

## Private Health Information Statement - Combined policy

### Complete Hospital - Gold & Superior Lite Benefits \$400 Excess (Single Parent)

#### GU Health

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

#### Monthly Premium

**\$729.58<sup>#</sup>**  
 (before any rebate, loading or discount)

Covers one adult & dependants (2 or more people, only one of whom is an adult)  
 Available in Northern Territory

# 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.

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

### 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.
- X 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:** You will have to pay an excess of \$200 per admission. This is limited to a maximum of \$400 per year.

**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

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. Added in-hospital carer benefit of up to \$60 per night for the carers accommodation with your stay in hospital and \$30 per day for the carer's in-hospital meals, up to a total of \$500.

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. Hearing Aids are limited to one appliance per person 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 4 service(s) every 1 year	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	\$1,700 per person (combined limit for major dental, endodontic & 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	\$350 per person	Single vision lenses & frames - 80% of charge Multi-focal lenses & frames - 80% of charge
Non PBS pharmaceuticals*	0	\$500 per person	Per eligible prescription - 100% of charge

Physiotherapy	0	\$600 per person 8 service(s) every 1 year (combined limit for physiotherapy, ante-natal/post-natal classes, eye therapy (orthoptics), occupational therapy & speech therapy)	Initial visit - 80% of charge Subsequent visit - 80% of charge
Chiropractic	0	\$500 per person 8 service(s) every 1 year (combined limit for chiropractic, osteopathy & other services)	Initial visit - 80% of charge Subsequent visit - 80% of charge
Podiatry	0	\$300 per person	Initial visit - 80% of charge Subsequent visit - 80% of charge
Psychology	0	\$500 per person 6 service(s) every 1 year (combined limit for psychology, acupuncture, remedial massage, chinese medicine, dietetics/dietary advice, exercise physiology & other services - <b>Sub-limits apply</b> )	Initial visit - 80% of charge Subsequent visit - 80% of charge
Acupuncture	0		Initial visit - 80% of charge Subsequent visit - 80% of charge
Remedial massage	0		Initial visit - 80% of charge Subsequent visit - 80% of charge
Hearing aids*	12	\$500 per person 1 appliance(s) every 5 years (combined limit for hearing aids & orthotics (podiatric orthoses))	Hearing aid - 100% of charge
Blood glucose monitors	12	\$500 per person (combined limit for blood glucose monitors & other services)	Per monitor - 80% 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 - 80% of charge Subsequent visit - 80% of charge
Chinese medicine	0	Combined limit - see Psychology	Initial visit - 80% of charge Subsequent visit - 80% of charge
Dietetics/dietary advice	0	Combined limit - see Psychology	Initial visit - 80% of charge Subsequent visit - 80% of charge
Exercise physiology	0	Combined limit - see Psychology	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
Occupational therapy	0	Combined limit - see Physiotherapy	Initial visit - 80% of charge Subsequent visit - 80% of charge
Orthotics (podiatric orthoses)	12	Combined limit - see Hearing aids	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

GU Health specialises in corporate health cover, providing superior health plans with executive benefits. Enjoy at least 80% back on a range of services including general dental, physiotherapy, chiropractic and remedial massage.

For further information about this policy see

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

### Ambulance cover

In Northern Territory this policy provides:

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

**Non-emergency:** Unlimited transport with no waiting period.

**Call-out fees:** will be paid for each attendance, including emergency treatment without transport to hospital.

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.