



YOUR OVERSEAS VISITORS
CORPORATE HEALTH COVER



Welcome to
GU Health

GU Health specialises in corporate health insurance. We're focused solely on providing innovative tailored health insurance products and services to businesses and communities, offering high-quality health covers that enable our members to live well.

At GU Health, most of our members get back a percentage of what they pay regardless of the registered service provider they choose to visit. That's because, unlike some other health funds, we don't restrict our members to a preferred provider list.

We negotiate great deals through our extensive network of partner private hospitals. This means our members have the option of being treated by a registered doctor or specialist of their choice, while keeping their hospital expenses to a minimum.

With the right cover, members can make the most of the health solutions we have on offer, such as our online Health Hub, home support services and programs.


All this, backed by easy-to-use online claiming through Flex-eClaim, means our members can get the most out of their GU Health cover.

For more information about any of our services, please visit guhealth.com.au

This publication is correct from 1 April 2019.

It should be read in conjunction with *Your Plan Information* and *Your Membership Guidelines*.

Contact us between
8.30am and 5pm (AEST) Monday to Friday

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 guhealth.com.au



TABLE OF CONTENTS

GETTING STARTED	3		
Welcome to your GU Health Membership	3	Excess year	23
Our website	3	Does my GU Health cover include ambulance cover?	23
Register for Online Member Services	4	How to suspend and resume your cover	24
Get to know your Member Relations Team	4	When your circumstances change	24
Using your GU Health Member Card	5	Eligibility for overseas visitor cover	24
Online claiming with Flex-eClaim	6	The Reciprocal Health Care Agreement (RHCA)	24
Benefits paid into your account by FastBack	7	Ceasing your membership as a visa holder	25
		Transferring from an overseas visitor cover to a resident cover	25
THE BENEFITS OF GU HEALTH	8	Leaving your employer?	25
		Exclusions and restrictions	25
LOOKING OUT FOR YOU	10		
Home support services and programs	10	GOVERNMENT INCENTIVES AND SURCHARGES	26
Online Health Hub	11	Australian Government Rebate	26
		Lifetime Health Cover (LHC) loading	26
GOING TO HOSPITAL	12	The Medicare Levy Surcharge (MLS)	26
How your hospital cover works	12		
What is a hospital excess?	13	OTHER FUND RULES AND GUIDELINES	26
Inpatient versus outpatient services	13	Annual Private Health Insurance Tax Statement	26
Before going to hospital: your checklist	14	Private Health Insurance Statement (PHIS)	26
Partner private hospitals	16	Cooling off period	27
Planning to have a baby	17	Making a complaint	27
		Private Health Insurance Ombudsman	27
YOUR EXTRAS COVER	18	Code of conduct	27
What's an extras benefit?	19	Privacy Policy	27
Using your cover	19	Information security	27
What you get back when you claim	19		
What are annual benefit limits?	19	RELATED WEBSITES	28
ON-THE-SPOT CLAIMING	20		
How do I claim my extras benefits?	21		
UNDERSTANDING YOUR GU HEALTH MEMBERSHIP	22		
Who's covered?	22		
About waiting periods	22		
Pre-existing conditions	23		



getting STARTED

WELCOME TO YOUR GU HEALTH MEMBERSHIP!

Like you, we understand the importance of health and security so we're pleased that you've chosen a GU Health membership to support you and your family to live well.

Whether you invest your time and skills into your work to enjoy the comforts of life, plan for the future or find that balance so many of us strive for, having the right GU Health cover may help when you need it most and encourage you to enjoy the benefits you deserve.

As well as providing you with your GU Health Member Card, your GU Health Welcome Pack is designed to help you get the most out of your GU Health cover right away.

This document should be read in conjunction with the other documents in this pack. *Your Cover at a Glance* and *Your Membership Guidelines* contain important and detailed information about the conditions of your cover. Please keep them on hand and refer to them as needed. They're also available online in your Online Member Services area.


Please keep in mind that our fund rules may change from time to time. For the most up-to-date information, please refer to *Your Membership Guidelines* at guhealth.com.au/membership-guidelines



You can visit our website guhealth.com.au for quick and easy access to general and individual information about your GU Health membership.

All GU Health forms, such as those you'll need to register a student dependant or authorise someone to have access to your membership details, are downloadable under the 'Forms and publications' section on our website.

You can also search for doctors, extras providers and our partner private hospitals on our website at guhealth.com.au/mymembership/find-a-provider



Being a member of
GU Health with a plan
that suits you and your
loved ones will give
you peace of mind.

REGISTER FOR Online Member Services



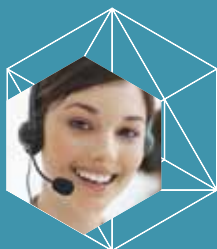
Your health cover is all about you, that's why we put you in control. Online Member Services gives you the access you need to manage your membership.

All you have to do is visit our website guhealth.com.au and register.

