

## Private Health Information Statement - Combined policy

### Sym Complete Gold Hospital & Superior Benefits \$200 Excess (Single)

#### GU Health

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

#### Monthly Premium

**\$433.33<sup>#</sup>**

(before any rebate, loading or discount)

Covers only one person  
 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.

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

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

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 of \$200 per admission. This is limited to a maximum of \$200 per year.

**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
- 12 months for pregnancy and birth (obstetrics)
- 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. Added in-hospital carer benefit of up to \$60 per night for the carers accommodation with your stay in hospital and \$30 per day for the carer's in-hospital meals, up to a total of \$500.

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. 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           | 0                       | \$1,200 per policy   | 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                      | \$1,700 per policy<br>(combined limit for major dental, endodontic, orthodontic & other services)  | 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                  | 0                       | \$350 per policy   | Single vision lenses & frames - 80% of charge<br>Multi-focal lenses & frames - 80% of charge  |
| Non PBS pharmaceuticals* | 0                       | \$500 per policy   | Per eligible prescription - 100% of charge  |
| Physiotherapy            | 0                       | \$600 per policy<br>(combined limit for physiotherapy, ante-natal/post-natal classes, eye therapy (orthoptics), occupational therapy, speech therapy & other services) | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge   |
| Chiropractic             | 0                       | \$500 per policy<br>(combined limit for chiropractic, osteopathy & other services)   | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge   |

|                                |    |  |   |
|--------------------------------|----|--|---|
| Podiatry                       | 0  | \$300 per policy   | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Psychology                     | 0  | \$500 per policy<br>(combined limit for psychology, acupuncture, remedial massage, chinese medicine, dietetics/dietary advice, exercise physiology & other services) | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Acupuncture                    | 0  |  | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Remedial massage               | 0  |  | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Hearing aids*                  | 12 | \$500 per policy<br>1 appliance(s) every 5 years   | Hearing aid - 100% of charge                                      |
| Blood glucose monitors         | 12 | \$500 per policy<br>(combined limit for blood glucose monitors, orthotics (podiatric orthoses) & other services)   | Per monitor - 80% of charge                                       |
| Audiology                      | 0  | \$200 per policy   | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Ante-natal/Post-natal classes  | 0  | Combined limit - see Physiotherapy   | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Chinese medicine               | 0  | Combined limit - see Psychology  | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Dietetics/dietary advice       | 0  | Combined limit - see Psychology  | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Exercise physiology            | 0  | Combined limit - see Psychology  | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Eye therapy (orthoptics)       | 0  | Combined limit - see Physiotherapy   | Initial visit - 80% of charge<br>Subsequent visit - \$80.00       |
| Occupational therapy           | 0  | Combined limit - see Physiotherapy   | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Orthotics (podiatric orthoses) | 12 | Combined limit - see Blood glucose monitors  | Orthotics supply & fit - 80% of charge                            |
| Osteopathy                     | 0  | Combined limit - see Chiropractic  | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Speech therapy                 | 0  | Combined limit - see Physiotherapy   | Initial visit - 80% of charge<br>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

In South Australia this policy provides:

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

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

**Call-out fees:** will be paid for each attendance, including emergency treatment without transport to hospital.

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.