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# THANKS FOR COMPARING HEALTH INSURANCE

It's a good idea to read through the following pages to learn more about this policy. If you have any questions or need more information, chat with one of our health insurance specialists by calling **1800 46 29 55**.

**On the other hand, if you're ready to buy, here's what you need to do:**

1. Review the enclosed policy brochure to ensure it meets your health insurance needs
2. Buy direct at **comparethemarket.com.au**; or
3. Call **1800 46 29 55** to speak to one of our Health Insurance Specialists

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

# Gold Extras

## Set Benefits GS

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

Gold Extras provides a high level of cover on a wide range of services with generous benefits and annual limits.

### Waiting periods

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

Waiting periods will apply to:

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

Extras Services	Waiting Periods	Benefit
<b>Ambulance subscription/transport</b>		
Please note: 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. A transport trip is claimable however this will result in significant out of pocket costs. Publicly funded ambulance services and State Government transport schemes are excluded (e.g. TAS/NSW/QLD).		
Annual subscription refund	N/A	100%
Transport benefit (per trip)		\$300
Annual limit per person		\$500
<b>Antenatal and Postnatal classes</b>		
	2 months	
Benefits can be claimed for sessions and courses provided by registered midwives or physiotherapists in a private practice. Benefits are not payable for courses or sessions that are paid for by Medicare.		
Initial visit		\$48
Subsequent visit		\$42
Annual limit per person		\$350
<b>Audiology</b>		
	2 months	
Initial visit		\$41
Subsequent visit		\$31
Annual limits per person		\$500
<b>Blood glucose monitor</b>		
	12 months	
A doctor's letter of recommendation must accompany each claim		
One per membership every three years		100% up to \$200
<b>Chiropractic / Osteopathy</b>		
	2 months	
Initial visit		\$27
Subsequent visit		\$20
Chiropractic x-ray		\$44
Annual limits per person /single membership each calendar year		\$350 per person
Annual limit per family membership each calendar year		\$700 per family
<b>Dental</b>		
<b>Major Dental</b>	12 months	

Please note: The benefits shown are the annual limits for each type of dental service. There are further sub limits within some of these dental services. E.g. the individual benefit for one crown on Gold Extras cover is \$450.

<b>Orthodontic</b> – Benefits example: Fixed appliance treatment – upper and lower jaw treatment by a registered specialist	12 months	
Maximum benefits per calendar year		Year 1-3: \$450 Year 4: \$550 Year 5: \$600 Year 6: \$650 Year 7: \$700 Year 8: \$750 Year 9: \$800 Year 10+: \$850
Maximum benefit per course of treatment		\$2,550
Lifetime benefit limit		\$2,900
<b>Dentures</b>		
New full upper and lower dentures every 2 years		\$500
<b>Combined crown and bridgework</b>	12 months	
Annual limit per person per calendar year		\$600
<b>Indirect restorations</b>	12 months	
Annual limit per person		\$400
Annual limit per family membership		\$800
<b>Implants</b>	12 months	
Annual limit per person each calendar year		\$600
<b>General Dental</b>		
There are a range of dental procedures that cannot be claimed when provided on the same day e.g. a filling on a tooth that has been removed. There are also limits on the number of dental procedures you can have e.g. periodic examinations are limited to two per calendar year. Dental benefits for some procedures cannot be paid unless tooth identifications (ID) are supplied by the provider. The general dental limits for dental examinations and scale and clean procedures are available per person on a calendar year basis.		
<b>Preventative Dental</b> – Benefits are based on specific item numbers.		
a) Diagnostic services	2 months	Set benefits apply
b) Preventative services e.g. periodic examination 2 per calendar year, removal of plaque 3 per calendar year. Annual limit per person per calendar year.	2 months	Up to \$500 per person
d) Restorative services (limited benefits apply to precious restorations)	2 months	Set benefits apply
Annual limit per person each calendar year	2 months	\$2,000
<b>Dietetics &amp; diabetes education consultations</b>	2 months	
Initial visit		\$60
Subsequent visit		\$45
Annual limit per person		\$500
<b>Extremity pump</b>	12 months	
A doctor's letter of recommendation must accompany each claim		
Benefit		100% up to
One per membership every 3 years		\$300
<b>Eye therapy and speech therapy</b>	2 months	
Initial visit		\$35
Subsequent visit		\$26
Annual limit per person		\$500
<b>Fluoride dietary supplement</b>	2 months	
Benefits are only payable towards the cost of dietary fluoride supplements (tablet or liquid form) dispensed by a chemist or dentist in private practice.		

