

## Private Health Information Statement - General treatment policy

### Super Benefits (Family)

#### GU Health

<http://www.guhealth.com.au>  
[corporate@guhealth.com.au](mailto:corporate@guhealth.com.au)  
 1800 249 966

#### Monthly Premium

**\$447.50 #**

(before any rebate or insurer discount)

Covers two adults & dependants (3 or more people, only 2 of whom are adults)

Available in All States

# You may be entitled to an Australian Government rebate on the above premium. Your premium may also include an insurer discount. Check with your insurer for details.

This policy covers children and other dependants up to and including the age of 20, students up to and including the age of 24, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.

Employees/Members of organisations with arrangements with this health insurer

### General Treatment Cover

This health insurer does not operate a preferred provider scheme.

This policy  includes General treatment (Extras) cover for

Note, for items marked with an asterisk \*: Pharmaceutical benefits paid for items with an official pharmacy receipt, after you pay a sum equal to the Australian Government's highest current PBS co-payment. One hearing aid appliance(s) every five years

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	0	\$1,000 per person	Periodic oral examination - 80% of charge Scale & clean - 80% of charge Fluoride treatment - 80% of charge Surgical tooth extraction - 80% of charge
Major dental	12	\$1,500 per person (combined limit for major dental, endodontic & orthodontic)	Full crown veneered - 50% of charge
Endodontic	12		Filling of one root canal - 80% of charge
Orthodontic	12		Braces for upper & lower teeth, including removal plus fitting of retainer - 50% of charge
Optical	0	\$200 per person	Single vision lenses & frames - 80% of charge Multi-focal lenses & frames - 80% of charge
Non PBS pharmaceuticals*	0	\$500 per person	Per eligible prescription - 100% of charge
Physiotherapy	0	\$600 per person (combined limit for physiotherapy, ante-natal/post-natal classes, eye therapy (orthoptics), occupational therapy, speech therapy & other services)	Initial visit - 80% of charge Subsequent visit - 80% of charge
Chiropractic	0	\$500 per person (combined limit for chiropractic, osteopathy & other services)	Initial visit - 80% of charge Subsequent visit - 80% of charge
Podiatry	0	\$300 per person	Initial visit - 80% of charge Subsequent visit - 80% of charge
Psychology	0	\$500 per person (combined limit for psychology, acupuncture, remedial massage, chinese medicine, dietetics/dietary advice, exercise physiology & other services)	Initial visit - 80% of charge Subsequent visit - 80% of charge
Acupuncture	0		Initial visit - 80% of charge Subsequent visit - 80% of charge
Remedial massage	0		Initial visit - 80% of charge Subsequent visit - 80% of charge

Hearing aids*	12	\$500 per person 1 appliance(s) every 5 years (Sub-limits apply)	Hearing aid - 80% of charge
Blood glucose monitors	12	\$500 per person (combined limit for blood glucose monitors, orthotics (podiatric orthoses) & other services)	Per monitor - 80% of charge
Audiology	0	\$200 per person	Initial visit - 100% of charge Subsequent visit - 100% of charge
Ante-natal/Post-natal classes	0	Combined limit - see Physiotherapy	Initial visit - 80% of charge Subsequent visit - 80% of charge
Chinese medicine	0	Combined limit - see Psychology	Initial visit - 80% of charge Subsequent visit - 80% of charge
Dietetics/dietary advice	0	Combined limit - see Psychology	Initial visit - 80% of charge Subsequent visit - 80% of charge
Exercise physiology	0	Combined limit - see Psychology	Initial visit - 80% of charge Subsequent visit - 80% of charge
Eye therapy (orthoptics)	0	Combined limit - see Physiotherapy	Initial visit - 80% of charge Subsequent visit - 80% of charge
Occupational therapy	0	Combined limit - see Physiotherapy	Initial visit - 80% of charge Subsequent visit - 80% of charge
Orthotics (podiatric orthoses)	12	Combined limit - see Blood glucose monitors	Orthotics supply & fit - 80% of charge
Osteopathy	0	Combined limit - see Chiropractic	Initial visit - 80% of charge Subsequent visit - 80% of charge
Speech therapy	0	Combined limit - see Physiotherapy	Initial visit - 80% of charge Subsequent visit - 80% of charge

This policy **X** does not include General treatment (Extras) cover for

**X** Other treatments - check with your insurer

### Other features of this general treatment cover

GU Health specialises in corporate health cover, providing superior health plans with executive benefits. Enjoy generous benefits on a range of services including general dental, physiotherapy, chiropractic and remedial massage.

For further information about this policy see

<https://www.guhealth.com.au/>

### Ambulance cover

Ambulance cover is provided by the State government in Tasmania ([https://www.health.tas.gov.au/ambulance/fees\\_and\\_accounts](https://www.health.tas.gov.au/ambulance/fees_and_accounts)) and Queensland (<https://www.ambulance.qld.gov.au/>). In other states concession card holders may have free cover and there are subscription services in several states ([https://privatehealth.gov.au/health\\_insurance/what\\_is\\_covered/ambulance.htm](https://privatehealth.gov.au/health_insurance/what_is_covered/ambulance.htm)).

For further information about this policy see

<https://www.guhealth.com.au/forms-and-publications/fact-sheets>

### Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.