

## Private Health Information Statement - General treatment policy

### Corporate 70 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

**\$206.70 #**

(before any rebate or insurer discount)

Covers 2 adults (and no-one else)

Available in NSW & ACT

# 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.

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                       | \$1,200 per person<br>(no limit on preventative dental)<br>(combined limit for general dental, major dental, endodontic & orthodontic)                                                                          | Periodic oral examination - 70% of charge<br>Scale & clean - 70% of charge<br>Fluoride treatment - 70% of charge<br>Surgical tooth extraction - 70% of charge |
| Major dental            | 12                      |                                                                                                                                                                                                                 | Full crown veneered - 70% of charge                                                                                                                           |
| Endodontic              | 12                      |                                                                                                                                                                                                                 | Filling of one root canal - 70% of charge                                                                                                                     |
| Orthodontic             | 12                      |                                                                                                                                                                                                                 | Braces for upper & lower teeth, including removal plus fitting of retainer - 70% 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 | 0                       | \$400 per person<br>(combined limit for non pbs pharmaceuticals, podiatry, psychology, blood glucose monitors, dietetics/dietary advice, occupational therapy, orthotics (podiatric orthoses) & speech therapy) | Per eligible prescription - 70% of charge                                                                                                                     |
| Physiotherapy           | 0                       | \$450 per person<br>(combined limit for physiotherapy, ante-natal/post-natal classes & exercise physiology)                                                                                                     | Initial visit - 70% of charge<br>Subsequent visit - 70% of charge                                                                                             |
| Chiropractic            | 0                       | \$450 per person<br>(combined limit for chiropractic & osteopathy)                                                                                                                                              | Initial visit - 70% of charge<br>Subsequent visit - 70% of charge                                                                                             |
| Podiatry                | 0                       | Combined limit - see Non PBS pharmaceuticals                                                                                                                                                                    | Initial visit - 70% of charge<br>Subsequent visit - 70% of charge                                                                                             |
| Psychology              | 0                       | Combined limit - see Non PBS pharmaceuticals                                                                                                                                                                    | Initial visit - 70% of charge<br>Subsequent visit - 70% of charge                                                                                             |
| Acupuncture             | 0                       | \$400 per person<br>(combined limit for acupuncture, remedial massage & chinese medicine - <b>Sub-limits apply</b> )                                                                                            | Initial visit - 70% of charge<br>Subsequent visit - 70% of charge                                                                                             |
| Remedial massage        | 0                       |                                                                                                                                                                                                                 | Initial visit - 70% of charge<br>Subsequent visit - 70% of charge                                                                                             |
| Blood glucose monitors* | 12                      | Combined limit - see Non PBS pharmaceuticals                                                                                                                                                                    | Per monitor - 70% of charge                                                                                                                                   |

|                                       |   |                                              |                                                                   |
|---------------------------------------|---|----------------------------------------------|-------------------------------------------------------------------|
| Ante-natal/Post-natal classes         | 0 | Combined limit - see Physiotherapy           | Initial visit - 70% of charge<br>Subsequent visit - 70% of charge |
| Chinese medicine                      | 0 | Combined limit - see Acupuncture             | Initial visit - 70% of charge<br>Subsequent visit - 70% of charge |
| Dietetics/dietary advice              | 0 | Combined limit - see Non PBS pharmaceuticals | Initial visit - 70% of charge<br>Subsequent visit - 70% of charge |
| Exercise physiology                   | 0 | Combined limit - see Physiotherapy           | Initial visit - 70% of charge<br>Subsequent visit - 70% of charge |
| Health management / Healthy lifestyle | 6 | \$200 per person                             | Health management - 70% of charge                                 |
| Occupational therapy                  | 0 | Combined limit - see Non PBS pharmaceuticals | Initial visit - 70% of charge<br>Subsequent visit - 70% of charge |
| Orthotics (podiatric orthoses)*       | 0 | Combined limit - see Non PBS pharmaceuticals | Orthotics supply & fit - 70% of charge                            |
| Osteopathy                            | 0 | Combined limit - see Chiropractic            | Initial visit - 70% of charge<br>Subsequent visit - 70% of charge |
| Speech therapy                        | 0 | Combined limit - see Non PBS pharmaceuticals | Initial visit - 70% of charge<br>Subsequent visit - 70% of charge |

\*Service limits apply to Optical, Orthotics, Health aids (includes Blood Glucose Monitors) and Preventative tests. Preventative Tests is combined with Healthier Lifestyle (\$200) e.g. thin prep, bone density testing, bowel screening. Healthier Lifestyle includes nib approved weight management, quit smoking and health management programs (gym, personal trainer) and more. Health Aids (\$400) e.g. spacer, peak flow meter, nebuliser, Irlen lens. Myotherapy: combined limit of \$400 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> Hearing aids | <b>X</b> Other treatments - check with your insurer |
|-----------------------|-----------------------------------------------------|

### 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/2782>

### Ambulance cover

In NSW & ACT 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/2782>

### 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.