

## Private Health Information Statement - Combined policy

### Corporate Essentials Hospital - Silver & Corporate Health 80 \$500 Excess (Single Parent)

#### GU Health

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

#### Monthly Premium

**\$324.58<sup>#</sup>**

(before any rebate, loading or discount)

Covers one adult & dependants (2 or more people, only one of whom is an adult)

Available in South Australia

<sup>#</sup> You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading or 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.

### Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy does not provide accident cover or benefits for travel and accommodation (outside of hospital).

#### ✓ Covered

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>

#### R Restricted

Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

#### ✗ Not Covered

These categories are not covered by this policy.

This policy ✓ includes cover for

|   |                                   |   |
|---|-----------------------------------|---|
| ✓ Back, neck and spine                                    | ✓ Eye (not cataracts)             | ✓ Miscarriage and termination of pregnancy  |
| ✓ Blood   | ✓ Gastrointestinal endoscopy      | ✓ Pain management   |
| ✓ Bone, joint and muscle                                  | ✓ Gynaecology                     | ✓ Palliative care   |
| ✓ Brain and nervous system                                | ✓ Heart and vascular system       | ✓ Plastic and reconstructive surgery (medically necessary)                          |
| ✓ Breast surgery (medically necessary)                    | ✓ Hernia and appendix             | ✓ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits) |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Implantation of hearing devices | ✓ Skin  |
| ✓ Dental surgery  | ✓ Joint reconstructions           | ✓ Tonsils, adenoids and grommets  |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Kidney and bladder              | R Hospital psychiatric services   |
| ✓ Digestive system  | ✓ Lung and chest                  | R Rehabilitation  |
| ✓ Ear, nose and throat                                    | ✓ Male reproductive system        |   |

This policy ✗ does not include cover for

|                                  |                      |                       |
|----------------------------------|----------------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Insulin pumps      | ✗ Pregnancy and birth |
| ✗ Cataracts                      | ✗ Joint replacements | ✗ Sleep studies       |

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on [privatehealth.gov.au](https://privatehealth.gov.au) for which hospitals have arrangements with your insurer – <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

The following payments may also apply for hospital admissions

**Excess:** You will have to pay an excess on admission. This is limited to a maximum of \$500 per person per year.

Excess payments do not apply to hospital admissions for dependants.

**Co-payments:** No co-payments

The following waiting periods for hospital admissions apply to new or upgrading members

**Waiting periods:**

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 0 months for all other treatments

**Gap Cover**

This provider offers '[known gap](#)' or '[no gap](#)' cover for medical bills for this product.

The [Medical Costs Finder](#) lets you find out more about the cost of specialist medical services.

**Other features of this hospital cover**

**Home support services and programs:** This program allows you to leave hospital early and continue to receive expert in-home care, so you can recover in the comfort of your own home.

For further information about this policy see

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

## 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 \*: Major dental - Dentures are limited to one appliance per person every three 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. Remedial massage has a sublimit of \$300 per membership year. Hearing Aids are limited to one appliance per person every five years. Chiropractic- two chiropractic x-rays per membership year. Health Management benefits paid for services or treatment over the value of \$20.*

| Treatment      | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)   | Examples of maximum benefits  |
|----------------|-------------------------|--|---|
| General dental | 2                       | \$1,800 per person<br>(no limit on preventative dental)<br>(combined limit for general dental, major dental, endodontic & orthodontic) | Periodic oral examination - 80% of charge<br>Scale & clean - 80% of charge<br>Fluoride treatment - 80% of charge<br>Surgical tooth extraction - 80% of charge |
| Major dental*  | 12                      |  | 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<br>Multi-focal lenses & frames - 100% of charge  |

|  |    |  |   |
|--|----|--|---|
| Non PBS pharmaceuticals*               | 2  | \$300 per person<br>(combined limit for non pbs pharmaceuticals & psychology)  | Per eligible prescription - 80% of charge                         |
| Physiotherapy                          | 2  | \$600 per person<br>(combined limit for physiotherapy, ante-natal/post-natal classes & exercise physiology)  | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Chiropractic*                          | 2  | \$600 per person<br>(combined limit for chiropractic & osteopathy)   | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Podiatry                               | 2  | \$300 per person<br>(combined limit for podiatry, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses) & speech therapy) | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Psychology                             | 2  | Combined limit - see Non PBS pharmaceuticals   | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Acupuncture                            | 2  | \$400 per person (combined limit for acupuncture, remedial massage & chinese medicine) Sublimit of \$300 for remedial massage.   | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Remedial massage*                      | 2  |  | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Hearing aids*                          | 12 | \$400 per person<br>1 appliance(s) every 5 years<br>(combined limit for hearing aids, blood glucose monitors & 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<br>Subsequent visit - 80% of charge |
| Chinese medicine                       | 2  | Combined limit - see Acupuncture   | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Dietetics/dietary advice               | 2  | Combined limit - see Podiatry  | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Exercise physiology                    | 2  | Combined limit - see Physiotherapy   | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Eye therapy (orthoptics)               | 2  | Combined limit - see Podiatry  | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Health management / Healthy lifestyle* | 6  | \$150 per person   | Health management - 80% of charge                                 |
| Occupational therapy                   | 2  | Combined limit - see Podiatry  | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Orthotics (podiatric orthoses)         | 12 | Combined limit - see Podiatry  | Orthotics supply & fit - 80% of charge                            |
| Osteopathy                             | 2  | Combined limit - see Chiropractic  | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Speech therapy                         | 2  | Combined limit - see Podiatry  | Initial visit - 80% of charge                                     |

Acupuncture and other Therapies offer a combined limit \$400 for Remedial Massage, Myotherapy, Ayurveda Medicine, Chinese Herbal Medicine, Chinese Massage, Nutrition per person per membership year. Benefits up to \$400 per membership year for health aids & appliances including blood glucose monitors, blood pressure monitors, non-surgical prosthesis, support garments, braces and splints. Health management includes GU Health approved programs and services to support members in areas such as Mental Health, Asthma, Diabetes, weight management and disease management.

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 extensive benefits. Enjoy a generous 80% back on all services including popular treatments including unlimited benefits for selected preventive dental services. No preferred provider visit white coat. <https://www.guhealth.com.au/my-membership/find-a-provider>

For further information about this policy see

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

## Ambulance cover

In South Australia this policy provides:

**Emergency:** Unlimited with no waiting period.

**Non-emergency:** Unlimited transport with no waiting period.

**Call-out fees:** will not be paid.

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.