum of \$600 per couple/family membership per calendar year)
- \$500 per person (maximum of \$1000 per couple/family membership per calendar year)

If you don't have an overnight hospital stay, you don't have to pay the excess at all.

	Complete Hospital	Mid Hospital	Lite Hospital
Fully covered for a private room in a public hospital or a GMF Health contracted private hospital.	●	●	
Fully covered for a shared room in a GMF Health contracted private hospital and most public hospitals.*	●	●	●
GMF Health Medical Gap cover	●	●	●
Excess Options	Options available	Options available	Options available
Ambulance (road transport only)	●	●	●
Broader Health	●	●	●
Coronary/ heart and cardiothoracic procedures	●	●	
Dialysis	●		
Gastric banding, obesity surgeries and other related services	●		
Joint Replacement	●		
Major Eye Surgery	●		
Maternity and assisted reproductive services	●	●	
Plastic and reconstructive (with CMBS item number only)	●	●	●
Psychiatric Care	●	●	●
Rehabilitation	●	●	●
Theatre Fees	●	●	●

\*Fully covered for a shared room in most government hospitals. For more information, please call 1300 653 099.

# Extras cover at a glance

As well as your Hospital cover, there are many good reasons to add Extras to your health insurance package. Extras can provide cover for a range of day-to-day health care services that are not covered by Medicare such as dental, physiotherapy, chiropractic, glasses and contact lenses. Please keep in mind that benefits are only paid for services provided by professionals who are registered with GMF Health. Ask your provider or contact us on 1300 653 099 for details.

GMF Health offers three levels of Extras cover:

### Complete Extras

Complete Extras is our highest level of extras cover. Complete Extras includes more than 25 services.

### Mid Extras

Mid Extras is our intermediate level of extras cover. Mid Extras includes more than 20 services.

### Lite Extras

Lite Extras is our entry level of extras cover. Lite Extras includes 9 services.

	Complete Extras	Mid Extras	Lite Extras
Accommodation If travel is required for treatment and you qualify for PATS.	●	●	
Ambulance (road transport only)	●	●	●
Ante-Natal Classes	●	●	
Audiology	●	●	
Chiropractic	●	●	●
Clinical Psychology	●	●	
Dental – general	●	●	●
Dental – major	●	●	
Dietetics	●	●	
Exercise Physiology	●		
Hearing Aids	●	●	
Health Management Appliances	●	●	
Home Nursing	●	●	
Hospital Boarders	●	●	
Natural Therapy Consultations	●	●	●
Natural Therapies Extra	●		
Nutritionist	●		
Occupational Therapy	●	●	
Optical	●	●	●
Osteopathy	●	●	●
Pharmacy	●	●	●
Physiotherapy	●	●	●
Podiatry	●	●	●
Speech & Eye Therapy	●	●	
Travel Costs (If you qualify for PATS).	●	●	

The benefits and maximums for Complete Extras, Mid Extras and Lite Extras are listed in the following tables.

Remember - you can add any level of Extras cover to any level of Hospital cover.

	Complete Extras		Mid Extras		Lite Extras	
	Benefits up to	Maximum per person per calendar year	Benefits up to	Maximum per person per calendar year	Benefits up to	Maximum per person per calendar year
<b>Accommodation</b> If travel is required for treatment	\$43 per night	\$645 per membership	\$43 per night	\$645 per membership	n/a	n/a
<b>Ambulance</b> Road transport only	100%	100% covered for road transport emergency services and 100% covered for one non-emergency service. \$40 co-payment applies for all subsequent non-emergency services (all services must be medically necessary)	100%	100% covered for road transport emergency services and 100% covered for one non-emergency service. \$40 co-payment applies for all subsequent non-emergency services (all services must be medically necessary)	100%	100% covered for road transport emergency services and 100% covered for one non-emergency service. \$40 co-payment applies for all subsequent non-emergency services (all services must be medically necessary)
<b>Ante-Natal Classes</b> Payable only on completed series of classes	\$60	1 series of classes per year	\$60	1 series of classes per year	n/a	n/a
<b>Audiology</b>		\$375		\$160	n/a	n/a
Initial consultations	\$42		\$39.20			
Subsequent consultations	\$30		\$28			
Report to Otolaryngologist	\$22		\$20			
<b>Chiropractic</b>		\$500 combined benefit limit with osteopathy.		\$366		\$366 combined benefit limit with osteopathy.
Initial consultations	\$37		\$27		\$27	
Subsequent consultations	\$26		\$19		\$19	
Chiropractic x-rays	\$66	1 per year	\$60	1 per year	\$60	1 per year
<b>Clinical Psychology</b>		\$800		\$800	n/a	n/a
Initial consultations	\$70		\$66			
Subsequent consultations	\$52		\$49.50			
Group psychotherapy	\$47		\$33			

