

Private Health Information Statement - General treatment policy

Advantage 80 Benefit (Single)

GU Health

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

Monthly Premium

\$163.75 #

(before any rebate or insurer discount)

Covers only one person
 Available in All States

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.

Employees/Members of organisations with arrangements with this 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 *: Orthodontics Treatment: The maximum lifetime limit is \$2,400 per person. Hearing aids: one 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 policy (combined limit for general dental & other services) | 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 | \$1,200 per policy (combined limit for major dental, endodontic & other services) | Full crown veneered - 80% of charge |
| Endodontic | 12 | | Filling of one root canal - 80% of charge |
| Orthodontic* | 12 | \$1,000 per policy \$2,400 lifetime limit | Braces for upper & lower teeth, including removal plus fitting of retainer - 80% of charge |
| Optical | 0 | \$260 per policy | Single vision lenses & frames - 80% of charge Multi-focal lenses & frames - 80% of charge |
| Non PBS pharmaceuticals* | 0 | \$400 per policy (combined limit for non pbs pharmaceuticals, podiatry, hearing aids, blood glucose monitors & orthotics (podiatric orthoses)) | Per eligible prescription - 80% of charge |
| Physiotherapy | 0 | \$600 per policy (combined limit for physiotherapy & ante-natal/post-natal classes) | Initial visit - 80% of charge Subsequent visit - 80% of charge |
| Chiropractic | 0 | \$500 per policy (combined limit for chiropractic, chinese medicine, osteopathy & other services) | Initial visit - 80% of charge Subsequent visit - 80% of charge |
| Podiatry | 0 | Combined limit - see Non PBS pharmaceuticals | Initial visit - 80% of charge Subsequent visit - 80% of charge |
| Psychology | 0 | \$300 per policy (combined limit for psychology, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy & speech therapy) | Initial visit - 80% of charge Subsequent visit - 80% of charge |
| Acupuncture | 0 | \$300 per policy (combined limit for acupuncture, remedial massage, exercise physiology & other services) | 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 | Combined limit - see Non PBS pharmaceuticals | Hearing aid - 80% of charge |
| Blood glucose monitors | 12 | Combined limit - see Non PBS pharmaceuticals | Per monitor - 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 Psychology | Initial visit - 80% of charge Subsequent visit - 80% of charge |
| Exercise physiology | 0 | Combined limit - see Acupuncture | Initial visit - 80% of charge Subsequent visit - 80% of charge |
| Eye therapy (orthoptics) | 0 | Combined limit - see Psychology | Initial visit - 80% of charge Subsequent visit - \$80.00 |
| Occupational therapy | 0 | Combined limit - see Psychology | Initial visit - 80% of charge Subsequent visit - 80% of charge |
| Orthotics (podiatric orthoses) | 12 | Combined limit - see Non PBS pharmaceuticals | 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 Psychology | 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 a generous 80% back on all included 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) 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).

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.