In your Online Member Services area you can:

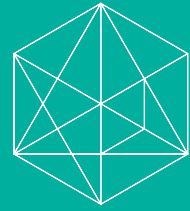
- claim your eligible extras and medical services faster through Flex-eClaim
- check your claims history
- check your benefit limits
- check your membership and excess years
- register for FastBack so we can pay your benefits directly into your bank account
- add and update your contact and bank details
- view previous tax statements, if you are eligible for a tax statement
- re-order a lost or damaged GU Health Member Card
- elect your rebate tier, if you are eligible and it is an option under your corporate health plan.

Get to know your **MEMBER RELATIONS TEAM**



Our Member Relations Team is committed to providing you with information that's relevant to you. We don't believe there's a one-size-fits all solution, especially when we're dealing with your health, which can be both a personal and often sensitive topic. If you have any questions about your GU Health membership, please contact us on **1800 249 966** from Monday to Friday, between 8.30am and 5pm (AEST) or email corporate@guhealth.com.au. We're here to help! If you're on a plan that has a dedicated telephone number or hours of operation, you can find these details in the *Your Cover at a Glance* document in your *GU Health Welcome Pack*.

USING YOUR GU Health Member Card



Your GU Health Member Card is attached to your *GU Health Welcome Pack*. It lists all the family members covered under your membership and you will need to present it upon admission into hospital.

If you have extras cover you can claim services such as dental, optical, chiropractic, physiotherapy and remedial massage on-the-spot, using your GU Health Member Card through the Health Industry Claims and Payments Service (HICAPS).

Your provider will simply swipe your card through the HICAPS terminal at the end of your consultation or treatment. Any benefits you're entitled to will automatically be deducted from the amount you've been charged.

All you'll have to pay is the difference between your benefit amount, which is based on your membership limits, and the cost of the service.

Ask your provider if they are recognised with GU Health before you book your consultation. If they are not registered with HICAPS or recognised by GU Health ask them to contact us via our GU Health website. To find the Provider Registration Application, go to Forms and click on 'All other forms and publications'.

If your provider doesn't have HICAPS facilities, you can pay for your consultation or treatment upfront and then submit your claim with a copy of your itemised account through Flex-eClaim. Please see the section on 'Flex-eClaim' for further details.

If your GU Health Member Card is lost or damaged, you can reorder one through Online Member Services or your Member Relations Team.



COMMON REASONS WHY YOUR GU HEALTH MEMBER CARD MAY NOT BE WORKING:

1. Your provider isn't registered with GU Health for the service you're claiming. If this is the case, we will attempt to register them. Alternatively, your provider will need to complete and send us the Provider Registration Application available on our website.

2. You're behind in your membership contributions. Your ability to claim using your card may be temporarily suspended until your payment is processed. It may also take about five working days after we receive your payment to reactivate your card.

3. You're not covered for the service you're claiming for or you've reached your annual limit. To check your level of cover or view your remaining limits, log in to Online Member Services at guhealth.com.au

Flex-eClaim

Three easy steps for faster claim payments



Intuitive, efficient and stress-free, Flex-eClaim offers a streamlined online claiming process. It makes your health cover even easier to use and gives you more time for the things that matter.

Forget the time and effort that comes with downloading, printing, filling in and sending us a claim form. In three simple steps you can claim on any extras services you're eligible for online, and we'll pay your benefits straight into your bank account within two business days from approval.

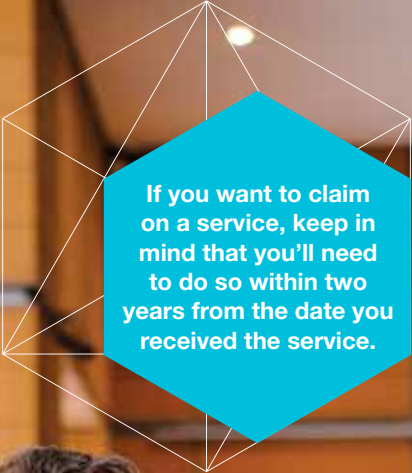
All you need to do is upload a copy of your itemised account to Flex-eClaim by scanning it or using your phone or tablet to take a photo, fill in a few easy details about your claim, confirm the details and click to submit.

To register for 'Flex-eClaim', just log in to your Online Member Services and select 'Flex-eClaim' from the 'Claims' dropdown menu. If you have any questions about Flex-eClaim, please contact your Member Relations Team.

You can also download a 'Claim Form' from our website under 'Forms and publications'. Click on 'Forms' and look for 'Download a claim form'.

Check out some of Flex-eClaim's features


- It's straightforward to upload your itemised accounts, even using photographs taken with your mobile phone or tablet.
- It adapts to the type of service you're claiming, making it easy to enter the relevant details and attach any supporting documentation.
- Flex-eClaim remembers the providers you've used in the past and allows you to duplicate items, so you don't have to enter them each time.
- You'll get feedback on whether your claim has been processed or if it's awaiting review.
- With our FastBack service, your benefits are deposited into your bank account within two business days of your claim being approved.



If you want to claim on a service, keep in mind that you'll need to do so within two years from the date you received the service.

