

## Private Health Information Statement - General treatment policy

### Mychoice 80 Benefits - Family

#### GU Health

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

#### Monthly Premium

**\$346.67<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

<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 policy can only be purchased with certain hospital policies.

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 \*: Major Dental limits increases to \$1,200 from the fourth year of membership. 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. One hearing aid appliance(s) every five years*

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	2	\$800 per person	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	\$1,000 per person (combined limit for major dental, endodontic & orthodontic) \$2,400 lifetime limit for 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	6	\$250 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals*	2	\$500 per person (combined limit for non pbs pharmaceuticals, podiatry, psychology, eye therapy (orthoptics), occupational therapy, speech therapy & other services)	Per eligible prescription - 80% of charge
Physiotherapy	2	\$500 per person (combined limit for physiotherapy & ante-natal/post-natal classes)	Initial visit - 80% of charge Subsequent visit - 80% of charge
Chiropractic	2	\$500 per person (combined limit for chiropractic, chinese medicine, dietetics/dietary advice, osteopathy & other services)	Initial visit - 80% of charge Subsequent visit - 80% of charge
Podiatry	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 80% of charge Subsequent visit - 80% of charge
Psychology	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 80% of charge Subsequent visit - 80% of charge
Acupuncture*	2	\$250 per person (combined limit for acupuncture, remedial massage, exercise physiology & other services)	Initial visit - 80% of charge Subsequent visit - 80% of charge

Remedial massage*	2		Initial visit - 80% of charge Subsequent visit - 80% of charge
Hearing aids	12	\$500 per person (combined limit for hearing aids, blood glucose monitors, orthotics (podiatric orthoses) & other services)	Hearing aid - 80% of charge
Blood glucose monitors	12		Per monitor - 80% of charge
Ante-natal/Post-natal classes	2	Combined limit - see Physiotherapy	Initial visit - 80% of charge Subsequent visit - 80% of charge
Chinese medicine	2	Combined limit - see Chiropractic	Initial visit - 80% of charge Subsequent visit - 80% of charge
Dietetics/dietary advice	2	Combined limit - see Chiropractic	Initial visit - 80% of charge Subsequent visit - 80% of charge
Exercise physiology	2	Combined limit - see Acupuncture	Initial visit - 80% of charge Subsequent visit - 80% of charge
Eye therapy (orthoptics)	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 80% of charge Subsequent visit - 80% of charge
Occupational therapy	2	Combined limit - see Non PBS pharmaceuticals	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	2	Combined limit - see Chiropractic	Initial visit - 80% of charge Subsequent visit - 80% of charge
Speech therapy	2	Combined limit - see Non PBS pharmaceuticals	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

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.