

About your  
**APRA Corporate Health Plan**





# Welcome to **GU Health**

## **APRA Corporate Health Plan**

Grand United Corporate Health Limited (GU Health) is proud to offer you health cover that can help maintain your healthy lifestyle balance.

Cover from GU Health not only gives you and your family the security of private health cover over and above Medicare benefits, it also gives you a choice of Extras benefits on a range of natural and preventative therapies – and offers you real value through generous rebates and responsive, professional service.

**The enclosed information is effective from 1 January 2012.**

**This membership booklet should be read carefully and retained for future reference.**

If you have any questions about your cover, call your GU Health Member Relations Team on 1800 249 966 between 8.30 am and 5.00 pm EST, Monday to Friday, or email us at [corporate@guhealth.com.au](mailto:corporate@guhealth.com.au)

We look forward to talking with you.

**GUHealth™**  
Your ultimate solution

# Inside

## **The essentials of your cover with GU Health** 2

What your health cover includes

Choose from either a Single or Family Membership

How do I join?

How do I contact GU Health?

Your cover options

Hospital products 5

Extras products 8

## **Making the most of your GU Health Cover** 13

How do I make a claim?

What is the “Medical Gap”?

What is Access Gap Cover?

Your treatment by registered GU Health providers

What benefits are excluded?

## **What If?** 16

My circumstances change

I'm expecting a baby (or my partner is)

I have a pre-existing condition

I leave my employer

My benefit limits have been reached

My child is a student dependant

I'm seeking third party compensation

My treatment is related to my employment or insurance

Health legislation changes

## **Information you need to know** 17

All about private health insurance

Some useful definitions

## **So who is GU Health?** 23

## The essentials of your cover with GU Health

### What your health cover includes

- Hospital cover, including ambulance cover
- Extras cover that pays benefits at a percentage of actual cost for a range of healthcare treatments, with generous annual limits.

### GU Health cover options selected to suit your lifestyle

Option 1: Premier Hospital (\$250 Single / \$500 Family Excess)

Option 2: Premier Hospital (\$250 Single / \$500 Family Excess) and Value Benefits

Option 3: Premier Hospital (\$250 Single / \$500 Family Excess) and Economy Benefits

Option 4: Pricepoint Hospital (\$250 Single / \$500 Family Excess)

#### (closed to new members)

Option 5: Premier Hospital

Option 6: Value Benefits

Option 7: Value Lifestyle Benefits

For information on excess see 'useful definitions' section.

**You can find out more about these cover options on the following pages.**

### Choose from either a Single or Family Membership

A Single Membership covers you, the policyholder. A Family Membership can include you (the policyholder), your spouse, de facto spouse or partner, and all dependant children up to the age of 21 or, if registered as Student Dependants, up to the age of 24 inclusive.

### Company Rights

APRA may contact GU Health directly to:

- request that your membership be transferred, suspended, or removed from the company plan
- amend your personal details.

GU Health may disclose personal information about you or your membership to APRA as it deems reasonably necessary subject to GU Health's privacy policy. A copy of the privacy policy can be obtained by contacting GU Health on 1800 249 966.

## Waiting Periods

A waiting period is a limited period of time when you or your family can't claim benefits for certain treatments. It starts on the date you either joined your GU Health Corporate Health Plan or whenever you upgraded your level of cover.

Treatment	Waiting period
Psychiatric and Rehabilitation	2 months
Health management services	6 months
Artificial Aids / Appliances	12 months
Dentures	12 months
Elective Cosmetic / Plastic surgery	12 months
Hearing aids	12 months
Major dental services	12 months
Pre-existing conditions	12 months
Pregnancy, pregnancy related and birth-related conditions	12 months

- If you or anyone listed on your membership haven't belonged to a private health fund before, you'll be covered immediately for all treatments except those listed above, for which the waiting periods shown must be served.
- If you or anyone listed on your membership transfer from another registered Australian health fund, or from a recognised international health fund, you'll be covered immediately for all treatments, including those listed, as long as you've already served equivalent waiting periods with your current health fund. For more details, see "Transferring between funds" in the "Information you need to know" section.
- If you or anyone listed on your membership select/transfer to a cover with a lower excess than your current cover, you'll have to pay the higher excess for a period of time equivalent to the waiting periods above.
- If you select a higher level of cover than you currently have, you'll have to serve waiting periods for healthcare treatments that aren't included in your current cover.



## How do I join?

Joining GU Health is easy and simple. Carefully read this membership booklet, which has all your plan options as well as the important information about your health insurance cover, then complete an application form and return it to GU Health.

## How can I access or make changes to my membership?

If you want to make changes to your GU Health membership in the future – like adding or deleting dependants or changing your level of cover, check your claims history, access policy information at a time that suits you – simply go to [www.guhealth.com.au](http://www.guhealth.com.au) and register for GU Health Online Services and follow the prompts.

Once registered, you can conveniently manage your account information whenever you want, view details of your membership, claims history, your benefit limits and much, much more.

Alternatively changes to your contact details can also be simply made over the phone.

If you have any other questions about GU Health Online Services or your health cover, please contact your GU Health Member Relations Team.

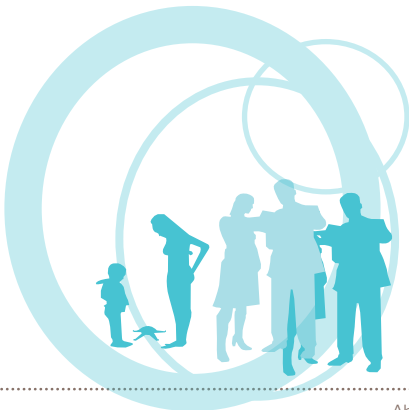
## How do I contact GU Health?

We hope this brochure covers everything you need to know about your corporate health plan. If you have questions, just contact your GU Health Member Relations Team.

