

Private Health Information Statement - General treatment policy

Everyday Benefits (Family)

GU Health

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

Monthly Premium

\$440.83[#]

(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. 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 | \$1,200 per person | Periodic oral examination - 60% of charge Scale & clean - 60% of charge Fluoride treatment - 60% of charge Surgical tooth extraction - 60% of charge |
| Major dental | 12 | \$1,700 per person (combined limit for major dental, endodontic, orthodontic & other services) | Full crown veneered - 60% of charge |
| Endodontic | 12 | | Filling of one root canal - 60% of charge |
| Orthodontic | 12 | | Braces for upper & lower teeth, including removal plus fitting of retainer - 60% of charge |
| Optical | 0 | \$350 per person | Single vision lenses & frames - 60% of charge Multi-focal lenses & frames - 60% of charge |
| Non PBS pharmaceuticals* | 0 | \$500 per person | Per eligible prescription - 60% 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 - 60% of charge Subsequent visit - 60% of charge |
| Chiropractic | 0 | \$500 per person (combined limit for chiropractic, osteopathy & other services) | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Podiatry | 0 | \$300 per person | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Psychology | 0 | \$500 per person (combined limit for psychology, acupuncture, remedial massage, chinese medicine, dietetics/dietary advice & exercise physiology) | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Acupuncture | 0 | | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Remedial massage | 0 | | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Hearing aids* | 12 | \$500 per person 1 appliance(s) every 5 years | Hearing aid - 60% of charge |

| | | | |
|--------------------------------|----|--|---|
| Blood glucose monitors | 12 | \$500 per person (combined limit for blood glucose monitors, orthotics (podiatric orthoses) & other services) | Per monitor - 60% of charge |
| Audiology | 0 | \$200 per person | Initial visit - 80% of charge Subsequent visit - 80% of charge |
| Ante-natal/Post-natal classes | 0 | Combined limit - see Physiotherapy | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Chinese medicine | 0 | Combined limit - see Psychology | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Dietetics/dietary advice | 0 | Combined limit - see Psychology | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Exercise physiology | 0 | Combined limit - see Psychology | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Eye therapy (orthoptics) | 0 | Combined limit - see Physiotherapy | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Occupational therapy | 0 | Combined limit - see Physiotherapy | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Orthotics (podiatric orthoses) | 12 | Combined limit - see Blood glucose monitors | Orthotics supply & fit - 60% of charge |
| Osteopathy | 0 | Combined limit - see Chiropractic | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Speech therapy | 0 | Combined limit - see Physiotherapy | Initial visit - 60% of charge Subsequent visit - 60% 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 a tailored health plan with extensive benefits. Enjoy 60% back on a wide range of included treatments and services.

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) 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).

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.