

## Private Health Information Statement - Combined policy

### Corporate Essentials Hospital - Silver & Corporate Health 60 \$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

**\$263.75 #**

(before any rebate, loading or discount)

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

Available in Tasmania

# 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 \*: 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. Major dental - Dentures are limited to one appliance per person every three years. Remedial massage has a sublimit of \$200 per membership year. Chiropractic- two chiropractic x-rays per membership year.*

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	2	\$1,000 per person (no limit on preventative dental) (combined limit for general dental, major dental & endodontic)	Periodic oral examination - 60% of charge Scale & clean - 60% of charge Fluoride treatment - 60% of charge Surgical tooth extraction - 60% of charge
Major dental*	12		Full crown veneered - 60% of charge
Endodontic	12		Filling of one root canal - 60% of charge
Optical	6	\$200 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals*	2	\$350 per person (combined limit for non pbs pharmaceuticals, podiatry, psychology, blood glucose monitors, dietetics/dietary advice, occupational therapy, orthotics (podiatric orthoses), speech therapy & other services)	Per eligible prescription - 60% of charge

Physiotherapy	2	\$350 per person (combined limit for physiotherapy & exercise physiology)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Chiropractic*	2	\$350 per person (combined limit for chiropractic & osteopathy)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Podiatry	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 60% of charge Subsequent visit - 60% of charge
Psychology	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 60% of charge Subsequent visit - 60% of charge
Acupuncture	2	\$400 per person (combined limit for Acupuncture, remedial massage, chinese medicine & other services). Sublimit of \$200 for remedial massage applies	Initial visit - 60% of charge Subsequent visit - 60% of charge
Remedial massage*	2		Initial visit - 60% of charge Subsequent visit - 60% of charge
Blood glucose monitors	12	Combined limit - see Non PBS pharmaceuticals	Per monitor - 60% of charge
Chinese medicine	2	Combined limit - see Acupuncture	Initial visit - 60% of charge Subsequent visit - 60% of charge
Dietetics/dietary advice	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 60% of charge Subsequent visit - 60% of charge
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - 60% of charge Subsequent visit - 60% of charge
Occupational therapy	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 60% of charge Subsequent visit - 60% of charge
Orthotics (podiatric orthoses)	12	Combined limit - see Non PBS pharmaceuticals	Orthotics supply & fit - 60% of charge
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - 60% of charge Subsequent visit - 60% of charge
Speech therapy	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 60% of charge Subsequent visit - 60% 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 \$300 per membership year for health aids & appliances including blood glucose monitors, blood pressure monitors, non-surgical prosthesis, support garments, braces and splints.

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

<b>X</b> Hearing aids	<b>X</b> Orthodontic	<b>X</b> Other treatments - check with your insurer
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### Other features of this general treatment cover

GU Health specialises in corporate health cover, providing a tailored health plan with a wide range of benefits. Enjoy at least 60% back on a wide range of services and 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

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - [https://www.health.tas.gov.au/ambulance/fees\\_and\\_accounts](https://www.health.tas.gov.au/ambulance/fees_and_accounts).

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.