FastBack

Registering your bank account details with us will mean faster benefit payments directly into your bank account. To register for this service, log in to Online Member Services or simply register for FastBack.



At GU Health we are proud to specialise in high-quality health insurance that enables our members to live well. When you need help our Member Relations Team is on hand to provide advice.

The benefits OF GU HEALTH





There's great comfort in knowing that you've got the right cover for you and your family. You can enjoy the confidence that comes with choosing a GU Health membership because you'll not only be able to save on a number of healthcare services but we also aim to consistently provide better benefits than other funds.

ENJOY **generous benefits**

Depending on your level of cover, you can claim back a percentage of the amount you pay for your extras services (up to your annual limits). For example, if your cover pays back 80 per cent on an extras service, you'll only be out-of-pocket 20 per cent.

Some corporate covers tailored by employers are structured differently, so please refer to *Your Plan Information* for specific details about your cover.

FREEDOM **to choose your provider**

Unlike some other funds we don't have 'preferred providers' that you are required to use if you want more money back. With GU Health you have the freedom to use a provider of your choice and not be restricted to reduced benefits. We believe it's only fair that the benefits you get back are based on the extras cover you have.

To ensure we support your wellbeing we only pay benefits on services from providers who have registered with us. This allows us to remain confident that you're receiving treatment from a practitioner in private practice who has appropriate qualifications.

If they are not registered with GU Health ask them **to contact us** via our GU Health website. To find the Provider Registration Application, go to Forms and click on 'All other forms and publications'.



Looking out FOR YOU

HOME SUPPORT SERVICES AND PROGRAMS

Going to hospital isn't really an event any of us look forward to. That's why we're pleased to be able to offer GU Health members access to our Home support services and programs.

If you have the appropriate level of hospital cover and meet the clinical assessment criteria we can provide you with healthcare services in the privacy, safety and comfort of your home. Access to these programs means that you don't have to remain in hospital longer than necessary, or that you may be able to avoid a hospital admission altogether.

An assessment may be required to determine your eligibility to participate in any of the programs. Contact us for more information.



If you have the appropriate level of hospital cover and your treating doctor approves, the following registered practitioners can visit your home to provide the following services:

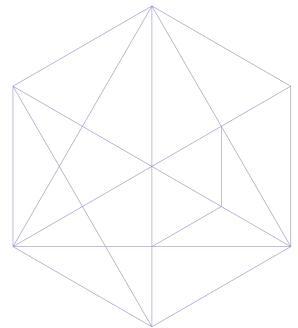
- Physiotherapy
- Occupational therapy
- General and specialist nursing
- Personal care attendance
- Home help
- Maternity nursing care
- Medical equipment hire.

ONLINE HEALTH HUB

It can be hard to find the time to gather all the information you need in order to look after yourself, however the GU Health online health hub does most of the work for you.

Empowering you to monitor and improve your health and lifestyle, the website that is available to all GU Health members

includes an online health risk assessment tool to help you identify risk factors and early warning signs. It then supports you to make improvements by providing you with customised information relevant to your interests and potential health risk factors, including recipes, articles and online health programs.



Going to HOSPITAL



The last thing you need when you or a family member go to hospital is complications, so we do our best to make sure your experience as a GU Health member is as good as it gets. Here, we look at some of the basics of going to hospital.

HOW YOUR HOSPITAL COVER WORKS

Having the right GU Health plan can provide you with the peace of mind you need, covering you for treatment that Medicare would otherwise provide to residents.

Depending on your level of cover, and whether the treatment you're having has a Medicare Benefit Schedule (MBS) item number, you may receive up to 100 per cent of the cost of medical services you access both in and outside of hospital. This can include pathology, x-rays and ultrasounds. Your level of cover will also determine if you'll be able to claim for eligible items such as hospital accommodation, theatre fees, intensive care, prostheses (surgically implanted), diagnostic tests and any additional doctor's fees when you're admitted into hospital.

In addition, you may be able to access private hospital services so you don't have to sit on public hospital waiting lists.

Please refer to *Your Membership Guidelines* for detailed information about overseas visitor plans and how medical and hospital costs are paid.



You can feel confident knowing you enjoy access to a large list of partner private hospitals around Australia.

WHAT IS A HOSPITAL EXCESS?

To reduce the cost of your regular hospital contributions, you or your employer may choose to pay an excess amount. This amount is only paid if you or anyone on your membership is admitted into hospital as a private patient.

Generally an excess is paid once in an excess year for each person on the membership, or it might be applied to the first two hospitalisations on your membership before it's capped. This will depend on your individual cover. Some covers waive the excess for same-day admissions or for children or student dependants.

An excess is payable on the hospital not the medical component of your cover.

If you or anyone on your membership transfer and/or upgrade from a cover with a higher excess to a cover with a lower excess, you'll pay the higher excess for a period of time equivalent to the waiting periods (if any) on the service you're claiming.

Please refer to *Your Cover at a Glance* for further details about the excess arrangement that may apply to your particular level of cover.

