

Planning to visit the dentist?

Maintaining good oral health is an important part of wellbeing. Going to the dentist regularly is key for your oral health.

As dental services are generally not covered under Medicare we've included them in most of GU Health's extras covers.

Our aim is to provide you with extras cover that helps you meet your health and lifestyle goals and save you money.

In addition to regular dental check-ups and minor dental work, you or a family member may require dental or oral surgery such as to remove wisdom teeth.

Dental benefits

As long as you have an appropriate level of extras cover you can receive benefits for eligible dental services.

Dental services

A dental service is a service, treatment, item or appliance provided by a registered dentist or dental prosthetist that's included in the Australian Dental Association (ADA) Schedule of Dental Services and recognised by GU Health.

Informed Financial Consent

Your treating dentist has a responsibility to provide you with Informed Financial Consent which is a document outlining all the charges and out-of-pocket expenses you may incur, before you undergo treatment.

It's your responsibility to ensure you understand all the potential costs before your or your guardian's treatment and to discuss the treatment with your dentist and dental practice staff.

Gather quotes

We recommend before undergoing any treatment, to ask your dentist to provide you with a quote containing the item numbers and service fees for any procedure/s they intend to perform.

Once you have a quote, contact your Member Relations Team to discuss your cover including any waiting periods, exclusions, restrictions, (number of services if applicable) or excess before proceeding with any treatment.

This is important so you're aware of any expense you may incur due to the difference between the GU Health benefit you're eligible for under your cover and the fee quoted by your dentist.

Are you covered?

Check with GU Health to make sure:

- You're covered for dental services.
- You're covered for the ADA item numbers (as given on the quote).

- What remaining benefit you have (if you have previously used part of your dental limit in your current membership year).
- Number of services required (as there may be service limitations under your cover, for example, if there are only two payable services in the membership year).
- You're aware of any waiting periods that may apply.
- Your membership is not in arrears.
- The provider that you're planning to see is a dentist.

What are your annual benefit limits?

Annual limits apply either per person or per family, as specified under *Your Plan Information*.

These limits are the maximum benefit we will pay for eligible services in a 12-month period and is based on your membership year. Your membership year typically starts when you join your level of cover, however some variations may apply.

In addition to annual limits some of our plans have limited number of services in a membership year or a benefit limit is capped per service.

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Log onto Online Member Services via guhealth.com.au to view your membership year and annual limit. You can refer to *Your Plan Information* for more details.

Unlike some other funds that have 'preferred providers', we don't restrict your choice of provider and the benefit we provide is based on your level of cover, regardless of the dentist you visit. The only condition is that the dentist is registered with the Dental Board of Australia to ensure they have the necessary training and qualifications to practice in Australia.

Dental and oral surgery explained

Oral surgery includes a range of surgical procedures conducted in the mouth and jaw, including removal of wisdom teeth. Oral surgery can be performed by a general dentist or an oral surgeon.

Teeth are generally surgically removed in two ways:

1. by a general dentist or oral surgeon in their private rooms as an out-patient service; or
2. by a general dentist or an oral surgeon as a surgical procedure in hospital as an in-patient service, usually under sedation or general anesthetic.

Depending on the item number used in your procedure, and on your level of cover, oral surgery could be classified as either general or major dental. It's best to contact us prior to your procedure to understand which dental annual limit your benefits will be deducted from.

Claiming

How to claim for dental services by a dentist in the dentist rooms

GU Health will pay benefits for eligible services according to your extras cover. If your dentist has a HICAPS machine you can present your GU Health membership card to claim instantly. Alternatively, you can claim online using our Flex-eClaim service by logging into your Online Member Services via guhealth.com.au, and uploading an itemised invoice from your dentist.

How to claim for dental surgery in hospital

Benefits for dental surgery in hospital are paid from both your hospital and extras cover (if any).

Your hospital costs are covered in line with your hospital level of cover. If you only have hospital cover with no extras, you won't receive any benefits for dentists' fees in hospital.

The dentist will be paid in accordance with your extras plan, which is subject to your dental annual limits.



How to claim for oral surgeon and anaesthetist fees with Medicare item numbers

Before undergoing any treatment, you should ask your general dentist, oral surgery specialist or orthodontist to provide you with a quote, preferably in writing, of their fees and services.

The quote should include the dental item numbers for the procedure, the cost of the procedure and the name and provider number of the dentist, orthodontist or specialist.

Once you have a written quote, contact your Member Relations Team for details before proceeding with any treatment.

This is important so you are aware of any expense you may incur due to the difference between the benefit amount paid and the fee quoted by your dentist or specialist.



Members who are eligible for full Medicare entitlements

- First make a claim to Medicare. Medicare will cover you for 75 per cent of the Medicare Benefits Schedule (MBS) fee for each eligible service.
- After you receive the refund from Medicare, send the Medicare statement with a GU Health claim form to GU Health. We will pay the remaining 25 per cent of the MBS fee. Any cost charged above the MBS will be your out of pocket expense, unless the surgeon/ anaesthetist participates in the Medical Gap Network Scheme. Visit guhealth.com.au for more details on this arrangement.

Overseas visitors who are not eligible for Medicare entitlements

- Send your claim to GU Health along with a GU Health claim form. Please note your invoice needs to show Medicare Benefits Schedule (MBS) item numbers used in your procedure. Benefits cannot be paid if services don't carry an MBS item number/s or they're not listed on the invoice. ●



Please make sure you read the *Your Membership Guidelines* booklet in conjunction with *Your Cover at a Glance* and *Your Plan Information*, which you would have received in your *GU Health Welcome Pack*.



For further information about your GU Health cover or any queries relating to this document, please contact your GU Health Member Relations Team on **1800 249 966** or email corporate@guhealth.com.au