

## Private Health Information Statement - General treatment policy

### Corporate 50 Benefits

#### GU Health Insurance

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

[corporate@guhealth.com.au](mailto:corporate@guhealth.com.au)

1800 249 966

Underwritten by nib Health Funds Ltd.

#### Monthly Premium

**\$112.68<sup>#</sup>**

(before any rebate or insurer discount)

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

Available in Northern Territory

<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 30, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.

Former Employees/Members of organisations with arrangements with this health insurer

### General Treatment Cover

By using our FirstChoice providers, you may have lower out-of-pocket costs on many allied health services. A list of "preferred providers" is available from the health insurer. See <http://www.guhealth.com.au/my-membership/find-a-provider>.

This policy  includes General treatment (Extras) cover for

| Treatment               | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                                                                                         | Examples of maximum benefits                                                                                                                                  |
|-------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| General dental          | 0                       | \$800 per person<br>(no limit on preventative dental)                                                                                          | Periodic oral examination - 50% of charge<br>Scale & clean - 50% of charge<br>Fluoride treatment - 50% of charge<br>Surgical tooth extraction - 50% of charge |
| Optical*                | 6                       | \$200 per person                                                                                                                               | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge                                                                |
| Non PBS pharmaceuticals | 0                       | \$250 per person<br>(combined limit for non pbs pharmaceuticals & psychology)                                                                  | Per eligible prescription - 50% of charge                                                                                                                     |
| Physiotherapy           | 0                       | \$250 per person<br>(combined limit for physiotherapy & exercise physiology)                                                                   | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge                                                                                             |
| Chiropractic            | 0                       | \$250 per person<br>(combined limit for chiropractic, acupuncture, remedial massage, chinese medicine & osteopathy - <b>Sub-limits apply</b> ) | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge                                                                                             |
| Psychology              | 0                       | Combined limit - see Non PBS pharmaceuticals                                                                                                   | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge                                                                                             |
| Acupuncture             | 0                       | Combined limit - see Chiropractic                                                                                                              | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge                                                                                             |
| Remedial massage        | 0                       | Combined limit - see Chiropractic                                                                                                              | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge                                                                                             |
| Chinese medicine        | 0                       | Combined limit - see Chiropractic                                                                                                              | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge                                                                                             |
| Exercise physiology     | 0                       | Combined limit - see Physiotherapy                                                                                                             | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge                                                                                             |
| Osteopathy              | 0                       | Combined limit - see Chiropractic                                                                                                              | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge                                                                                             |

\* Service limits apply for Optical. Myotherapy: combined limit of \$250 with acupuncture, remedial massage and chinese herbalism. Use nib Rewards to access a range of rewards and discounts on services like groceries, petrol, entertainment, health, wellbeing and more! For Preventative dental service limits apply.

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

|                                 |                       |                                                     |
|---------------------------------|-----------------------|-----------------------------------------------------|
| <b>X</b> Blood glucose monitors | <b>X</b> Major dental | <b>X</b> Other treatments - check with your insurer |
| <b>X</b> Endodontic             | <b>X</b> Orthodontic  |                                                     |
| <b>X</b> Hearing aids           | <b>X</b> Podiatry     |                                                     |

#### Other features of this general treatment cover

By choosing an nib First Choice provider it means you could pay less on dental treatment, physiotherapy and optical.

For further information about this policy see

<https://my.nib.com.au/product-collateral/2784>

## Ambulance cover

In Northern Territory this policy provides:

**Emergency:** Unlimited with a waiting period of 1 day.

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

#### Other features of this ambulance cover

All our health covers include unlimited emergency ambulance (1 day waiting period on all emergency ambulance). Emergency ambulance is when you need immediate transport by a State or Territory ambulance to get to a hospital or other facility for urgent medical treatment. No annual limits for emergency ambulance apply.

For further information about this policy see

<https://my.nib.com.au/product-collateral/2784>

#### 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.