**FreeCall** 1800 249 966 8.30 am to 5.00 pm EST, Monday to Friday

**FreeFax** 1800 656 778

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





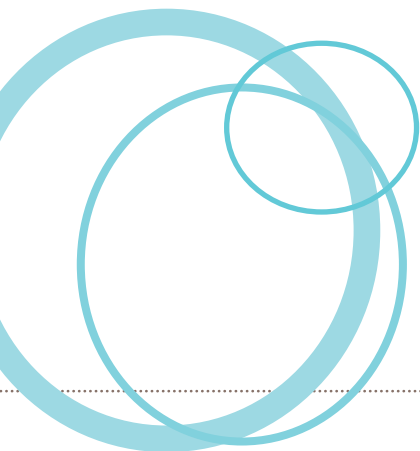
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*over and above*

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**GU Health** offers you the security of private health cover over and above Medicare benefits.

Your **ultimate solution**



## Premier Hospital

Certain benefits could be subject to waiting periods. Members transferring from an equivalent level of cover with another fund will not have to re-serve waiting periods. Please refer to the Waiting Periods outlined in the front of your Membership Booklet, or contact GU Health before undergoing treatment.

All public and partner private hospitals	Benefit
<b>Accommodation (private or shared room)</b>	100%
<b>Theatre fees</b>	100%
<b>Intensive care</b>	100%
<b>Coronary care</b>	100%
<b>Pregnancy and birth related services</b> Accommodation is fully covered in a public or partner private hospital, and doctors fees in hospital are covered up to 100% of the Medicare Schedule Fee. Please contact GU Health before being admitted to determine any possible out-of-pocket expenses.	100%
<b>Surgically implanted prostheses</b>	100% of the minimum cost for Government approved appliances
<b>Special nursing</b> Maximum limit of \$1,000 per member, per year when provided by a registered nurse in private practice and recommended by a registered medical practitioner.	Up to \$20 per hour
<b>Elective cosmetic and plastic surgery</b> Only limited benefits apply (as set by the Minister for Health and Ageing). Before attending hospital for these services please call your Member Relations Team to check your entitlements.	Limited cover
<b>Psychiatric &amp; rehabilitation care</b>	100%
<b>Ambulance</b> Full cover within Australia for members residing in NSW/ACT, 100% emergency ambulance for members residing in other states who are not covered by a State Government Ambulance Scheme. For members residing outside of NSW/ACT, the Ambulance account must be coded as "emergency transportation" by the ambulance service to qualify for benefits.	100% emergency
<b>Member Support Program</b> Where clinically appropriate and approved by you and your treating doctor, you may be able to leave hospital early and continue your treatment at home. Contact your Member Relations Team for more information.	Available
<b>Access Gap Cover Scheme</b> Through your GU Health hospital cover, you may be able to reduce or eliminate your out-of-pocket expenses when going into hospital using the Access Gap Cover Scheme. Medicare covers you for 75% of the Medicare Schedule Fee for treatments provided by doctors in hospital. Your GU Health hospital cover pays the remaining 25% difference between the Medicare benefit and the Medicare Schedule Fee. If your doctor charges more than the Medicare Schedule Fee, you may experience 'out-of-pocket' expenses known as the Medical Gap. The GU Health Access Gap Cover Scheme is designed to help members avoid or minimise these 'out-of-pocket' expenses, however your doctor/s must agree to participate in the Scheme prior to the start of your treatment. Please contact your Member Relations Team for more information.	Available
<b>Partner Private Hospitals</b> Partner Private Hospitals are those facilities that have entered into an agreement with GU Health. The agreement guarantees that members with hospital cover will be covered for 100% of accommodation and other associated costs such as theatre fees less any excess (if applicable). Where no agreement exists (Non Partner Private Hospitals), benefits will be paid at the lowest contracted amount for that specified treatment in any agreement hospital in that state, subject to the benefit not being lower than the Default Benefit set by the Minister for Health and Ageing, less any excess (if applicable). Benefits for pharmaceutical drugs are limited to \$300 per person per year in hospitals where no agreement exists.	

## Pricepoint Hospital

Certain benefits could be subject to waiting periods. Members transferring from an equivalent level of cover with another fund will not have to re-serve waiting periods. Please refer to the Waiting Periods outlined in the front of your Membership Booklet, or contact GU Health before undergoing treatment.

All public and partner private hospitals	Benefit
<b>Accommodation</b> (private or shared room)	100%
<b>Theatre fees</b>	100%
<b>Intensive care</b>	100%
<b>Surgically implanted prostheses</b>	100% of the minimum cost for Government approved appliances
<b>Psychiatric and rehabilitation care</b> Only limited benefits apply (as set by the Minister for Health and Ageing). Before attending hospital for these services please call your Member Relations Team to check your entitlements.	Limited cover
<b>Psychiatric &amp; rehabilitation care</b>	100%
<b>Ambulance</b> Full cover within Australia for members residing in NSW/ACT, 100% emergency ambulance for members residing in other states who are not covered by a State Government Ambulance Scheme. For members residing outside of NSW/ACT, the Ambulance account must be coded as "emergency transportation" by the ambulance service to qualify for benefits.	100% emergency
<b>Exclusions</b> (the following services are not covered): <ul style="list-style-type: none"> <li>• All pregnancy and birth related services</li> <li>• Assisted reproductive services (including IVF and GIFT)</li> <li>• Cardio-thoracic surgery</li> <li>• Hip and knee joint replacement surgery</li> <li>• Major eye surgery including cataract removal</li> <li>• Major organ transplants</li> <li>• Hospital treatment for which Medicare pays no benefit eg. most cosmetic surgery</li> </ul>	
<b>Member Support Program</b> Where clinically appropriate and approved by you and your treating doctor, you may be able to leave hospital early and continue your treatment at home. Contact your Member Relations Team for more information.	Available
<b>Access Gap Cover Scheme</b> Through your GU Health hospital cover, you may be able to reduce or eliminate your out-of-pocket expenses when going into hospital using the Access Gap Cover Scheme. Medicare covers you for 75% of the Medicare Schedule Fee for treatments provided by doctors in hospital. Your GU Health hospital cover pays the remaining 25% difference between the Medicare benefit and the Medicare Schedule Fee. If your doctor charges more than the Medicare Schedule Fee, you may experience 'out-of-pocket' expenses known as the Medical Gap. The GU Health Access Gap Cover Scheme is designed to help members avoid or minimise these 'out-of-pocket' expenses, however your doctor(s) must agree to participate in the Scheme prior to the start of your treatment. Please contact your Member Relations Team for more information.	Available
<b>Partner Private Hospitals</b> Partner Private Hospitals are those facilities that have entered into an agreement with GU Health. The agreement guarantees that members with hospital cover will be covered for 100% of accommodation and other associated costs such as theatre fees less any excess (if applicable). Where no agreement exists (Non Partner Private Hospitals), benefits will be paid at the lowest contracted amount for that specified treatment in any agreement hospital in that state, subject to the benefit not being lower than the Default Benefit set by the Minister for Health and Ageing, less any excess (if applicable). Benefits for pharmaceutical drugs are limited to \$300 per person per year in hospitals where no agreement exists.	



