

Private Health Information Statement - General treatment policy

Mychoice 60 Benefits - Family

GU Health

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

[corporate@guhealth.com.au](mailto:corporate@guhealth.com.au)

1800 249 966

Monthly Premium

\$202.50<sup>#</sup>

(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.

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	2	\$1,200 per person (combined limit for general dental, major dental, endodontic & orthodontic) \$2,400 lifetime limit for Orthodontic	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		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	6	\$200 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals*	2	\$400 per person (combined limit for non pbs pharmaceuticals, podiatry, psychology, blood glucose monitors, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), speech therapy & other services)	Per eligible prescription - 60% of charge
Physiotherapy	2	\$400 per person	Initial visit - 60% of charge Subsequent visit - 60% of charge
Chiropractic	2	\$400 per person (combined limit for chiropractic, chinese medicine, dietetics/dietary advice, osteopathy & other services)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Podiatry	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 60% of charge Subsequent visit - 60% of charge
Psychology	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 60% of charge Subsequent visit - 60% of charge
Acupuncture	2	\$200 per person (combined limit for acupuncture, remedial massage & other services)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Remedial massage	2		Initial visit - 60% of charge Subsequent visit - 60% of charge

Blood glucose monitors	12	Combined limit - see Non PBS pharmaceuticals	Per monitor - 60% of charge
Chinese medicine	2	Combined limit - see Chiropractic	Initial visit - 60% of charge Subsequent visit - 60% of charge
Dietetics/dietary advice	2	Combined limit - see Chiropractic	Initial visit - 60% of charge Subsequent visit - 60% of charge
Eye therapy (orthoptics)	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 60% of charge Subsequent visit - 60% of charge
Occupational therapy	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 60% of charge Subsequent visit - 60% of charge
Orthotics (podiatric orthoses)	12	Combined limit - see Non PBS pharmaceuticals	Orthotics supply & fit - 60% of charge
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - 60% of charge Subsequent visit - 60% of charge
Speech therapy	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 60% of charge Subsequent visit - 60% of charge

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

✗ Hearing aids	✗ Other treatments - check with your insurer
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#### Other features of this general treatment cover

GU Health specialises in corporate health cover, providing a tailored health plan with extensive benefits. Enjoy at least 60% back on a wide range of 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](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.