INPATIENT VERSUS OUTPATIENT SERVICES

When you go to hospital and you're admitted as a patient, any service you receive is referred to as an inpatient service. If you're not admitted (this includes emergency room services) or you receive a medical service outside of hospital, it's classified as an outpatient service.





Before going to hospital: CHECKLIST

1. Call us to discuss your cover including any waiting periods, exclusions, restrictions or excess.
2. Contact the hospital to see if you'll have to pay your excess before you're admitted.
3. Talk to your GP about selecting an appropriate specialist.
4. Talk to your specialist about your condition, treatment options and any out-of-pocket expenses and obtain any relevant Medical Benefits Scheme (MBS) item numbers and Informed Financial Consent.
5. Make sure that you understand the anaesthetist's charges and the charges of any other health professionals associated with your in-hospital treatment.
6. Choose your hospital – selecting one of GU Health's partner private hospitals or day facilities can reduce your out-of-pocket hospital expenses.
7. Ask your hospital about any fixed fees they may have.
8. Prepare for your stay by deciding what to take and following any preparation instructions from your doctor.
9. Have your GU Health Member Card ready to take with you to the hospital.

Staying fit and active goes a long way to keeping you healthy but you may still need extras cover such as general dental, optical, physiotherapy and remedial massage.





Partner private HOSPITALS

Depending on your level of cover, you may have access to partner private hospitals. To make sure you're getting the best possible deal, we have contracts in place with these hospitals that specify how much they can charge for accommodation and other services. These agreements help to reduce your out-of-pocket expenses. For example, if you're planning to give birth in a particular hospital, and that hospital is part of our partner private hospital network, you'll pay nothing for your accommodation as long as you have cover for pregnancy.

Keep in mind that if you have an excess you'll still be responsible for paying this. You'll also be responsible for any extras if they're unrelated to your healthcare or not included in your cover, such as telephone and television access.

At private hospitals where no agreement exists (non-partner private hospitals), you'll only receive restricted benefits for the cost of your hospital services. On selected plans there will also be a benefit limit of \$300 per person per calendar year for in-hospital pharmaceutical drugs.

Please refer to the section on 'Restricted benefits' in *Your Membership Guidelines* for details.

If you're eligible for private hospital cover, make sure you're choosing the right hospital for your treatment by searching our list of partner private hospitals. You can do this through the 'Find a hospital' search on our website or calling your Member Relations Team.

Our partner (or agreement) private hospitals have an arrangement with us so that means that you're covered for your accommodation and theatre fees when you go to hospital.

As per *Your Membership Guidelines*, depending on your level of cover, in most cases, you'll be covered for all in-hospital charges for eligible services provided as part of your in-hospital treatment including:

- accommodation for overnight or same-day stays
- operating theatre, intensive care and labour ward fees
- medication dispensed in hospital approved under the Pharmaceutical Benefits Scheme (PBS) – excluding medication you take home
- dressings and other consumables
- surgically-implanted prostheses (e.g. a cardiac stent) up to the minimum approved benefit in the government's Protheses List.

To avoid any out-of-pocket expense, we suggest discussing prosthesis choices with your specialist before going to hospital.

The Medicare Benefits Schedule (MBS) is a schedule of fees set by the Australian Government that lists the medical services eligible for Medicare benefits.



Planning to have A BABY

There's so much to plan for when you're having a baby and one of the first things you need to check is that your hospital cover doesn't exclude or restrict pregnancy and birth-related services.

If you're a soon-to-be mum on a single membership, and you have served waits on the right hospital cover, you can receive benefits for the costs of the birth but not for any costs incurred for the baby.

To make sure that your baby is covered and a 12-month waiting period doesn't apply, we recommend that you upgrade to a family membership as soon as you find out about your pregnancy or, at the very least, two months before the expected due date.

If you're on a family membership and you have the right level of cover, your baby is covered from birth. However, you need to

let us know immediately after the birth so we can make sure the baby is listed on your membership and no waiting periods apply.

We'll allow up to a maximum of 12 months for you to add your newborn to an existing family membership before waiting periods begin to apply. By adding your baby immediately after birth you can make sure the admission process will be smooth if your baby needs to be admitted to hospital.

If you are eligible for RHCA benefits adding your newborn in a timely manner is also encouraged for tax-related purposes, such as the Medicare Levy Surcharge (MLS).

For more information about the MLS please turn to page 26.

Please contact us if your baby has a different residency or Medicare eligibility status than you do.



Your extras COVER

So you're pretty fit and healthy – but Medicare doesn't cover all of the services that you may need, such as general dental, optical, physiotherapy and remedial massage. GU Health extras cover does!

With the right cover you can access a range of services that can inspire you to live well.

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

Depending on your level of cover, you may be able to claim these extras services:

- General dental
- Major dental including orthodontic
- Optical
- Physiotherapy
- Chiropractic and osteopathy
- Aids and appliances
- Dietetics
- Travel and accommodation benefits
- Podiatry
- Speech therapy
- Pharmaceuticals
- Health Management Services
- Acupuncture
- Remedial massage
- Occupational therapy
- Other therapies

WHAT'S AN EXTRAS BENEFIT?