Benefit of up to	\$22
Maximum benefit per person each calendar year	\$45
<b>Hearing aids</b>	12 months
Benefit up to	100% up to \$859
Maximum per person every 3 years	\$1,500
<b>Naturopathy/Homeopathy/Acupuncture</b>	2 months
Initial visit	\$27
Subsequent visits	\$20
Annual limits per person/single membership each calendar year	\$350
Annual limit per family membership each calendar year	\$700
<b>Nebuliser pump</b>	12 months
A doctor's letter of recommendation must accompany each claim	
One per membership every 3 years	\$150
<b>Nursing – Visiting/Home/Registered Nurse (Private Practice)</b>	2 months
Home (bush) nursing benefit for each visit	\$8
Visiting/Registered nurse (private practice) benefit per hour	\$8
Maximum benefit each day	\$48
Annual limit per person	\$1,000
<b>Occupational therapy</b>	2 months
Initial visit	\$42
Subsequent visit	\$31
Annual limit per person/single membership each calendar year	\$500
Annual limit per family membership each calendar year	\$1,000
<b>Optical</b>	6 months
Non-prescription sunglasses and repairs are excluded.	
Prescription spectacles, contact lenses and frames – benefit of up to	100%
Annual limit per person each calendar year	\$250
<b>Orthopaedic appliances</b>	12 months
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. 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.	
Benefit of up to	\$97
Limit per person every 3 years	\$400
<b>Orthopaedic appliance repairs</b>	2 months
Annual limit per person each calendar year	\$50
<b>Orthotic appliances (foot)</b>	12 months
Orthotic appliances must be custom made by a podiatrist or orthotists and not by a chiropractor or physiotherapist. 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.	
Benefit of up to	\$103
Annual limit per person/single membership each calendar year	\$250
Annual limit per family membership each calendar year	\$450
<b>Pharmacy including travel vaccinations – private script</b>	2 months

Private Script Benefits are only payable towards the cost of prescription pharmaceuticals that are dispensed through a provider in private practice. Pharmaceuticals must be classed as either Schedule 4 or Schedule 8 for benefits to be paid. Please refer to the Important Information Guide for claiming guidelines.		
Members pay the first maximum PBS contribution then the following benefit is paid towards the balance		\$27
Annual limit per person/single membership each calendar year		\$350
Annual limit per family membership each calendar year		\$550
<b>Physiotherapy/Myotherapy/Hydrotherapy/Exercise Physiology</b>	2 months	
For physiotherapy and hydrotherapy only class attendance is limited to \$240 per person each calendar year and this limit is included with your annual limit. Physiotherapy consultation must be for a minimum of 15 – 20 minutes to qualify for one-on-one physiotherapy benefits.		
Initial visit		\$40
Subsequent visits		\$30
Class attendance		\$30
Annual limit per person/single membership each calendar year		\$500
Annual limit per family membership each calendar year		\$1,000
<b>Podiatry</b>	2 months	
Initial visit		\$30
Subsequent visit		\$23
Comprehensive treatment – initial visit		\$39
Comprehensive treatment – subsequent visit		\$29
Surgical procedures – benefit of up to	12 months	80% of the cost up to \$115
Annual limit per person each calendar year		\$300
<b>Pressure garments</b>	12 months	
Are used for the treatment of burns, varicose veins, lymphoedema or for post-operative surgery up to 60 days from hospital discharge. For benefits to be payable garments must be supplied through a private company or therapist in private practice. A doctor's letter of recommending the appliance must accompany each claim for benefits.		
Benefit of up to		\$57
Annual limit per person		\$300
<b>Prostheses (non-surgical)</b>	12 months	
Prostheses include a range of approved non-surgically implanted prostheses (eg wigs). A doctor's letter of recommendation must accompany each claim for benefits.		
Benefit of up to		\$160
Annual limit per person		\$250
<b>Psychology</b>	2 months	
Initial visit		\$45
Subsequent visit		\$34
Group therapy initial visit		\$48
Group therapy subsequent visit		\$36
Annual limit per person/single membership each calendar year		\$500
Annual limit per family membership each calendar year		\$800
<b>Remedial massage</b>	2 months	
Annual limit combined with Naturopathy, homeopathy, acupuncture		
Initial visit		\$23
Subsequent visits		\$17

Annual limit per person/single membership each calendar year	\$350
Annual limit per family membership each calendar year	\$700
<b>Sleep apnoea monitor</b>	12 months
A doctor's letter of recommendation must accompany each claim	
One claim per membership every 3 years	100% up to \$200
<b>Tens monitor</b>	12 months
A doctor's letter of recommendation must accompany each claim	
One claim per membership every 3 years	100% up to \$100
<b>Weight loss program</b>	2 months
Benefit payable only when participating in a recognised weight loss program and is recommended in writing by a doctor.	
Benefit on achieving 10% of start weight	\$100
Benefit on achieving goal weight (within 24 months)	\$100
Lifetime benefit limit per policy	\$400

### Preventative Health Benefits

We give you access to a range of preventative health benefits listed below

Preventative health	Service limit
FOBT Kits (purchased through GMHBA)	1 every 2 years
Melanoma Surveillance Photography	1 per year
Quit smoking programs	1 per year
Nicotine replacement patches	1 x 12 week course of patches per year
Annual limit per person/single membership each calendar year	\$150
Annual limit per family membership each calendar year	\$300

### Important

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

### Find out more

If you're planning treatment, please call us to discuss your options to ensure you're covered and have served all relevant waiting periods. For further information please call 1300 446 422, visit your local branch or [gmhba.com.au](http://gmhba.com.au).



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