

Private Health Information Statement - General treatment policy

Corporate Boost Benefits (Family)

GU Health

<http://www.guhealth.com.au>
corporate@guhealth.com.au
 1800 249 966

Monthly Premium

\$218.33[#]

(before any rebate or insurer discount)

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

Available in Queensland

[#] 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 the health insurer

General Treatment Cover

This policy must be purchased with a hospital policy.

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 *: Orthodontic treatment maximum lifetime limit is \$2,200 per person. 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 | \$800 per person | Periodic oral examination - 75% of charge Scale & clean - 75% of charge Fluoride treatment - 75% of charge Surgical tooth extraction - 75% of charge |
| Major dental | 12 | \$800 per person (combined limit for major dental, endodontic & orthodontic) \$2,200 lifetime limit for Orthodontic | Full crown veneered - 75% of charge |
| Endodontic | 12 | | Filling of one root canal - 75% of charge |
| Orthodontic* | 12 | | Braces for upper & lower teeth, including removal plus fitting of retainer - 75% of charge |
| Optical | 0 | \$200 per person | Single vision lenses & frames - 75% of charge Multi-focal lenses & frames - 75% of charge |
| Non PBS pharmaceuticals* | 0 | \$250 per person | Per eligible prescription - 75% of charge |
| Physiotherapy | 0 | \$500 per person (combined limit for physiotherapy, ante-natal/post-natal classes, eye therapy (orthoptics), occupational therapy & speech therapy) | Initial visit - 75% of charge Subsequent visit - 75% of charge |
| Chiropractic | 0 | \$300 per person (combined limit for chiropractic, osteopathy & other services) | Initial visit - 75% of charge Subsequent visit - 75% of charge |
| Podiatry | 0 | \$300 per person (combined limit for podiatry & other services) | Initial visit - 75% of charge Subsequent visit - 75% of charge |
| Psychology | 0 | \$350 per person (combined limit for psychology, acupuncture, remedial massage, chinese medicine, exercise physiology & other services) | Initial visit - 75% of charge Subsequent visit - 75% of charge |
| Acupuncture | 0 | | Initial visit - 75% of charge Subsequent visit - 75% of charge |

| | | | |
|--------------------------------|----|--|---|
| Remedial massage | 0 | | Initial visit - 75% of charge Subsequent visit - 75% of charge |
| Hearing aids* | 12 | \$425 per person 1 appliance(s) every 5 years (combined limit for hearing aids, blood glucose monitors, orthotics (podiatric orthoses) & other services) | Hearing aid - 75% of charge |
| Blood glucose monitors | 12 | | Per monitor - 75% of charge |
| Ante-natal/Post-natal classes | 0 | Combined limit - see Physiotherapy | Initial visit - 75% of charge Subsequent visit - 75% of charge |
| Chinese medicine | 0 | Combined limit - see Psychology | Initial visit - 75% of charge Subsequent visit - 75% of charge |
| Exercise physiology | 0 | Combined limit - see Psychology | Initial visit - 75% of charge Subsequent visit - 75% of charge |
| Eye therapy (orthoptics) | 0 | Combined limit - see Physiotherapy | Initial visit - 75% of charge Subsequent visit - 75% of charge |
| Occupational therapy | 0 | Combined limit - see Physiotherapy | Initial visit - 75% of charge Subsequent visit - 75% of charge |
| Orthotics (podiatric orthoses) | 0 | Combined limit - see Hearing aids | Orthotics supply & fit - 75% of charge |
| Osteopathy | 0 | Combined limit - see Chiropractic | Initial visit - 75% of charge Subsequent visit - 75% of charge |
| Speech therapy | 0 | Combined limit - see Physiotherapy | Initial visit - 75% of charge Subsequent visit - 75% 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 a generous 75% back on popular services and treatments.

For further information about this policy see

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

Ambulance cover

Ambulance cover is provided by the State government for Queensland residents (<https://www.ambulance.qld.gov.au/>). This includes cover whilst interstate.

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.