	Complete Extras		Mid Extras		Lite Extras	
	Benefits up to	Maximum per person per calendar year	Benefits up to	Maximum per person per calendar year	Benefits up to	Maximum per person per calendar year
<b>Dental, General</b>						
Consultations/examinations	\$30 - \$53		\$26-\$45		\$23 - \$41	
X-rays	\$26 - \$47		\$23 - \$47		\$21 - \$47	
Scale and clean (1st visit)	\$70		\$60		\$55	
Extractions	\$95 - \$232	\$850 (<5yrs)	\$81 - \$199	\$850 (<5yrs)	\$75 - \$182	\$500 (<5yrs) \$1500 (>5yrs)
General Restorations (e.g. 1 surface adhesive filling)	\$82	\$2000 (>5yrs)	\$70	\$2000 (>5yrs)	\$65	
Mouthguard	\$80	\$2500 (>10 yrs)	\$45	\$2500 (>10 yrs)	\$45	
<b>Dental, Major</b>		Combined benefit limit for all dental services including orthodontic.		Combined benefit limit for all dental services including orthodontic.	n/a	n/a
Crowns-bridges	\$74 - \$1003		\$51.75 - \$820			
Full Dentures*	\$883		\$742			
Orthodontic** - full arch banding (two arches)	\$850 (<5yrs) \$2000 (>5yrs) \$2500 (>10yrs) for complete course of treatment.		\$850 (<5yrs) \$2000 (>5yrs) \$2500 (>10yrs) for complete course of treatment.			
<b>Dietetics</b>					n/a	n/a
Initial consultation	\$50	1 per year	\$44.80	1 per year		
Subsequent consultations	\$23	\$350 combined benefit limit with nutritionist	\$19.05	\$250		
Group consultations	\$13		\$11			
<b>Exercise Physiology</b>			n/a	n/a	n/a	n/a
Initial consultation	\$42	1 per year				
Subsequent consultations	\$33	\$600 combined benefit limit with physiotherapy				
Group consultations	\$14					
<b>Hearing Aids</b>	\$860	1 every 5 yrs	\$750	1 every 5 yrs	n/a	n/a
<b>Health management aids and appliances such as:***</b> (Letter from Medical Practitioner is required)	(80% of charge up to)		(80% of charge up to)		n/a	n/a
Braces - spine, leg or arm	\$100	1 per year	\$100	1 per year		
Glucose monitor	\$150	1 per 3 yrs	\$150	1 per 3 yrs		
Nebuliser	\$150	1 per 3 yrs	\$150	1 per 3 yrs		
Blood Pressure machine	\$200	1 per 3 yrs	\$200	1 per 3 yrs		
Wheelchair	\$1000	1 per 5 yrs	\$1000	1 per 5 yrs		

\* Benefit is once per member every 2 years.

\*\* Benefits are per person per lifetime. The benefit limit for orthodontic treatment is determined from the date the current treatment commenced and is included as part of annual maximums.

\*\*\* Benefit of 80% of the account with an annual maximum of \$1500 per person per year. Individual benefits are limited to the maximum amounts listed. Subject to items listed on the GMF Health Management Aid and Appliance Schedule.