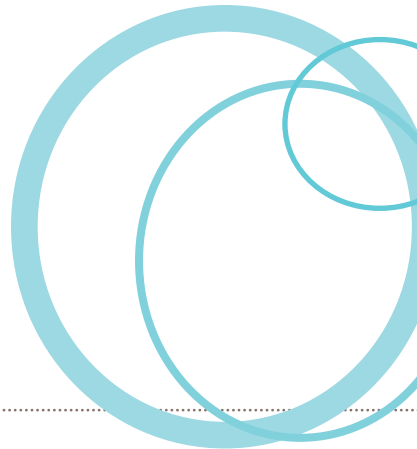
*peace of mind*



**GU Health** extras cover offers real value through generous rebates. We even rebate you on a range of natural and preventative therapies!

Combine your choice of extras cover with hospital cover and experience the GU Health difference.

Your **ultimate solution**



## Value Benefits

Benefits are paid per person, per membership year unless otherwise specified. Benefits are only payable where the service is provided by a GU Health recognised provider in private practice. Certain benefits could be subject to waiting periods. Members transferring from an equivalent level of cover with another fund will not have to re-serve waiting periods. Please refer to the Waiting Periods outlined in the front of your Membership Booklet, or contact GU Health before undergoing treatment.

Value Benefits		
	Benefit	Maximum limit
<b>General Dental</b> Preventative Services	100% of the cost	\$1,700 per person, per year combined
General, Diagnostic, Restorative Services	85% of the cost	
<b>Major Dental</b> Crowns, Bridges, Orthodontic Treatment	60% of the cost	
<b>Dentures, Prosthodontics, Periodontics, Endodontics</b>	85% of the cost	
<b>Optical</b> Prescription optical appliances (glasses and contact lenses) or repairs	80% of the cost	\$350 per person, per year
<b>Physiotherapy</b>	80% of the consultation cost	\$600 per person, per year combined
<b>Speech Pathology, Eye Therapy, Occupational Therapy</b>	100% of the consultation cost	
<b>Chiropractic, Osteopathic</b> Limit of two chiropractic x-rays per person per year.	80% of the consultation cost	\$600 per person, per year combined
<b>Dietetics</b>	100% of the consultation cost	\$600 per person, per year combined
<b>Clinical Psychology, Hypnotherapy, Natural Therapies</b> Natural Therapies that attract a benefit are: Naturopathy, Homœopathy, Acupuncture, Herbalism, Chinese Herbalism, Iridology, Nutrition, Aromatherapy, Remedial Massage, Shiatsu, Reflexology, Kinesiology, Bowen Technique, Sports Therapy Massage, Myotherapy, Exercise Physiology.	80% of the consultation cost	
<b>Audiology</b>	80% of the consultation cost	\$200 per person, per year
<b>Podiatry</b> Note: Orthotic benefits are paid under artificial aids and appliances.	80% of the consultation cost	\$300 per person, per year
<b>Artificial Aids and Appliances</b> For the purchase of approved artificial aids and appliances. Appliances must be purchased from a recognised health practitioner or organisation. Contact your Member Relations Team for more information.	80% of the individual cost	\$500 per person, per year
<b>Hearing Aids</b> Limit of one appliance per person each five years.	100% of the cost	\$600 per person, per 5 years
<b>Pharmaceutical</b> All pharmaceutical prescription items (excluding contraceptives, items normally available without a prescription, or items not related to a medical condition), after the member has paid a sum equal to the current PBS charge. Includes allergy vaccines, travel vaccines, diabetic syringes and hormone implants. Hormones for IVF treatment are not covered.	80% of the cost	\$500 per person, per year

## Value Lifestyle Benefits

Benefits are paid per person, per membership year unless otherwise specified. Benefits are only payable where the service is provided by a GU Health recognised provider in private practice. Certain benefits could be subject to waiting periods. Members transferring from an equivalent level of cover with another fund will not have to re-serve waiting periods. Please refer to the Waiting Periods outlined in the front of your Membership Booklet, or contact GU Health before undergoing treatment.

Value Lifestyle Benefits		
	Benefit	Maximum limit
<b>General Dental</b> Preventative Services	100% of the cost	\$1,700 per person, per year combined
<b>General, Diagnostic, Restorative Services</b>	85% of the cost	
<b>Major Dental</b> Crowns, Bridges, Orthodontic Treatment	60% of the cost	
<b>Dentures, Prosthodontics, Periodontics, Endodontics</b>	85% of the cost	
<b>Optical</b> Prescription optical appliances (glasses and contact lenses) or repairs.	80% of the cost	\$350 per person, per year
<b>Physiotherapy</b>	80% of the consultation cost	\$600 per person, per year combined
<b>Speech Pathology, Eye Therapy, Occupational Therapy</b>	100% of the consultation cost	
<b>Chiropractic, Osteopathic</b> Limit of two chiropractic x-rays per person per year.	80% of the consultation cost	\$600 per person, per year combined
<b>Dietetics</b>	100% of the consultation cost	\$600 per person, per year combined
<b>Clinical Psychology, Hypnotherapy, Natural Therapies</b> Natural Therapies that attract a benefit are: Naturopathy, Homœopathy, Acupuncture, Herbalism, Chinese Herbalism, Iridology, Nutrition, Aromatherapy, Remedial Massage, Shiatsu, Reflexology, Kinesiology, Bowen Technique, Sports Therapy Massage, Myotherapy, Exercise Physiology.	80% of the consultation cost	
<b>Practitioner Dispensed Remedies</b> The remedies must be dispensed by a practitioner qualified to make herbal and homœopathic remedies.	80% of the cost in excess of \$10 up to \$50 per item	
<b>Audiology</b>	80% of the consultation cost	\$200 per person, per year
<b>Podiatry</b> Note: Orthotic benefits are paid under artificial aids and appliances.	80% of the consultation cost	\$300 per person, per year
<b>Artificial Aids and Appliances</b> For the purchase of approved artificial aids and appliances. Appliances must be purchased from a recognised health practitioner or organisation. Contact your Member Relations Team for more information.	80% of the cost	\$500 per person, per year
<b>Hearing Aids</b> Limit of one appliance per person each five years.	100% of the cost	\$600 per person, per 5 years