When we refer to your extras benefit, we're referring to the dollar amount we pay when you make a claim on your extras. How much you get back depends on your level of cover.

USING YOUR COVER

Before using a service you're planning to claim a benefit for, check to make sure:

- you're covered for the service
- you've served any waiting periods that may apply
- your membership is paid up-to-date
- the provider you're planning to see is recognised by GU Health.

WHAT YOU GET BACK WHEN YOU CLAIM

Depending on your level of cover, you can claim back a percentage of the amount you pay for your extras services (up to your annual or lifetime benefit limits). For example, if your cover pays back 80 per cent on extras services, you can claim back most of the cost of the service.

Some corporate health plans tailored by employers are structured differently, so please refer to *Your Plan Information* for specific details about your particular cover.

WHAT ARE ANNUAL BENEFIT LIMITS?

This is the maximum amount of benefits we'll pay for items or services in a 12-month period (per membership year). Annual limits apply per person and, on some covers, per family.

For information about limits please refer to your *Your Membership Guidelines* and *Your Plan Information*.



***Your Plan Information* provides details of what you're entitled to claim.** You would have received this in your *GU Health Welcome Pack*.

If you need a new copy, **please contact your Member Relations Team** or go to your **Online Member Services**.

We don't restrict the amount you can claim back if you visit a registered provider of your choice – we pay your benefit based on the extras cover you have.



On-the-spot CLAIMING

Depending on your level of cover, and if your provider has the appropriate HICAPS facility, you can claim the following extras services on-the-spot using your member card:



General dental



Major dental



Optical



Physiotherapy



Chiropractic
and osteopathy



Other therapies



Podiatry



Acupuncture



Remedial massage



HOW DO I CLAIM MY EXTRAS BENEFIT?

DOES YOUR PROVIDER HAVE A HICAPS TERMINAL?

YES

If your extras provider has a HICAPS terminal, you can claim on-the-spot using your GU Health Member Card and pay the difference.

NO

If HICAPS isn't available, simply go online to **guhealth.com.au**, log in to Online Member Services and use the easy three-step process to make a claim using Flex-eClaim.

HAS THE PROVIDER BEEN PAID?

YES

If you've already paid the provider and we have your FastBack details, your benefit will be deposited directly into your nominated account within two business days of your claim being approved.

NO

If the provider hasn't been paid, we'll send you a cheque in the provider's name for you to handover to the provider.

Visit **guhealth.com.au** for more information.

UNDERSTANDING your GU Health membership

WHO'S COVERED?

You (the membership holder) – You will either have a single or family membership and this will indicate who's covered under your GU Health plan.

Your family – A family membership covers you, the membership holder, and may also include the following people:

- A partner, including a spouse or de facto spouse.
- A child dependant, including a foster child, legally adopted child or stepchild aged under 21, who doesn't have a partner and is dependent on you or your partner.
- A student dependant. A student may be covered under a family membership if they're 21 to 24 years of age and don't have a partner, are dependent on you or your partner, and are studying full-time at an approved Australian school, college or university.

For more information about registering a student dependant, please refer to *Your Membership Guidelines*.

ABOUT WAITING PERIODS

A waiting period is a period of time during which you or your family won't be able to claim benefits for certain treatments. If you're new to health cover, your waiting period starts from the date you join your new membership. Other than accessing the once off mental health waiver to upgrade your cover for psychiatric hospital benefits, if you select or upgrade to a higher level of cover that offers services that you weren't previously covered for a waiting period may apply. This means you won't be eligible to make a claim or a claim for higher benefits until those waiting periods have been served.

However, you're guaranteed continuity of cover if you've transferred from a registered Australian health fund within 60 days of joining us and you've already served your waiting periods on an comparable level of cover. If you haven't fully served the waiting period with your previous fund, you'll need to serve the remainder with GU Health. If you're transferring from a recognised international health fund, please contact us so we can review your cover and assess if continuity of cover can be granted.

In addition, if your benefits with us are greater than those provided by your previous fund, you may have to serve a waiting period before you can claim the 'additional benefit'. The benefits you've already claimed under your previous cover can be considered when we calculate your benefit limits for the same services on your new cover. This also applies when you change between GU Health covers. If you or anyone on your membership transfer and/or upgrade from a cover with a higher excess to a cover with a lower excess, you'll pay the higher excess for a period of time equivalent to the waiting periods (if any) on the service you're claiming.

Hospital waiting periods:

Psychiatric, rehabilitation & palliative care	2 months
Pregnancy & birth-related conditions	12 months
Elective cosmetic or plastic surgery	12 months
Pre-existing conditions	12 months

Extras waiting periods:

All other services (on selected plans)	2 months
Health Management Services	6 months
Optical (on selected plans)	6 months
Aids and appliances	12 months
Hearing aids	12 months
Major dental services	12 months



PRE-EXISTING CONDITIONS

Pre-existing conditions include any kind of ailment, illness or condition where you've had the signs or symptoms, in the opinion of a medical practitioner appointed by GU Health, during the six months before you joined us, upgraded or changed your level of cover. This is regardless of whether you were aware of the pre-existing illness, ailment or condition, and includes all proposed elective or cosmetic procedures.