	Complete Extras		Mid Extras		Life Extras	
	Benefits up to	Maximum per person per calendar year	Benefits up to	Maximum per person per calendar year	Benefits up to	Maximum per person per calendar year
Home nursing	\$80 per day	\$1800	\$80 per day	\$1800	n/a	n/a
Hospital Boarders	\$43 per day	\$645 per membership	\$43 per day	\$645 per membership	n/a	n/a
Natural Therapy		\$550 combined benefit limit		\$500 combined benefit limit for acupuncture, naturopathy & massage therapist		\$500 combined benefit limit for acupuncture, naturopathy & massage therapist
Acupuncture – per consultation	\$32		\$21.60		\$21	
Naturopathy – per consultation	\$32		\$16.80		\$21	
Massage Therapy – per consultation	\$32		\$15.60		\$21	
Natural Therapies Extra			n/a	n/a	n/a	n/a
Myotherapy	\$32		Yoga & Pilates 1 program per year			
Reflexology	\$32					
Yoga Program	\$100 per Program					
Pilates Programs	\$100 per Program					
Traditional Chinese Medicine Consultations	\$32 per consult					
Homeopathy	\$32 per consult					
Nutritionist		\$350 combined benefit limit with dietetics	n/a	n/a	n/a	
Initial consultation	\$50					1 per year
Subsequent consultations	\$23					
Group consultations	\$13					
Occupational Therapy		\$440		\$350	n/a	n/a
	Initial consultation \$44		Less than 45 mins \$28			
	Subsequent consultations \$29		More than 45 mins \$44.80			
Group therapy	\$17		\$11.20			
Optical – Spectacles	\$350	\$350 (combined spectacles and contacts)	\$350	\$350 (combined spectacles and contacts)	\$250	\$250 (combined spectacles and contacts)
Frames						
Single vision lenses						
Bi-focal lenses						
Multi-focal lenses						
Spectacle repairs (including lenses)						
Optical – Contacts						
Disposable contact lenses						
Non disposable contact lenses						

	Complete Extras		Mid Extras		Lite Extras	
	Benefits up to	Maximum per person per calendar year	Benefits up to	Maximum per person per calendar year	Benefits up to	Maximum per person per calendar year
<b>Osteopathy</b>						
Initial consultation	\$37	1 per year	\$39.20	1 per year	\$17	1 per year
Subsequent consultations	\$26	\$500 combined benefit limit with chiropractic	\$28	\$1000 combined benefit limit with physiotherapy	\$13	\$366 combined benefit limit with chiropractic
<b>Pharmaceutical</b> GMF Health Pharmacy Schedule less member co-payment (equal to current Government PBS Scheme)		\$350		\$350		\$350
<b>Physiotherapy</b>						
Initial consultation	\$42	1 per year	\$39.20	\$1000 combined benefit limit for physiotherapy & osteopathy	\$39	1 per year
Subsequent consultations	\$33	\$600 combined benefit limit with exercise physiology	\$28		\$28	\$550
Group & Hydro Therapy	\$14		\$13.45		\$13	
<b>Podiatry</b>		\$500 combined benefit limit for foot orthotics and podiatry		\$450 combined benefit limit for foot orthotics and podiatry		\$450 combined benefit limit for foot orthotics and podiatry
Consultations	\$36		\$33		\$33	
<b>Orthotic appliances</b> Benefit is payable if supplied by a registered Podiatrist or GMF Health approved supplier.	80% of cost to max of \$200 for single, \$400 for pair	Limited to 1 pair per year	80% of cost to max of \$200 for single, \$400 for pair	Limited to 1 pair per year	80% of cost to max of \$200 for single, \$400 for pair	Limited to 1 pair per year
<b>Speech &amp; Eye Therapy</b>					n/a	n/a
Speech – initial consultations	\$52	1 per year	\$44.80	1 per year		
Speech – subsequent consultations	\$39		\$44.80			
Orthoptic – initial consultations	\$52	1 per year	\$44.80	1 per year		
Orthoptic – subsequent consultations	\$39		\$33			
		\$650 for all orthoptic and speech therapy		\$650 for all orthoptic and speech therapy		
<b>Travel costs</b>	20 cents per km after the first 200kms travelled	\$350 per membership	20 cents per km after the first 200kms travelled	\$350 per membership	n/a	n/a



# Waiting Periods

Waiting periods protect existing members. They ensure that people don't just wait until they are sick before joining, claim large sums immediately, then drop their cover. However, hospital treatment for genuine accidents and emergencies is covered after only one day. Waiting periods also apply when you transfer to a higher level of cover.