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## Value Lifestyle Benefits – continued

<p><b>Pharmaceutical</b></p> <p>All pharmaceutical prescription items (excluding contraceptives, items normally available without a prescription, or items not related to a medical condition), after the member has paid a sum equal to the current PBS charge. Includes allergy vaccines, travel vaccines, diabetic syringes and hormone implants. Hormones for IVF treatment are not covered.</p>	80% of the cost	\$500 per person, per year
<p><b>Vitamins and Natural Health Supplements</b></p> <p>Goods must be TGA approved and purchased from a health food store, pharmacy or recognised healthcare practitioner. The receipt/account must have a description of the item purchased and the store name and address printed on the receipt. Excludes oils, teas, soap, food and drinks.</p>	80% of the cost for items in excess of \$5 up to \$50 per item	\$150 per single membership, per year \$300 per family membership, per year
<p><b>Health Management</b></p>		
<p><b>Asthma</b></p> <p>eg. Asthma education (eg. asthma camps, asthma emergency management course), Buteyko, Asthma swim classes</p>	80% of the cost for items in excess of \$20	\$200 per single membership, per year \$400 per family membership, per year
<p><b>Diabetes</b></p> <p>eg. Diabetes education (eg. diabetes camps)</p>		
<p><b>Coronary Health</b></p> <p>eg. Quit smoking program, Nicotine patches, Heart rate monitors, Cardiovascular education</p>		
<p><b>Mental Health</b></p> <p>eg. Counselling, Family counselling, Life coaching, Suicide prevention, Zoeros life skills courses, Meditation, Flotation tanks, Stress management, Family Life, Live Smart, Bed wetting programs, Family education, Relaxation skills, Alcohol programs, Drug addiction programs</p>		
<p><b>Cancer</b></p> <p>eg. Survivors out patients course, Melanoma imaging, Skin cancer checks, Cancer screening</p>		
<p><b>Pregnancy and Childbirth</b></p> <p>eg. Childbirth education, Lactation classes, Fertility programs</p>		
<p><b>Weight and Nutrition</b></p> <p>eg. Weight loss programs, Fitness or exercise programs, Personal trainer</p>		
<p><b>Injury Prevention</b></p> <p>eg. First aid courses, First aid kits, Learn to swim/water safety, Alexander Technique, Pilates, Tai chi, Yoga, Feldenkrais, Mediball, Illness &amp; prevention management, Yagalates, Pre Menstrual Syndrome/Womens Health, Reiki</p>		
<p><b>Risk Assessment</b></p> <p>eg. Health risk assessment, Bone density test</p>		
<p><b>Disease Management Association Fees</b></p> <p>eg. Arthritis, Asthma, Coeliac, Crohn's disease, Diabetes, Heart disease</p>		
<p><b>Group Therapies</b></p> <p>eg. Floor/mat work, Hydro therapies, Aqua aerobics</p>		
<p>For accredited or recognised programs designed to assist in preventing or improving a specific health condition, where provided by a qualified health practitioner. Accredited programs may target conditions including (but not limited to) alcohol or drug addiction, weight management, asthma, diabetes, mental health, cancer or coronary health.</p> <p>A letter or a completed Health Management Services Authorisation form may be required from your treating doctor or recognised health practitioner before being able to claim on some Health Management services. Please contact your Member Relations Team for more information.</p> <p>Please note this list is subject to change without notice.</p>		

## Economy Benefits

Benefits are paid per person, per membership year unless otherwise specified. Benefits are only payable where the service is provided by a GU Health recognised provider in private practice. Certain benefits could be subject to waiting periods. Members transferring from an equivalent level of cover with another fund will not have to re-serve waiting periods. Please refer to the Waiting Periods outlined in the front of your Membership Booklet, or contact GU Health before undergoing treatment.

Economy Benefits		
	Benefit	Maximum limit
<b>General Dental</b> General, Preventative, Diagnostic, Restorative Services	60% of the cost	\$1,000 per person, per year combined
<b>Major Dental</b> Crowns, Bridges, Orthodontic Treatment, Dentures, Prosthodontics, Periodontics, Endodontics	60% of the cost	
<b>Optical</b> Prescription optical appliances (glasses and contact lenses) or repairs.	60% of the cost	\$200 per person, per year
<b>Physiotherapy, Speech Pathology, Eye Therapy, Occupational Therapy</b>	60% of the consultation cost	\$600 per person, per year combined
<b>Chiropractic, Osteopathic, Dietetics, Clinical Psychology, Hypnotherapy, Natural Therapies</b> Limit of two chiropractic x-rays per person per year. Note: Natural Therapies that attract a benefit are: Naturopathy, Homœopathy, Acupuncture, Herbalism, Iridology, Nutrition.	60% of the consultation cost	\$500 per person, per year combined
<b>Podiatry</b> Note: Orthotic benefits are paid under artificial aids and appliances.	60% of the consultation cost	\$300 per person, per year
<b>Artificial Aids and Appliances</b> For the purchase of approved artificial aids and appliances. Appliances must be purchased from a recognised health practitioner or organisation. Contact your Member Relations Team for more information.	60% of the individual cost	\$500 per person, per year
<b>Hearing Aids</b> Limit of one appliance per person each five years.	60% of the cost	\$500 per person, per 5 years
<b>Pharmaceutical</b> All pharmaceutical prescription items (excluding contraceptives, items normally available without a prescription, or items not related to a medical condition), after the member has paid a sum equal to the current PBS charge. Includes allergy vaccines, travel vaccines, diabetic syringes and hormone implants. Hormones for IVF treatment are not covered.	60% of the cost	\$500 per person, per year

## Making the most of your GU Health Cover

### How do I make a claim?

When you join GU Health, you'll receive a membership kit that contains everything you need to make a claim:

- a letter confirming your membership details
- your GU Health Member Card, which you can use for HICAPS claims
- claim forms and postage-paid envelopes.