If you were covered for the services related to your pre-existing condition with your previous Australian registered health fund, you won't have to re-serve waiting periods. If you haven't fully served the waiting period with your previous fund, you'll need to serve the remainder with GU Health.

Similarly, if you're already a member with us and you upgrade your level of cover, you can access the higher benefits once you've served the relevant waiting period.

See the section on 'Waiting periods' and refer to the 'Going to hospital' section in *Your Membership Guidelines*.

DID YOU you know?

Your excess year begins on the date you joined your membership and it may change if you adjust your excess level or structure. You can view your excess year in Online Member Services. If you'd like to change your cover and you're unsure about how this will affect your excess year, **please contact your Member Relations Team.**

DOES MY GU HEALTH COVER INCLUDE AMBULANCE SERVICES?

Your hospital cover will include full cover for ambulance transport and on-the-spot treatment when provided by a recognised ambulance provider.

Please read *Your Plan Information and Your Membership Guidelines* to find out more.

UNDERSTANDING your GU Health membership

HOW TO SUSPEND AND RESUME YOUR COVER

As a GU Health member, you can suspend your cover if you're going overseas for more than a month and less than three continuous years. You'll need to provide us with your departure and expected return dates, as well as supporting documentation, such as copies of your ticket or travel itinerary.

You must contact GU Health within 30 days of your return to reinstate your membership and provide us with documents that show your return date.

If you're planning to be away for a long period of time, we require you to provide us with a current email address so that we can stay in contact with you about your membership.

We recommend that you read the 'Suspension of membership' section in *Your Membership Guidelines*, and contact us before your departure so you have all the information you need and you're aware of any tax or other implications that may apply.

WHEN YOUR CIRCUMSTANCES CHANGE

We try to stay on top of a lot of things when it comes to your membership but we won't know when your personal circumstances change, such as when you have a baby, so it's up to you to keep us updated.

It's also important to let us know if you change your address or contact details so that you continue to receive important notices or communications. Moving interstate may also affect your contributions.

You should also contact us as soon as you become eligible for full Medicare entitlements

and register with Medicare Australia. It's not permitted for you to remain on an overseas visitor cover if you're eligible for full Medicare entitlements.

Ensuring you have an appropriate level of hospital cover as a Medicare-eligible Australian resident is also strongly recommended due to government surcharges, such as the Medicare Levy Surcharge (MLS) and Lifetime Health Cover (LHC) loading.

For more information about changes to your personal circumstances, including adding or removing family members on your membership, **please refer to *Your Membership Guidelines***.

ELIGIBILITY FOR OVERSEAS VISITOR COVER

You're only eligible to be covered on a overseas visitor cover option if you don't have access to full Medicare entitlements and you're not a resident of Australia. If you're a permanent Australian resident or already have access to full Medicare entitlements – through a spousal visa, interim Medicare card or any other means – **please contact your Member Relations Team for information about the cover options available to you.**

THE RECIPROCAL HEALTH CARE AGREEMENT (RHCA)

The following countries have a Reciprocal Health Care Agreement (RHCA) with Australia: Belgium, Finland, Italy, Malta, The Netherlands, New Zealand, Northern Ireland, Norway, Republic of Ireland, Slovenia, Sweden and the United Kingdom. All other countries are considered non-RHCA countries.

If you're from a country with which Australia has an agreement, you may have limited access to Medicare for medically necessary

treatment while you're in Australia. This doesn't include treatment that's considered ongoing or elective, or treatment as a private patient.

In addition, you'll not be able to choose your own doctor in hospital. That's why having the right private health cover is so important.

Limited access to the Pharmaceutical Benefit Scheme (PBS), which is funded by the Federal Government and subsidises the cost of pharmaceuticals, may also be available to you.

CEASING YOUR MEMBERSHIP AS A VISA HOLDER

If you are a holder of a Temporary Skill Shortage (TSS) visa (Subclass 482) and wish to cancel your membership with GU Health, you will be provided with a Department of Home Affairs (DHA) approved Transfer Certificate and must maintain continuity of appropriate cover with another insurer for the length of your visa. We may notify DHA if you cancel your cover.

TRANSFERRING FROM AN OVERSEAS VISITOR TO A RESIDENT COVER

It's not permitted under our rules for you to remain on an overseas visitor cover when you obtain full Medicare entitlements. As soon as you become eligible, contact us for options and arrange your transfer to a resident cover. Ensuring you have an appropriate level of hospital cover is also important due to government surcharges, such as the Medicare Levy Surcharge (MLS) and LHC loading. If you're over the age of 30, you'll also need to ask Medicare for a Lifetime Health Cover (LHC) letter.

Ensuring you have an appropriate level of hospital cover is also important due to government surcharges, such as the Medicare Levy Surcharge (MLS) and LHC loading. **Please refer to *Your Membership Guidelines* for more information.**

LEAVING YOUR EMPLOYER?

