

Private Health Information Statement - General treatment policy

Corporate 90 Benefits

GU Health Insurance

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

corporate@guhealth.com.au

1800 249 966

Underwritten by nib Health Funds Ltd.

Monthly Premium

\$382.46[#]

(before any rebate or insurer discount)

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

Available in South Australia

[#] 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 30, 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 policy can only be purchased with certain hospital policies.

By using our FirstChoice providers, you may have lower out-of-pocket costs on many allied health services. A list of "preferred providers" is available from the health insurer. See <http://www.guhealth.com.au/my-membership/find-a-provider>.

This policy  includes General treatment (Extras) cover for

| Treatment | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated) | Examples of maximum benefits |
|-------------------------|-------------------------|---|---|
| General dental | 2 | \$1,900 per person (no limit on preventative dental) (combined limit for general dental, major dental, endodontic & orthodontic) | Periodic oral examination - 90% of charge Scale & clean - 90% of charge Fluoride treatment - 90% of charge Surgical tooth extraction - 90% of charge |
| Major dental | 12 | | Full crown veneered - 90% of charge |
| Endodontic | 12 | | Filling of one root canal - 90% of charge |
| Orthodontic | 12 | | Braces for upper & lower teeth, including removal plus fitting of retainer - 90% of charge |
| Optical* | 6 | \$300 per person | Single vision lenses & frames - 90% of charge Multi-focal lenses & frames - 90% of charge |
| Non PBS pharmaceuticals | 2 | \$300 per person (combined limit for non pbs pharmaceuticals & psychology) | Per eligible prescription - 90% of charge |
| Physiotherapy | 2 | \$700 per person (combined limit for physiotherapy, ante-natal/post-natal classes & exercise physiology) | Initial visit - 90% of charge Subsequent visit - 90% of charge |
| Chiropractic | 2 | \$700 per person (combined limit for chiropractic & osteopathy) | Initial visit - 90% of charge Subsequent visit - 90% of charge |
| Podiatry | 2 | \$300 per person (combined limit for podiatry, audiology, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses) & speech therapy) | Initial visit - 90% of charge Subsequent visit - 90% of charge |
| Psychology | 2 | Combined limit - see Non PBS pharmaceuticals | Initial visit - 90% of charge Subsequent visit - 90% of charge |
| Acupuncture | 2 | \$750 per person (combined limit for acupuncture, remedial massage & | Initial visit - 90% of charge Subsequent visit - 90% of charge |

| | | | |
|---------------------------------------|----|--|---|
| Remedial massage | 2 | chinese medicine - Sub-limits apply) | Initial visit - 90% of charge Subsequent visit - 90% of charge |
| Hearing aids* | 12 | \$500 per person 2 appliance(s) every 5 years (combined limit for hearing aids & blood glucose monitors) | Hearing aid - 90% of charge |
| Blood glucose monitors* | 12 | | Per monitor - 90% of charge |
| Audiology | 2 | Combined limit - see Podiatry | Initial visit - 90% of charge |
| Ante-natal/Post-natal classes | 2 | Combined limit - see Physiotherapy | Initial visit - 90% of charge Subsequent visit - 90% of charge |
| Chinese medicine | 2 | Combined limit - see Acupuncture | Initial visit - 90% of charge Subsequent visit - 90% of charge |
| Dietetics/dietary advice | 2 | Combined limit - see Podiatry | Initial visit - 90% of charge Subsequent visit - 90% of charge |
| Exercise physiology | 2 | Combined limit - see Physiotherapy | Initial visit - 90% of charge Subsequent visit - 90% of charge |
| Eye therapy (orthoptics) | 2 | Combined limit - see Podiatry | Initial visit - 90% of charge Subsequent visit - 90% of charge |
| Health management / Healthy lifestyle | 6 | \$200 per person | Health management - 90% of charge |
| Occupational therapy | 2 | Combined limit - see Podiatry | Initial visit - 90% of charge Subsequent visit - 90% of charge |
| Orthotics (podiatric orthoses)* | 2 | Combined limit - see Podiatry | Orthotics supply & fit - 90% of charge |
| Osteopathy | 2 | Combined limit - see Chiropractic | Initial visit - 90% of charge Subsequent visit - 90% of charge |
| Speech therapy | 2 | Combined limit - see Podiatry | Initial visit - 90% of charge Subsequent visit - 90% of charge |

*Service limits apply to Preventative Dental, Optical, Orthotics, Health Aids (Blood Glucose Monitors). Preventative Tests (e.g. thin prep, bone density testing, bowel screening) is combined with Healthier lifestyle (\$200). Healthier Lifestyle includes nib approved weight management, quit smoking and health management programs (gym, personal trainer) and more. Myotherapy: combined limit of \$750 with Acupuncture, Remedial Massage and Chinese Herbalism. Sublimit of \$400 for Remedial Massage. Digital CBT: combined limit of \$300 with Psychology and Non PBS Pharmaceuticals. Sublimit of \$150 for Digital CBT. Health Aids (e.g. spacer, peak flow meter, nebuliser, Irlen lens) is combined with Hearing Aids (\$500). Use nib Rewards to access a range of rewards and discounts on services like groceries, petrol, entertainment, health, wellbeing and more!

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

By choosing an nib First Choice provider it means you could pay less on dental treatment, physiotherapy and optical.

For further information about this policy see

<https://my.nib.com.au/product-collateral/2820>

Ambulance cover

In South Australia this policy provides:

Emergency: Unlimited with a waiting period of 1 day.

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

Other features of this ambulance cover

All our health covers include unlimited emergency ambulance (1 day waiting period on all emergency ambulance). Emergency ambulance is when you need immediate transport by a State or Territory ambulance to get to a hospital or other facility for urgent medical treatment. No annual limits for emergency ambulance apply.

For further information about this policy see

<https://my.nib.com.au/product-collateral/2820>

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.