### Making hospital claims

If you're hospitalised, just present your GU Health Member Card, so the hospital will be able to bill GU Health directly. If your cover has an excess, the hospital may ask you to pay your excess up front. GU Health pays benefits for all eligible hospital costs in accordance with your chosen level of cover.

Claims relating to pre-existing conditions may be referred to GU Health's consulting doctor prior to being approved for payment. We recommend that you contact GU Health before any hospital treatment if there is any doubt as to whether a condition is pre-existing.

### Finding a GU Health Partner Private Hospital

Depending on your level of cover, your accommodation and theatre fees may only be 100 percent covered in a Public or Partner Private Hospital.

GU Health has agreements with most private hospitals throughout Australia. To locate a GU Health Partner Private Hospital visit [www.guhealth.com.au](http://www.guhealth.com.au) or contact the Member Relations Team.

### Your hospital benefits from Medicare

(for treatment provided in hospital)

If you choose to go to a public hospital and receive treatment from a hospital appointed doctor, you won't be charged for either the treatment or the accommodation. However, if you choose to be a private patient in a public or private hospital and receive treatment from a doctor of your own choice, Medicare won't pay any of the accommodation charges, and will only pay 75% of the Medicare Schedule Fee for the doctor's services.

### Making claims for medical services (for treatment provided in hospital)

There are three ways to claim your medical expenses when you're in hospital:

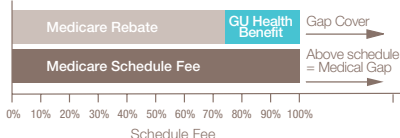
- First, complete your claim with Medicare and obtain a Medicare Statement of Benefit Advice. Then, complete your GU Health claim form, attach your Medicare Statement of Benefit Advice, and Freepost both to: GU Health, Reply Paid 2988, Melbourne VIC 8060 **or**,
- FreeFax to 1800 656 778 **or**,
- If your doctor participates in Access Gap Cover, their bills may be sent directly to GU Health or to you for forwarding on to us.

### Please note:

Health funds are not permitted to pay for medical services provided for out-of-hospital treatments. Services for out-of-hospital treatments are covered by Medicare.

## What is the “Medical Gap”?

With GU Health Hospital cover, you are covered for 100% of the difference between the Medicare benefit and the Medicare Schedule Fee for services performed while you’re in hospital. However, some doctors and specialists may charge more than the scheduled fee. This difference is known as the Medical Gap, and is where out-of-pocket expenses can arise.



## What is Access Gap Cover?

GU Health Access Gap Cover can reduce or eliminate out-of-pocket expenses. If your doctor or specialist has agreed to use the Access Gap Cover Scheme, GU Health can help pay some or all of the gap.

Participating doctors will tell you in advance what the cost of service will be – and, if applicable, any payment you’ll need to make to cover the difference between the Access Gap Cover benefit and their fee. You should always ask your doctor if they’ll be participating in the GU Health Access Gap Cover Scheme.

To locate a doctor that has previously participated in the Access Gap Cover Scheme you can visit our website [www.guhealth.com.au](http://www.guhealth.com.au) and use the doctor search function; however doctors appearing on the list do not automatically provide a no-gap service. You must ask the doctor if they will participate in the GU Health Access Gap Cover Scheme. Full details on the GU Health Access Gap Cover Scheme are available under ‘Your Health Cover’ on our website, [www.guhealth.com.au](http://www.guhealth.com.au).

## Making Dental and other Extras claims

There are three ways you can make Dental and Extras claims:

- Make claims on the spot through HICAPS by presenting your GU Health Member Card to participating dentists, optometrists, physiotherapists, chiropractors, osteopaths and podiatrists, **or**,
- Complete a claim form, include a copy of the original account (and receipts if the account has been paid), and Freepost to: GU Health, Reply Paid 2988, Melbourne VIC 8060, **or**
- FreeFax your completed claim form and include the original account (and receipts if the account has been paid) to 1800 656 778.

## Receiving your claim payments

For fast, automatic direct deposits into your nominated financial institution account, use GU Health’s FastBack claims payment system. Simply complete the FastBack Authority section of your application form to pre-nominate the account where you’d like claim payments deposited.

If you prefer, your benefits can be mailed as a cheque, however this will slow down your payment.

## How to use HICAPS

### (Health Industry Claims & Payment Service)

As a GU Health member, you have access to convenient HICAPS on-the-spot claim processing using your GU Health Member Card. Simply swipe your Member Card through the HICAPS terminal at participating service providers – you'll only pay the difference between the treatment fee and the GU Health benefit amount.

**Please note:** you cannot make more than one claim on the same day with the same provider.

## Your treatment by registered GU Health providers

Benefits are only payable for services performed by registered providers – those practitioners accredited by the GU Health recognised accreditation process. To find out if your practitioner is registered, call your GU Health Member Relations Team.

## What benefits are excluded?

Naturally, there are some things that GU Health can't cover. In addition to specific product exclusions, benefits cannot be paid:

- if an application form contains false or inaccurate information in respect of the member and/or registered dependants
- during any waiting period a member is serving
- for any period in which a member is not a financial member as defined by GU Health
- when health services are claimed or claimable under any policy of insurance, third party or workers' compensation
- for the remainder of a membership year where an annual benefit limit has already been reached
- for any claim made after two years from the date of service
- for any claim made for professional services rendered by a provider to members of his/her own family or to a partner or partner's family – except for the wholesale costs involved in providing the services
- for services received or products purchased while/from overseas, except where payable under a GU Health cover
- for services provided by a practitioner who is not a registered GU Health provider
- for hospital costs for items not covered by Medicare
- for treatment as a Nursing Home Type Patient (requiring non-acute care after 35 consecutive days' hospitalisation) limited to the amounts set down by the Minister for Health and Ageing
- for exceptional drugs not covered by our agreements, drugs covered by the Pharmaceutical Benefit Scheme (PBS), and drugs issued for discharge
- for treatment at a private hospital emergency ward if you're not admitted to hospital
- for allied health services provided by a private practitioner in hospital, e.g. physiotherapy
- for personal items while in hospital such as newspapers and magazines, long distance and mobile phone calls
- fees for completing claim forms and/or reports
- where no specific health condition is being treated
- 2 services or more from the same practitioner on the same day.

