

Private Health Information Statement - General treatment policy

Business 80 Benefits (Family)

GU Health

<http://www.guhealth.com.au>
corporate@guhealth.com.au
 1800 249 966

Monthly Premium

\$275.83[#]

(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. Orthodontics treatment maximum lifetime limit is \$2,200 per person. Hearing Aids are limited to one appliance per person every five years.

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	0	\$1,100 per person (combined limit for general dental, major dental, endodontic & orthodontic) \$2,200 lifetime limit for Orthodontic	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		Full crown veneered - 80% 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 - 80% 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	\$700 per person (combined limit for non pbs pharmaceuticals, podiatry, psychology, hearing aids, blood glucose monitors, occupational therapy, orthotics (podiatric orthoses) & speech therapy)	Per eligible prescription - 80% of charge
Physiotherapy	0	\$450 per person (combined limit for physiotherapy & ante-natal/post-natal classes)	Initial visit - 80% of charge Subsequent visit - 80% of charge
Chiropractic	0	\$450 per person (combined limit for chiropractic & osteopathy)	Initial visit - 80% of charge Subsequent visit - 80% of charge
Podiatry	0	Combined limit - see Non PBS pharmaceuticals	Initial visit - 80% of charge Subsequent visit - 80% of charge
Psychology	0	Combined limit - see Non PBS pharmaceuticals	Initial visit - 80% of charge Subsequent visit - 80% of charge
Acupuncture	0	\$200 per person (combined limit for acupuncture, remedial massage, chinese medicine, dietetics/dietary advice, exercise physiology & other services)	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	Combined limit - see Non PBS pharmaceuticals	Hearing aid - 80% of charge
Blood glucose monitors	12	Combined limit - see Non PBS pharmaceuticals	Per monitor - 80% 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 Acupuncture	Initial visit - 80% of charge Subsequent visit - 80% of charge
Dietetics/dietary advice	0	Combined limit - see Acupuncture	Initial visit - 80% of charge Subsequent visit - 80% of charge
Exercise physiology	0	Combined limit - see Acupuncture	Initial visit - 80% of charge Subsequent visit - 80% of charge
Occupational therapy	0	Combined limit - see Non PBS pharmaceuticals	Initial visit - 80% of charge
Orthotics (podiatric orthoses)	12	Combined limit - see Non PBS pharmaceuticals	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 Non PBS pharmaceuticals	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 a generous 80% back on all included treatments and services.

For further information about this policy see

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

Ambulance cover

In All States this policy provides:

Emergency: Unlimited with no waiting period.

Non-emergency: Unlimited transport with no waiting period.

Call-out fees: will not be paid.

State schemes provide ambulance services for residents of Tasmania

(https://www.health.tas.gov.au/ambulance/fees_and_accounts) and Queensland (<https://www.ambulance.qld.gov.au/>).

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.