

Private Health Information Statement - Combined policy

Mk Executive Gold Hospital & Executive Benefits (Single)

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

Monthly Premium
\$499.20[#]
(before any rebate, loading or 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 a Lifetime Health Cover loading or an insurer discount. Check with your insurer for details.

This is a corporate policy which is only available to employees/members of organisations with arrangements with this health insurer.

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides benefits for travel or accommodation (outside of hospital) - check with your insurer for details.

This policy does not provide accident cover.

✓ **Covered**

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

⚠ **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 for

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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: No excess

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

Executive Hospital covers you at the hospital of your choice, as well as providing benefits on Midwifery services and Special Nursing. 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 limit increases by \$175 per year up to \$2,000 and Optical limit increases by \$25 per year up to \$350. Hearing Aids are limited to one appliance per person 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 | \$1,200 per policy | Periodic oral examination - 100% of charge Scale & clean - 100% of charge Fluoride treatment - 100% of charge Surgical tooth extraction - 100% of charge |
| Major dental* | 12 | \$1,300 per policy (combined limit for major dental, endodontic, orthodontic & other services) \$2,000 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* | 0 | \$200 per policy | Single vision lenses & frames - 80% of charge Multi-focal lenses & frames - 80% of charge |
| Non PBS pharmaceuticals* | 0 | \$500 per policy | Per eligible prescription - 100% of charge |
| Physiotherapy | 0 | \$1,200 per policy (combined limit for physiotherapy, ante-natal/post-natal classes, eye therapy (orthoptics), occupational therapy & speech therapy) | Initial visit - 100% of charge Subsequent visit - 100% of charge |

| | | | |
|--|----|--|---|
| Chiropractic | 0 | \$1,200 per policy (combined limit for chiropractic, psychology, acupuncture, remedial massage, chinese medicine, dietetics/dietary advice, exercise physiology, osteopathy & other services) | Initial visit - 100% of charge Subsequent visit - 100% of charge |
| Podiatry | 0 | \$500 per policy | Initial visit - 100% of charge Subsequent visit - 100% of charge |
| Psychology | 0 | Combined limit - see Chiropractic | Initial visit - 100% of charge Subsequent visit - 100% of charge |
| Acupuncture | 0 | Combined limit - see Chiropractic | Initial visit - 100% of charge Subsequent visit - 100% of charge |
| Remedial massage | 0 | Combined limit - see Chiropractic | Initial visit - 100% of charge Subsequent visit - 100% of charge |
| Hearing aids* | 12 | \$800 per policy 1 appliance(s) every 5 years | Hearing aid - 100% of charge |
| Blood glucose monitors | 12 | \$500 per policy (combined limit for blood glucose monitors, orthotics (podiatric orthoses) & other services) | Per monitor - 80% of charge |
| Audiology | 0 | \$200 per policy | Initial visit - 100% of charge Subsequent visit - 100% of charge |
| Ante-natal/Post-natal classes | 0 | Combined limit - see Physiotherapy | Initial visit - 100% of charge Subsequent visit - 100% of charge |
| Chinese medicine | 0 | Combined limit - see Chiropractic | Initial visit - 100% of charge Subsequent visit - 100% of charge |
| Dietetics/dietary advice | 0 | Combined limit - see Chiropractic | Initial visit - 100% of charge Subsequent visit - 100% of charge |
| Exercise physiology | 0 | Combined limit - see Chiropractic | Initial visit - 100% of charge Subsequent visit - 100% of charge |
| Eye therapy (orthoptics) | 0 | Combined limit - see Physiotherapy | Initial visit - 100% of charge Subsequent visit - 100% of charge |
| Occupational therapy | 0 | Combined limit - see Physiotherapy | Initial visit - 100% of charge Subsequent visit - 100% 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 - 100% of charge Subsequent visit - 100% of charge |
| Speech therapy | 0 | Combined limit - see Physiotherapy | Initial visit - 100% of charge Subsequent visit - 100% of charge |
| This cover also provides benefits towards non-Medicare rebated mammograms and Health programs for Quit smoking or Stress management. | | | |

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

✗ 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 100% back on a great range of services including general dental, physiotherapy, chiropractic and remedial massage generous rebates on a wide range of services and treatments. Travel and accommodation: Covers a patient and attendant for essential medical travel, to the nearest hospital or medical centre for round trips exceeding 200 kms

For further information about this policy see

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

Ambulance cover

In All States 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.

State schemes provide ambulance services for residents of Tasmania (https://www.health.tas.gov.au/ambulance/fees_and_accounts) and Queensland (<https://www.ambulance.qld.gov.au/>).

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.