Hospital Waiting Periods (including Medical Gap benefits)	
Psychiatric Care	
Rehabilitation	2 month waiting period
Palliative	
Assisted Reproductive Services (including IVF)	
Plastic and reconstructive (with CMBS item number only)	2 month waiting period (unless deemed pre-existing)
Joint Replacement	
Other Hospital Treatments	
Maternity*	12 month waiting period
Pre-existing Ailments or Conditions	
An ailment, illness or condition, the signs or symptoms of which, in the opinion of an independent medical practitioner appointed by GMF Health existed at any time during the six months before you became a member or transferred to a higher level of cover. Does not apply for psychiatric, rehabilitation or palliative care.	
	12 month waiting period

\* If you are on a single policy, an application for family cover must be made within 30 days of your baby's date of birth for your baby to be covered on your policy.

Extras Waiting Periods	
Ambulance	1 day waiting period
Accommodation	
Audiology	
Chiropractic	
Dietetics	
Exercise physiology	
Eye Therapy	
Home Nursing	
Hospital Boarders	
Natural Therapies	2 month waiting period
Natural Therapies Extra	
Nutritionist	
Occupational Therapy	
Osteopathy	
Pharmacy	
Physiotherapy	
Podiatry	
Speech Therapy	
Travel costs	
Optical - spectacles	3 month waiting period
Dental - general	6 month waiting period
Ante-Natal classes	
Clinical Psychology	
Dental - major	12 month waiting period
Optical - contacts	
Orthotic appliances	
Health Management Aids	12-36 month waiting period
Hearing Aids	24 month waiting period

# Other important information

## Cooling off period

If you decide that the health cover you've chosen isn't right for you, you can transfer to a different level of cover at any time. Keep in mind that you may have to serve additional waiting periods if you transfer up to a higher level of cover. Alternatively, if you have taken out your cover within the last 30 days, GMF Health have a 'cooling off period' which means you can cancel your policy and receive a full refund provided that you haven't made a claim.

## Pre-Existing Ailments and Conditions

### What is a pre-existing condition or ailment?

An ailment, illness or condition, the signs or symptoms of which, in the opinion of an independent medical practitioner appointed by GMF Health, existed at any time during the six months before you became a member or transferred to a higher level of cover.

It is not necessary for the ailment, illness or condition to have been diagnosed in the six month period prior to taking out hospital cover or upgrading – only that signs or symptoms were, or would have been evident. These signs or symptoms should have been reasonably apparent to either the member, or a reasonable general practitioner had the member been examined in the six month period.

Pre-existing conditions, wait periods or ailments do not apply for psychiatric, rehabilitation and palliative care.

### When to contact the health fund

If you have less than 12 months membership on your current hospital product, make sure you contact us before you are admitted to hospital and find out whether the pre-existing ailment waiting period applies to you.

Please allow at least five days for us to make an assessment of the pre-existing ailment.

If you proceed with the admission without confirming benefit entitlements and GMF Health subsequently determine your condition to be pre-existing, you will be required to pay all 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 ailment rule before your admission. Consequently if you have less than 12 months membership on your current hospital product you might have to pay for some or all of the hospital and medical charges if you are admitted to hospital and choose to be treated as a private patient and GMF Health later determines that your condition was pre-existing.



**Straightforward health insurance**

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The information in this brochure was correct at time of printing. Minor changes may have occurred since that date. If major changes occur, the brochure will be replaced. This brochure should be read carefully and retained for your future reference. Details of any minor changes can be obtained from GMF Health upon request.