

## Private Health Information Statement - General treatment policy

### EXTENDED BENEFITS DIRECT \$100 EXCESS (FAMILY)

#### GU Health

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

#### Monthly Premium

**\$520.83<sup>#</sup>**

(before any rebate or insurer discount)

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

Available in Tasmania

<sup>#</sup> 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 \*: 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	\$2,000 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 person (combined limit for major dental, endodontic, orthodontic & other services - <b>Sub-limits apply</b> ) \$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 person (Sub-limits apply)	Single vision lenses & frames - \$200.00 Multi-focal lenses & frames - \$200.00
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 - <b>Sub-limits apply</b> )	Initial visit - \$30.00 Subsequent visit - \$30.00
Chiropractic	0	\$500 per person (combined limit for chiropractic, psychology, acupuncture, remedial massage, chinese medicine, dietetics/dietary advice, exercise physiology, osteopathy & other services - <b>Sub-limits apply</b> )	Initial visit - \$30.00 Subsequent visit - \$30.00
Podiatry	0	\$300 per person (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 person 1 appliance(s) every 5 years	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 <b>(Sub-limits apply)</b>	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

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - [https://www.health.tas.gov.au/ambulance/fees\\_and\\_accounts](https://www.health.tas.gov.au/ambulance/fees_and_accounts).

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.