

Private Health Information Statement - General treatment policy

EXTENDED BENEFITS DIRECT \$125 EXCESS (SINGLE)

GU Health

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

Monthly Premium

\$234.17[#]

(before any rebate or insurer discount)

Covers only one person
 Available in Northern Territory
 Closed to new members

[#] 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.

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 *: The Major Dental limit increases by \$175 per year up to \$1,500 and Optical limit increases by \$25 per year up to \$300. Hearing Aids are limited to one appliance per person every five years. 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.

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	0	\$1,000 per policy (Sub-limits apply)	Periodic oral examination - \$30.00 Scale & clean - \$38.00 Fluoride treatment - \$30.00 Surgical tooth extraction - \$101.00
Major dental*	12	\$800 per policy (combined limit for major dental, endodontic, orthodontic & other services - Sub-limits apply) \$1,500 lifetime limit for Orthodontic	Full crown veneered - \$650.00
Endodontic	12		Filling of one root canal - \$120.00
Orthodontic	12		Braces for upper & lower teeth, including removal plus fitting of retainer - 80% of charge
Optical*	0	\$200 per policy (Sub-limits apply)	Single vision lenses & frames - \$200.00 Multi-focal lenses & frames - \$200.00
Non PBS pharmaceuticals*	0	\$500 per policy	Per eligible prescription - 100% of charge
Physiotherapy	0	\$600 per policy (combined limit for physiotherapy, ante-natal/post-natal classes, eye therapy (orthoptics), occupational therapy, speech therapy & other services - Sub-limits apply)	Initial visit - \$30.00 Subsequent visit - \$30.00
Chiropractic	0	\$500 per policy (combined limit for chiropractic, psychology, acupuncture, remedial massage, chinese medicine, dietetics/dietary advice, exercise physiology, osteopathy & other services - Sub-limits apply)	Initial visit - \$30.00 Subsequent visit - \$30.00
Podiatry	0	\$300 per policy (Sub-limits apply)	Initial visit - \$30.00 Subsequent visit - \$30.00
Psychology	0	Combined limit - see Chiropractic	Initial visit - \$40.00 Subsequent visit - \$40.00
Acupuncture	0	Combined limit - see Chiropractic	Initial visit - \$30.00 Subsequent visit - \$30.00
Remedial massage	0	Combined limit - see Chiropractic	Initial visit - \$30.00 Subsequent visit - \$30.00

Hearing aids*	12	\$500 per policy 1 appliance(s) every 5 years	Hearing aid - 80% of charge
Blood glucose monitors	12	\$500 per policy (combined limit for blood glucose monitors, orthotics (podiatric orthoses) & other services)	Per monitor - 80% of charge
Audiology	0	\$200 per policy (Sub-limits apply)	Initial visit - \$30.00 Subsequent visit - \$30.00
Ante-natal/Post-natal classes	0	Combined limit - see Physiotherapy	Initial visit - \$30.00 Subsequent visit - \$30.00
Chinese medicine	0	Combined limit - see Chiropractic	Initial visit - \$30.00 Subsequent visit - \$30.00
Dietetics/dietary advice	0	Combined limit - see Chiropractic	Initial visit - \$30.00 Subsequent visit - \$30.00
Exercise physiology	0	Combined limit - see Chiropractic	Initial visit - \$30.00 Subsequent visit - \$30.00
Eye therapy (orthoptics)	0	Combined limit - see Physiotherapy	Initial visit - \$50.00 Subsequent visit - \$50.00
Occupational therapy	0	Combined limit - see Physiotherapy	Initial visit - \$50.00 Subsequent visit - \$50.00
Orthotics (podiatric orthoses)	12	Combined limit - see Blood glucose monitors	Orthotics supply & fit - 80% of charge
Osteopathy	0	Combined limit - see Chiropractic	Initial visit - \$30.00 Subsequent visit - \$30.00
Speech therapy	0	Combined limit - see Physiotherapy	Initial visit - \$50.00 Subsequent visit - \$50.00

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 and money back on travel and accommodation and school health care. Travel and accommodation: Covers a patient and attendant for essential medical travel, to the nearest hospital or medical centre for round trips exceeding 200 kms.

For further information about this policy see

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

Ambulance cover

Pensioner Concession Card and Commonwealth Seniors Health Card holders are entitled to free ambulance transport services. St John's ambulance offers a subscription service for ambulance cover in the Northern Territory (<https://www.stjohnnt.org.au/ambulance/ambulance-cover.php>). Cover is included whilst interstate for less than 21 days.

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.