If you're covered under your company's corporate health plan, you may no longer be eligible for cover under that particular plan when you leave. The good news is that you can remain with GU Health by transferring to an individual membership.

To maintain continuity of cover, you must transfer to your individual membership within 60 days of leaving your existing company health plan. You'll only need to re-serve waiting periods if you're upgrading to a higher cover option, not if you transfer to an comparable level of cover.

Contact your Member Relations Team when you know you're leaving your employer and we'll help you to make the transfer easy. Being without appropriate private health cover could attract the Medicare Levy Surcharge (MLS). **See the 'Government incentives and surcharges' section for details.**

EXCLUSIONS AND RESTRICTIONS

It's important you have the right level of cover so that there are no exclusions or restrictions on the services you need most, as this could have an impact on what you can claim.

Exclusions are procedures or services that aren't included under your cover so we won't be able to pay any benefits towards them.

There are also general exclusions that GU Health doesn't cover. **Please refer to *Your Membership Guidelines* for detailed information** so you have a good understanding of what you'll be able to claim.

In addition, if you have restrictions on procedures or services, you'll be limited in terms of what you can claim. GU Health will only pay up to the minimum default benefit rate for your accommodation in hospital, as set out by the government. This means you'll have to pay the outstanding amount above the default benefit for any procedure or service that is listed as restricted on your policy.

Government incentives and surcharges

Australian Government Rebate

GU Health offers cover options tailored specifically for overseas visitors who are from countries that have a Reciprocal Health Care Agreement (RHCA) with Australia. If you have an appropriate RHCA cover with GU Health and an RHCA Medicare card, you may be able to apply for the Australian Government Rebate on Private Health Insurance.

The level of rebate that you're entitled to claim is based on the age of the oldest person covered under your membership and your household income. Unless an arrangement specific to your corporate health plan has already been set up by your employer, you may claim the rebate as an up-front reduction in your GU Health contributions or as a tax rebate when lodging your tax return.

If the rebate claimed doesn't reflect the rebate you're entitled to, this will be reconciled by the Australian Taxation Office (ATO) as part of your tax return.

If you don't hold an RHCA Medicare card, you won't be able to apply for the rebate through GU Health. Therefore any rebate entitlement may be claimed via completing your tax return instead. This includes members from non-RHCA countries, but also some RHCA members. For example, if you're from New Zealand or The Republic of Ireland, you won't be issued with an RHCA Medicare card. This is because you may

only be entitled to receive your medically necessary treatment in a public hospital upon presenting your passport.

For more details about rebate tiers and income thresholds, please visit guhealth.com.au or contact the ATO.

Lifetime Health Cover (LHC)

Lifetime Health Cover (LHC) loading doesn't apply to overseas visitors. However, if you become a resident of Australia you will have until either 1 July in the year following your 31st birthday or 12 months from the day you registered for full Medicare benefits (whichever occurs last) to take out appropriate hospital cover and avoid LHC loading.

Purchasing hospital cover after this date may mean that you'll need to pay an LHC loading of two per cent for each year you don't hold cover.

Detailed information about LHC, including exemption categories, is available from the Private Health Insurance Ombudsman (PHIO) website and in ***Your Membership Guidelines***.

The Medicare Levy Surcharge (MLS)

The Medicare Levy Surcharge (MLS) is an additional tax (on top of the standard Medicare levy). If you're an Australian tax payer without the right hospital cover for you and all your dependants, and your household income exceeds the threshold set by the Australian Taxation Office (ATO) each year, you may need to pay

the MLS. An income test determines the level of MLS, if any, that you'll have to pay.

Income thresholds and the associated MLS rates are available on our website **guhealth.com.au**

For further information or queries relating to the MLS, please contact the ATO on **13 28 61** or visit their website at **ato.gov.au**

Other fund rules and guidelines

Annual Private Health Insurance Tax Statement

If you're an overseas visitor and from a country that has a Reciprocal Health Care Agreement (RHCA) with Australia, you will receive an Annual Private Health Insurance Tax Statement if you're covered under a RHCA plan.

If you're covered under a non-RHCA plan, you won't receive an Annual Private Health Insurance Statement.

Private Health Insurance Statement (PHIS)

If you're an overseas visitor from a country that has a Reciprocal Health Care Agreement with Australia (RHCA), and you're covered under a Complying Health Insurance Product [CHIP], GU Health provides you with a Private Health Insurance Statement (PHIS) every year and every time you make a change to your cover.

Other fund rules and guidelines (continued)

It will only provide generic information and won't reflect specific details about your individual cover, such as any discounts.

We encourage you to review your current level of cover to ensure it will meet your future needs.

Cooling off period

You have the benefit of a 30-day cooling off period. This means if you change your mind in the first 30 days after joining or upgrading your cover, and haven't made a claim for benefits on the new product, you can get a refund of any contributions you've paid.

Making a complaint

To ensure your concerns are managed in a timely and efficient manner, your Member Relations Team is trained and authorised to resolve most issues immediately. We have an internal complaints resolution procedure, as well as an escalation procedure, to address your complaint if you're not satisfied with the initial response or resolution.

