

## Private Health Information Statement - General treatment policy

### Economy Benefits Direct (Family)

#### GU Health

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

#### Monthly Premium

**\$285.83<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  
 Closed to new members

<sup>#</sup> 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 \*: 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	\$1,000 per person (combined limit for general dental, major dental, endodontic & orthodontic - <b>Sub-limits apply</b> )	Periodic oral examination - \$30.00 Scale & clean - \$38.00 Fluoride treatment - \$30.00 Surgical tooth extraction - \$101.00
Major dental	12		Full crown veneered - \$650.00
Endodontic	12		Filling of one root canal - \$120.00
Orthodontic	12		Braces for upper & lower teeth, including removal plus fitting of retainer - 60% of charge
Optical	0	\$200 per person ( <b>Sub-limits apply</b> )	Single vision lenses & frames - 60% of charge Multi-focal lenses & frames - 60% of charge
Non PBS pharmaceuticals*	0	\$500 per person	Per eligible prescription - 60% of charge
Physiotherapy	0	\$600 per person (combined limit for physiotherapy, ante-natal/post-natal classes, eye therapy (orthoptics), occupational therapy, speech therapy & other services - <b>Sub-limits apply</b> )	Initial visit - \$30.00 Subsequent visit - \$30.00
Chiropractic	0	\$500 per person (combined limit for chiropractic, psychology, acupuncture, chinese medicine, dietetics/dietary advice, osteopathy & other services - <b>Sub-limits apply</b> )	Initial visit - \$30.00 Subsequent visit - \$30.00
Podiatry	0	\$300 per person ( <b>Sub-limits apply</b> )	Initial visit - \$30.00 Subsequent visit - \$30.00
Psychology	0	Combined limit - see Chiropractic	Initial visit - \$40.00 Subsequent visit - \$40.00
Acupuncture	0	Combined limit - see Chiropractic	Initial visit - \$30.00 Subsequent visit - \$30.00
Hearing aids*	12	\$500 per person 1 appliance(s) every 5 years	Hearing aid - 60% of charge

Blood glucose monitors	12	\$500 per person (combined limit for blood glucose monitors, orthotics (podiatric orthoses) & other services)	Per monitor - 60% of charge
Ante-natal/Post-natal classes	0	Combined limit - see Physiotherapy	Initial visit - \$30.00 Subsequent visit - \$30.00
Chinese medicine	0	Combined limit - see Chiropractic	Initial visit - \$30.00 Subsequent visit - \$30.00
Dietetics/dietary advice	0	Combined limit - see Chiropractic	Initial visit - \$30.00 Subsequent visit - \$30.00
Eye therapy (orthoptics)	0	Combined limit - see Physiotherapy	Initial visit - \$50.00 Subsequent visit - \$50.00
Occupational therapy	0	Combined limit - see Physiotherapy	Initial visit - \$50.00 Subsequent visit - \$50.00
Orthotics (podiatric orthoses)	12	Combined limit - see Blood glucose monitors	Orthotics supply & fit - 60% of charge
Osteopathy	0	Combined limit - see Chiropractic	Initial visit - \$30.00 Subsequent visit - \$30.00
Speech therapy	0	Combined limit - see Physiotherapy	Initial visit - \$50.00 Subsequent visit - \$50.00

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

**X** Remedial massage

**X** Other treatments - check with your insurer

#### Other features of this general treatment cover

GU Health specialises in corporate health cover, providing a tailored health plan with extensive benefits. Enjoy benefits 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.