## Key Features Guide and Fund Rules

For details on GU Health fund rules, or for a copy of our Key Features Guide, please call your GU Health Member Relations Team.

## What If?

### My circumstances change

It's your responsibility to notify GU Health of changes to your circumstances that may affect your membership, like adding or deleting a spouse or a dependant.

You must also notify GU Health if you change your address or contact details, to make sure that you continue to receive important notices or communications.

It's possible to remain on the same membership following separation or divorce. If this is what you and your partner decide to do, GU Health can send cheque claims payments and information to different addresses with the policyholder's agreement.

If any disputes arise from separation or divorce, GU Health is obliged to keep the agreement first made with the policyholder upon joining. This may mean that claims payments will be made to the policyholder, regardless of who paid for the treatment.

### I'm expecting a baby (or my partner is)

You can only claim for obstetrics and newborn infants if you have Hospital cover that doesn't exclude pregnancy and birth-related services. Waiting periods may apply.

- a mother on a Single Membership with appropriate Hospital cover is covered for the costs of the birth – but not for any costs incurred for the baby. You must upgrade your Single Membership to a Family Membership at least two months prior to the expected due date so the baby is also covered from birth.
- For a mother on a Family Membership with appropriate Hospital cover, the baby is automatically covered from birth. However, you must notify GU Health of the newborn within two months of birth so no waiting periods will apply to the baby.

Remember to let us know your newborn baby's details so we can update your membership details.

### I have a pre-existing condition

A pre-existing condition is a condition where your signs or symptoms were evident up to six months prior to joining your cover or increasing your level of Hospital cover, irrespective of the date of your actual diagnosis. There is a standard waiting period of 12 months for benefits on pre-existing conditions, from the time you join or increase your level of cover. Any claims you make relating to pre-existing conditions may be referred to GU Health's consulting doctor before being approved for payment. However, pre-existing condition restrictions do not apply to Extras cover.

### I leave my employer

While you can no longer be a part of your employers GU Health plan, you can transfer to GU Health as an individual member. GU Health offers a comprehensive range of health cover for individuals for a wide range of natural therapies as well as hospital, ambulance and conventional treatments. Call your GU Health Member Relations Team when you know you're leaving your employer – we can help you make the transfer.

To maintain continuity of cover, you must transfer to an individual GU Health membership within two months of leaving your existing employer's health plan.

## **My benefit limits have been reached**

All GU Health Extras covers have set annual limits on the amount of benefits that can be claimed for treatments and services. These may be limits that apply per person or per membership. If the annual limit on benefits in a particular area is reached, no further benefits are payable for the remainder of the year. Limits will reset at the start of your membership year.

You can check your benefit limits online by logging into your account at [www.guhealth.com.au](http://www.guhealth.com.au) or request an Annual Statement of Claims by phoning your GU Health Member Relations Team.

## **My child is a student dependant**

Student dependants may be covered under a Family membership. Once they turn 21, you may re-register your child as a student dependant under your cover each year until they turn 25 – as long as they remain a full time student of an approved Australian school, college or university.

## **I'm seeking third party compensation**

If you're injured as the result of an accident for which you may be eligible for compensation or damages from a third party (including a workers' compensation claim), you're not eligible to claim benefits from GU Health – including future costs of treatment – whether or not you pursue the claim.

## **My treatment is related to my employment or insurance**

Treatments or healthcare services (e.g. health checks) that you're required to undergo because of your employment, as part of an application for employment, industrial undertaking or application for life insurance are not covered by GU Health.

## **Health legislation changes**

Changes to the legislation governing private health funds may happen from time to time, and changes affecting your membership may be effective immediately. GU Health will notify you of these as quickly as possible.

## **Information you need to know**

### **All about private health insurance**

#### **The Federal Government 30% rebate on private health insurance**

If you're eligible for full Australian Medicare, and hold a current Medicare card, you're entitled to the Federal Government's rebate on private health insurance.

Regardless of your income or level of cover, you're entitled to a 30% rebate on your membership contributions. If you're aged between 65 and 69, the rebate increases to 35%, and if you're 70 or older the rebate rises to 40%. Best of all, you can choose to receive your rebate as a reduction in your contributions, as a rebate on your annual income tax, or as a reimbursement from Medicare.

#### **Your Annual Statement of Claims**

When requested by the policyholder, a private health fund must provide an Annual Statement of Claims. This statement gives you general information about your membership, the people covered under your membership, and a breakdown of how much each person has claimed under the categories of medical, hospital, extras and dental treatment. The exact details of the treatments aren't specified.

## **Partner Private Hospitals**

Partner Private Hospitals are facilities that have entered into an agreement with GU Health. This agreement guarantees that if you have Hospital cover, you'll be covered for 100% of accommodation and other services such as theatre fees, less any excess (if applicable).

At facilities where no agreement exists (Non Partner Private Hospitals), your benefits will be paid at the lowest contracted amount for that specified treatment in any agreement hospital in that state, subject to the benefit not being lower than the Default Benefit set by the Minister for Health and Ageing.

We recommend you contact your GU Health Member Relations Team to check that the hospital where you'll be treated is a Partner Private Hospital.

Your benefit limit for pharmaceutical drugs is \$300 per person per year in hospitals with which no agreement exists.

To locate a GU Health Partner Private Hospital visit [www.guhealth.com.au](http://www.guhealth.com.au). or contact your Member Relations Team.

## **Lifetime Health Cover**

Lifetime Health Cover is a Government initiative introduced on 1 July 2000 to encourage people to take out private hospital cover at a younger age, to lock in lower hospital contribution rates throughout their lifetime.

On 1 July 2004, the Government introduced a standard birthday for everyone turning 31 in a given financial year. Before that, people had only until their 31st birthday to take out private hospital cover without incurring a Lifetime Health Cover loading. Now, if you take out private hospital cover before the Standard 31st Birthday (that is, before the end of the financial year in which you turn 31) you'll pay the lowest available contribution rate (the base rate) for that cover, and continue to be eligible to pay the base rate for as long as you maintain Hospital cover.