You can view our complaint resolution factsheet on our website at guhealth.com.au

Complaints can be lodged by:

Email:

corporate@guhealth.com.au

FreeCall: 1800 249 966,

8.30am to 5pm (AEST)

Monday to Friday

FreePost to:

GU Health, Reply Paid 2988,
Melbourne Vic 8060.

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

Private Health Insurance Ombudsman (PHIO)

The Private Health Insurance Ombudsman (PHIO) deals with enquiries and complaints about any aspect of private health insurance.

You can contact the Ombudsman for free advice or to lodge a complaint by calling:

Complaints Hotline:

1300 362 072

Email:

phio.info@ombudsman.gov.au

Mail to:

Commonwealth Ombudsman
GPO Box 442
Canberra ACT 2601 Australia

Code of Conduct

GU Health is a signatory to the Private Health Insurance Code of Conduct. Managed by Private Healthcare Australia (PHA), this is a voluntary industry code. It promotes informed relationships between private health insurers, consumers, and intermediaries (such as agents and brokers). The objective of the Code of Conduct is to maintain and enhance regulatory compliance and service standards of policies across the private health insurance industry.

For a full copy of the code, please visit privatehealth.com.au/codeofconduct

Privacy Policy

We're committed to the privacy and security of your membership and personal details. Our Privacy Policy outlines your rights and includes information about how we use and disclose your details. **To obtain a copy, please refer to our website at guhealth.com.au or contact your Member Relations Team.**

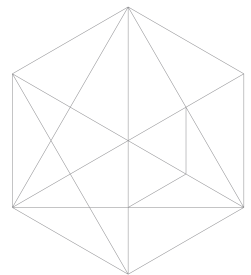
Information security

We know the security of your personal and health information is important to you. That's why we adhere to ISO27001, a globally-recognised standard for maintaining our Information Security Management System (ISMS).



Information
Security
ISO 27001
SAI GLOBAL

We're proud to be ISO27001 compliant, so you can have the peace of mind that comes with knowing we do our best to keep your information secure.



Related websites

The following websites may be useful for further information relating to private health insurance:

guhealth.com.au

is GU Health's website. It provides details about private health insurance and allows you to view your membership online via Online Member Services. You can view your cover details and remaining annual limits, claim online using our intuitive online claiming system Flex-eClaim, and much more.

ato.gov.au

is the official website of the Australian Taxation Office. It provides information regarding tax benefits in relation to private health cover, and includes calculators, income testing threshold tables and more.

health.gov.au

is the official website of the Department of Health. Among many other areas, it covers public and private healthcare, Medicare, and provides a link to 'MBS Online' – a listing of item numbers under the Medicare Benefits Schedule (MBS).

homeaffairs.gov.au

Home Affairs brings together Australia's federal law enforcement, national and transport security, criminal justice, emergency management,

multicultural affairs and immigration and border-related functions, working together to keep Australia safe.

ombudsman.gov.au

is the official website of the Private Health Insurance Ombudsman (PHIO). PHIO provides an independent service to help consumers with health insurance problems and enquiries.

privatehealth.gov.au

is run by the Private Health Insurance Ombudsman, providing information on private health insurance, government surcharges and incentives, and details on policies available in Australia. This is where you can access and download your Private Health Insurance Statement (PHIS).

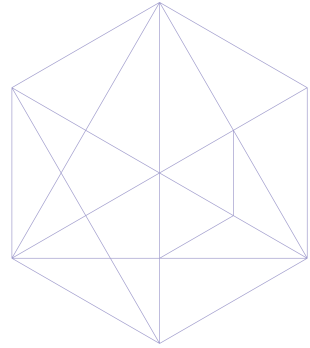
privatehealthcareaustralia.org.au

provides information about private health insurance including various calculators, research papers and statistics. Private Healthcare Australia is the peak representative body for the Australian private health insurance industry.

remedyhealthcare.com.au

Our chronic disease management programs are run in partnership with Remedy Healthcare. Remedy is a leading provider of highly targeted, evidence-based self-management programs and health coaching, including chronic disease management, care coordination, in home intervention, primary prevention, and maternity support.





Be well STAY WELL

We support you to stay well or improve your health with practical lifestyle advice and tips via our online Health Hub. You also have access to services and coaching programs that enable you to leave hospital early and access clinicians who support you to return to health in the comfort of your home.



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**GU Health respects the privacy of our members,
view our privacy policy at guhealth.com.au.**

If you received this by unsolicited direct mail from GU Health,
and don't wish to receive similar product offerings in the
future, please let us know by calling **1800 249 966**.



WE'RE HERE TO HELP

Your GU Health Member Relations Team is available to answer any questions you may have.

FreeCall: **1800 249 966**

8.30am to 5pm (AEST), Monday to Friday

Email: corporate@guhealth.com.au



GU Health is a signatory to the Private Health Insurance Code of Conduct. For details go to www.privatehealth.com.au/codeofconduct

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