

## Private Health Information Statement - Combined policy

### Nin Top Gold Hospital & Extended Health Benefits (Single)

#### GU Health

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

#### Monthly Premium

**\$349.17#**

(before any rebate, loading or discount)

Covers only one person  
 Available in Western Australia

# You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading or an insurer discount. Check with your insurer for details.

Employees/Members of organisations with arrangements with this health insurer

### Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy does not provide accident cover or benefits for travel and accommodation (outside of hospital).

#### ✓ Covered

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>

#### R Restricted

Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

#### ✗ Not Covered

These categories are not covered by this policy.

This policy ✓ includes cover for

✓ Assisted reproductive services	✓ Eye (not cataracts)	✓ Miscarriage and termination of pregnancy
✓ Back, neck and spine	✓ Gastrointestinal endoscopy	✓ Pain management
✓ Blood	✓ Gynaecology	✓ Pain management with device
✓ Bone, joint and muscle	✓ Heart and vascular system	✓ Palliative care
✓ Brain and nervous system	✓ Hernia and appendix	✓ Plastic and reconstructive surgery (medically necessary)
✓ Breast surgery (medically necessary)	✓ Hospital psychiatric services	✓ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits)
✓ Cataracts	✓ Implantation of hearing devices	✓ Pregnancy and birth
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Insulin pumps	✓ Rehabilitation
✓ Dental surgery	✓ Joint reconstructions	✓ Skin
✓ Diabetes management (excluding insulin pumps)	✓ Joint replacements	✓ Sleep studies
✓ Dialysis for chronic kidney failure	✓ Kidney and bladder	✓ Tonsils, adenoids and grommets
✓ Digestive system	✓ Lung and chest	✓ Weight loss surgery
✓ Ear, nose and throat	✓ Male reproductive system	

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on [privatehealth.gov.au](https://privatehealth.gov.au) for which hospitals have arrangements with your insurer - <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

The following payments may also apply for hospital admissions

**Excess:** No excess

**Co-payments:** No co-payments

The following waiting periods for hospital admissions apply to new or upgrading members

**Waiting periods:**

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 12 months for pregnancy and birth (obstetrics)
- 0 months for all other treatments

## Gap Cover

This provider offers '[known gap](#)' or '[no gap](#)' cover for medical bills for this product.

The [Medical Costs Finder](#) lets you find out more about the cost of specialist medical services.

## Other features of this hospital cover

Top Gold Hospital covers you at the hospital of your choice, as well as providing benefits on Midwifery and Special Nursing. Home support services and programs: This program allows you to leave hospital early and continue to receive expert in-home care, so you can recover in the comfort of your own home.

For further information about this policy see

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

## 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. 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. Health Management benefits paid for services and treatment of \$20 or more.

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	0	\$1,000 per policy	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	\$800 per policy (combined limit for major dental, endodontic, orthodontic & other services) \$1,500 lifetime limit for Orthodontic	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 policy	Single vision lenses & frames - 80% of charge Multi-focal lenses & frames - 80% of charge
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)	Initial visit - 80% of charge Subsequent visit - 80% of charge

Chiropractic	0	\$500 per policy (combined limit for chiropractic, psychology, acupuncture, remedial massage, chinese medicine, dietetics/dietary advice, exercise physiology, osteopathy & other services)	Initial visit - 80% of charge Subsequent visit - 80% of charge
Podiatry	0	\$300 per policy	Initial visit - 80% of charge Subsequent visit - 80% of charge
Psychology	0	Combined limit - see Chiropractic	Initial visit - 80% of charge Subsequent visit - 80% of charge
Acupuncture	0	Combined limit - see Chiropractic	Initial visit - 80% of charge Subsequent visit - 80% of charge
Remedial massage	0	Combined limit - see Chiropractic	Initial visit - 80% of charge Subsequent visit - 80% of charge
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	Initial visit - 80% of charge Subsequent visit - 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 Chiropractic	Initial visit - 80% of charge Subsequent visit - 80% of charge
Dietetics/dietary advice	0	Combined limit - see Chiropractic	Initial visit - 80% of charge Subsequent visit - 80% of charge
Exercise physiology	0	Combined limit - see Chiropractic	Initial visit - 80% of charge Subsequent visit - 80% of charge
Eye therapy (orthoptics)	0	Combined limit - see Physiotherapy	Initial visit - 80% of charge Subsequent visit - 80% of charge
Health management / Healthy lifestyle*	6	No annual limit	Health management - 80% of charge
Occupational therapy	0	Combined limit - see Physiotherapy	Initial visit - 80% of charge Subsequent visit - 80% of charge
Orthotics (podiatric orthoses)	12	Combined limit - see Blood glucose monitors	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 Physiotherapy	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

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

In Western Australia this policy provides:

**Emergency:** Unlimited with no waiting period.

**Call-out fees:** will not be paid.

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.