People who take out hospital cover after 30 June following their 31st birthday pay a 2% loading for every year they're over 30 when they join, on top of the base rate contribution. The maximum loading a person can be required to pay is 70% and loadings are only calculated on the hospital component of your health cover.

Lifetime Health Cover loading will be removed for people who have held private hospital cover for 10 continuous years. The first members who will be eligible for the Lifetime Health Cover loading removal will be in 2010.

There are certain circumstances where people are exempt from Lifetime Health Cover, or are allowed a period of grace beyond their 31st birthday before Lifetime Health Cover applies. To find out more, call your GU Health Member Relations Team or visit the Department of Health and Ageing website at [www.health.gov.au](http://www.health.gov.au)

## **Medicare Levy Surcharge**

The Medicare Levy Surcharge is a Government scheme that imposes an additional tax (on top of the 1.5% Medicare Levy) on people who haven't taken out private Hospital cover and whose annual income exceeds a certain threshold nominated by the ATO each year. Income thresholds and the Medicare Levy Surcharge rate are available on the ATO's website (<http://www.ato.gov.au/>). Further queries concerning the Medicare Levy Surcharge, including the income thresholds, should be directed to the Australian Taxation Office on 13 28 61.

## **Making a Complaint**

GU Health has an internal complaints resolution procedure. Simply contact your Member Relations Team and detail your concerns. Your Member Relations Consultant is trained and authorised to resolve most issues immediately. If you are not satisfied with their response or resolution, we have an internal escalation procedure in place to further address your complaint. Full details on our complaints handling procedure are available under 'Forms and FAQ' on our website, [www.guhealth.com.au](http://www.guhealth.com.au).

Complaints can be lodged by:

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

**Phone:** 1800 249 966 Monday to Friday 8.30 am to 5.00 pm EST

**Fax:** 1800 656 778

**Mail:** GPO Box 2988 Melbourne 8060

Where possible we like to resolve the issue directly with you. If you believe that GU Health has not made reasonable attempts to address your complaint or you are not satisfied with our resolution you can contact the Private Health Insurance Ombudsman.

## **Private Health Insurance Ombudsman**

The Private Health Insurance Ombudsman deals with enquiries and complaints about any aspect of private health insurance. You can get free advice from the Ombudsman if you have a complaint about your private health fund.

**Complaints Hotline:** 1800 640 695 (free from anywhere in Australia except from a mobile phone)

**Or write to:** Private Health Insurance Ombudsman  
Suite 2, Level 22  
580 George Street  
Sydney NSW 2000

## **Privacy and access to membership details**

GU Health is committed to the privacy and security of your membership and personal details. All information you supply to GU Health will be used only for regulatory reporting and to provide eligibility information to GU Health service providers, brokers, hospitals and employers, as well as to provide and assist in the development of member services and products. It is GU Health policy not to disclose any member information to an unrelated third party without seeking the member's approval first. GU Health will assist you to access, update and/or correct any personal information held.

## **Who has access to membership details?**

The policyholder and the policyholder's spouse/partner (if named on the membership) may:

- access the membership information of all people named on the membership
- make changes to the membership, including correcting information, adding and deleting the rebate, updating cover choices, and adding and deleting dependants.

## **The policyholder is the only person on the membership who may:**

- cancel a membership
- nominate a third party to share equivalent levels of access and authority as the policyholder and the policyholder's spouse/partner.

### **Third party policy access authority**

A spouse/partner on a Family Membership has access to membership information, and may make changes to the policy, but cannot cancel the policy. If your spouse/partner is not named on the membership and you want to give them access to the membership, you must complete a Third Party Policy Access Authority form.

Please call your GU Health Member Relations Team to request one.

### **What are the individual member's rights to privacy on a Family Membership?**

Members aged 16 and over who are named on a Family Membership, but who are not the policyholder, may request that access to details about their claims against the membership be limited. While this is possible to an extent, health funds are bound to comply with laws which may reduce GU Health's ability to ensure complete privacy from others named on the Family Membership.

If any disputes arise from separation or divorce, GU Health is obliged to keep the agreement first made with the policyholder upon joining.

### **What is GU Health able to do?**

GU Health is able to separate an individual's claims information from that of others named on the Family Membership on the Claims Benefit Statement. On request, we can generate individual statements for each person, and these can be sent to different addresses if required.

### **What are GU Health's other legislative requirements?**

GU Health is committed to your privacy by acting in accordance with the requirements of the Privacy Act 1988 (Cth) and the Privacy Amendment (Private Sector) Act 2000 (Cth) including the National Privacy Principles as regulated by the Office of the Federal Privacy Commissioner. The National Privacy Principles represent a legal obligation which sets out the way in which GU Health collects, stores, uses and discloses your personal information. A copy of the National Privacy Principles may be obtained from the Office of the Federal Privacy Commissioner or the Commissioner's website, [www.privacy.gov.au](http://www.privacy.gov.au)

This policy will apply equally to any future legislative amendments to, or additions to, State and Commonwealth law.

### **More information**

If you'd like to know more, you can get a copy of GU Health's Privacy Policy or discuss your privacy concerns by calling your GU Health Member Relations Team.

### **Suspension of membership**

Suspension is permitted for a period from one month to two years in the event of overseas travel or employment. You'll retain full membership entitlements when you resume your membership. However, benefits are not payable for claims incurred while your membership is suspended.

To suspend or reinstate your cover after a period of suspension, you'll need to provide supporting documentation to GU Health.

## **Termination of membership**

GU Health has the right to terminate a person's membership at any time if, in the opinion of GU Health, the person has provided false information or falsely claimed benefits. In such cases, GU Health reserves the right to seek compensation from any involved parties.

GU Health reserves the right to terminate the membership if contribution payments are more than two months in arrears.

Subject to legislation, GU Health has the right to terminate a person's membership without cause by giving two months' notice in writing and refunding any contribution payments already made for any period after the date of termination.

## **Cooling Off Period**

We will allow any member who has not yet made a claim, to cancel their policy and receive a full refund of any paid premiums within 30 days of their policy commencement date. The refund will be payable to the party who made the membership payment.

## **Transferring between funds**

If you transfer to GU Health within two months of leaving another registered Australian health fund, you're entitled to continuity of membership from the previous fund under the Private Health Insurance Act 2007. You don't have to serve waiting periods for equivalent cover with GU Health if you've already done so with your previous fund. If your GU Health benefit is greater than that payable by your previous fund you may have to serve waiting periods for the additional benefit.

If you're transferring from a recognised international fund you may apply for GU Health to recognise waiting periods already served with your previous fund.

Please note that GU Health reserves the right to assess transfers from international funds on a case-by-case basis.

Accrued entitlements are not transferable between funds.

Your claims history is made known to GU Health through your Transfer Certificate when you transfer from another fund. The proportion of annual limits claimed with your previous fund may be taken into consideration when calculating your benefits for equivalent services under GU Health cover.

## **Some useful definitions**

### **Access Gap Cover**

Access Gap Cover reduces or eliminates all out-of-pocket expenses for specialist care you receive in hospital, and is automatically included with all GU Health Hospital covers. If your treating doctor or specialist participates in our Access Gap Cover Scheme, you'll have either no out-of-pocket expenses or you'll know before treatment starts exactly how much you'll have to pay. Participating doctors bill GU Health direct.

### **Ambulance Cover**

All GU Health Hospital covers include full cover for ambulance transport and treatment for residents of NSW and the ACT, and emergency transport cover for residents of other States who aren't covered by a State Government Ambulance Scheme.

## **Dependant Child**

A dependant child is a child of you or your partner (includes foster child, legally adopted child or stepchild) aged under 21, and who does not have a partner and is dependent on you or your partner.

## **Excess**

An excess is an agreed amount that you must pay before benefits can be claimed for certain healthcare treatments each excess year.

If your cover includes an Overall Excess (as stated under 'GU Health cover options'), your excess is applied to the Hospital and/or Extras table, payable (per membership) per excess year. The excess is deducted from the benefit payable, until the excess has been reached. In the case of extras claims, annual limits are reduced by the benefit amount which goes towards excess.

## **Excess Year**

Your excess year begins on the date you first joined a cover with an applicable excess. A new excess year will begin when a change is made to your excess level.

## **Family Membership**

A Family Membership can include the member (policyholder), the policyholder's spouse / de facto spouse / partner, and all dependant children up to the age of 21 or, if registered as a Student Dependant, up to the age of 24 years (inclusive).

## **Membership Year**

Your membership year begins on the date you first joined GU Health. With the exception of certain covers\*, a new membership year will begin whenever you make a change to the scale of your membership, or either you or your employer makes a product change. The maximum limit refers to any benefit (in \$ terms) that can be claimed within a membership year. Maximum limits are reset each time you start a new membership year.

\*If your extras cover has Executive, Extended, Economy or Budget as part of the title, your membership year will always be the date you first joined GU Health.

## **Medical Gap**

Medicare covers you for 75% of the Medicare Schedule Fee for treatments provided by doctors in hospital. Your GU Health Hospital cover pays the remaining 25% difference between the Medicare benefits and the Medicare Schedule Fee.

If your doctor chooses to charge more than the Medicare Schedule Fee for services, you may have to pay any difference between the Medicare Schedule Fee and your doctor's fee, which is known as the Medical Gap.

GU Health Access Gap Cover can help you avoid these costs, or at least know what they'll be in advance. See the Access Gap Cover section.

## **Medicare**

Medicare is the national health scheme operated by the Federal Government that provides automatic protection against the costs of essential medical and hospital care. All permanent Australian residents, regardless of age or personal circumstances, are eligible to participate in Medicare. Medicare is funded by a standard 1.5% levy on taxable income.

## **Pharmaceutical Benefits Scheme (PBS)**

The PBS is the national pharmaceutical scheme funded by the Commonwealth Government that subsidises the cost of pharmaceuticals.

## **Policyholder**

The policyholder is the person whose name the membership is registered. Ownership of the membership remains solely with the policyholder.

## **Registered GU Health Provider**

Benefits are only payable for services rendered by registered providers. Registered providers are those practitioners accredited by the GU Health recognised accreditation process. Call your GU Health Member Relations Team to check if your provider is registered.

## **Student Dependant**

A student dependant is a child (includes foster child, legally adopted child or stepchild) of you or your partner who is aged between 21 to 24 inclusive, studying full time at an approved Australian school, college or university, who does not have a partner and is dependent on you. Student dependants may be covered under a Family membership. Once they turn 21, you need to register a student dependant each year.

## **So who is GU Health?**

### **Our vision is:**

“To provide the ultimate health insurance solution for our clients and members. No matter which level of cover is selected from our range (from the ultimate to practical alternatives) our solutions are designed to be of value and delivered with excellence.”

### **We are:**

- your partner in health, taking a flexible and open approach to health cover
- an innovator, always looking for new, even better solutions to help meet your needs
- a provider of exclusive cover options designed to match your lifestyle
- a leader, working to stay ahead of the industry by looking after you and your future health
- fair, aiming to offer real value for money and rebates that reflect the actual cost of health services rather than an arbitrary amount

### **We offer:**

- flexibility, with a range of health cover choices
- service excellence through a dedicated team of customer service representatives who we're confident are the best in the business
- generous rebates based on a percentage of your actual treatment costs
- exclusive cover options to employees of our client companies
- the freedom to choose the healthcare practitioners you prefer to see

### **We value:**

- you as an individual, and work to offer you a truly refreshing approach to health cover
- taking the time to discuss and consider your personal circumstances
- our human touch, and take care to deliver the best service around
- your health – and work hard to always offer leading healthcare solutions.

**We want to help you look after your health, no matter where you are in life.**

## Notes





Re-think Reduce Reuse Recycle



GU Health is a signatory to the Private Health Insurance Code of Conduct. For details go to [www.privatehealth.com.au/codeofconduct](http://www.privatehealth.com.au/codeofconduct).

## **GUHealth™** Your ultimate solution

- Web** [www.guhealth.com.au](http://www.guhealth.com.au)
- Mail** GPO Box 2988 Melbourne VIC 8060
- Email** [corporate@guhealth.com.au](mailto:corporate@guhealth.com.au)
- FreeFax** 1800 656 778

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