

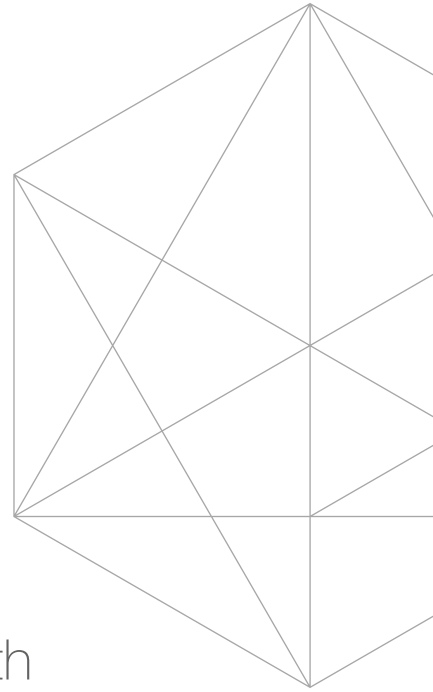
YOUR Cover Guide

WELCOME TO THE Caterpillar Voluntary Health Plan for Overseas Visitors



This booklet should be read carefully along with ***Your Membership Guidelines*** and retained for future reference.

You can view Your Membership Guidelines at any time at guhealth.com.au/membership-guidelines



Like you, we understand the importance of health and wellbeing so we're pleased to be able to offer you this specialised health insurance package, designed with you in mind.

Who is GU Health?

GU Health specialises in corporate health insurance. We understand the importance of health and security. That's why 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.

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 also 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.

Caterpillar Voluntary Health Plan is effective from 1 January 2025

The enclosed information is current from 1 January 2025

FLEXIBILITY & FREEDOM

You have the freedom to use a provider of your choice.

EASY CLAIMING

Our three-step online claiming systems means your claims are paid faster.

HOSPITAL COVER

A broad network of partner private hospitals and a range of treatment options.

TSS* VISA

Compliant covers that suit overseas visitor visa and RHCA requirements.

*Temporary Skills Shortage

WHAT YOU CAN EXPECT as a GU Health member

At GU Health, we know that good health isn't just about getting the right treatment when you're sick or injured. Whatever your needs or stage of life, we're dedicated to helping you to be as well as possible.

Our integrated approach to your health and wellbeing is reflected in our extras cover. You can expect generous benefits on extras services, and many of our extras products give you access to a great range of therapies, wellness appliances and preventative health services.

We offer you a range of services to help prevent illness and empower you to live a happy and healthy lifestyle. You'll have access to an online health hub packed with information and resources.

Based on your claims data, we may also determine that you're eligible to participate in one of our targeted chronic disease programs. If you have the appropriate level of cover you may be able to work with a specialist provider enabling you to access an at-home support service that will assist you to recover in your own home.

In Online Member Services you can manage your membership with ease, and claiming and receiving benefits is simple and fuss-free. What's more, we have a dedicated Member Relations Team to answer any questions or enquiries you may have about your cover.



The Essentials

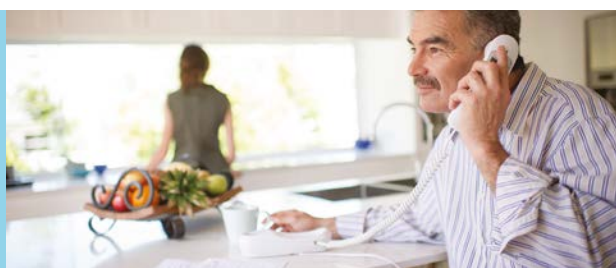
With your health and wellbeing in mind, Caterpillar has partnered with GU Health to provide you with access to a tailored health plan with extensive benefits.

Take a look at the details of your Caterpillar Voluntary Health Plan, which includes cover on a range of healthcare treatments.



OPTION 1	Inpatient Gold Hospital with Medical (\$250 single/\$500 family excess)	Super Benefits
OPTION 2	Inpatient Gold Hospital with Medical (\$250 single/\$500 family excess)	Economy Benefits
OPTION 3	Inpatient Gold Hospital with Medical (\$250 single/\$500 family excess)	Corporate Boost Benefits
OPTION 4	Optimum Silver Plus Hospital with Medical (\$250 single/\$500 family excess)	Super Benefits
OPTION 5	Optimum Silver Plus Hospital with Medical (\$250 single/\$500 family excess)	Economy Benefits
OPTION 6	Optimum Silver Plus Hospital with Medical (\$250 single/\$500 family excess)	Corporate Boost Benefits

The excess for Inpatient Gold Hospital and Optimum Silver Plus Hospital, applies once per excess year upon admission to hospital. If the total excess is not paid in a single hospital admission, the remaining balance is payable on any subsequent admission within the same excess year.



GU Health is dedicated to supporting you to live as well as you possibly can.

Non-RHCA countries do not have a Reciprocal Health Care Agreement (RHCA) with Australia. Non-RHCA countries include all **countries not** on this list: Belgium, Finland, Italy, Malta, The Netherlands, New Zealand, Norway, The Republic of Ireland, Slovenia, Sweden and the United Kingdom.

Members covered under **non-RHCA plans will not** receive a Tax Statement and **are not eligible** to apply for the Australian Government Rebate on Private Insurance through GU Health.

Inpatient Gold Hospital with Medical

Included Hospital Services

- ✓ Assisted reproductive services
- ✓ Back, neck and spine
- ✓ Blood
- ✓ Bone, joint and muscle
- ✓ Brain and nervous system
- ✓ Breast surgery (medically necessary)
- ✓ Cataracts
- ✓ Chemotherapy, radiotherapy and immunotherapy for cancer
- ✓ Dental surgery¹
- ✓ Diabetes management (excluding insulin pumps)
- ✓ Dialysis for chronic kidney failure
- ✓ Digestive system
- ✓ Ear, nose and throat
- ✓ Eye (not cataracts)
- ✓ Gastrointestinal endoscopy
- ✓ Gynaecology
- ✓ Heart and vascular system
- ✓ Hernia and appendix²
- ✓ Hospital psychiatric services
- ✓ Implantation of hearing devices
- ✓ Insulin pumps
- ✓ Joint reconstructions
- ✓ Joint replacements
- ✓ Kidney and bladder
- ✓ Lung and chest
- ✓ Male reproductive system
- ✓ Miscarriage and termination of pregnancy
- ✓ Pain management
- ✓ Pain management with device
- ✓ Palliative care
- ✓ Plastic and reconstructive surgery (medically necessary)
- ✓ Podiatric surgery (provided by a registered podiatric surgeon)³
- ✓ Pregnancy and birth
- ✓ Rehabilitation
- ✓ Skin
- ✓ Sleep studies
- ✓ Surgically-implanted prostheses (minimum cost of government-approved appliances)
- ✓ Tonsils, adenoids and grommets
- ✓ Weight loss surgery

¹ This product does not cover benefits for dentists' fees in hospital. However, other hospital costs related to dental surgery (anaesthetist fees, hospital fees) will be covered in line with the benefits provided by the policy. Dentists' fees in hospital are covered when an extras product is held.

² Hospital investigation and treatment of a hernia or appendicitis. This benefit only covers a limited number of hernia repairs. It's essential to check the Medicare Benefits Schedule (MBS) item number for your procedure, as the treatment of hernias can fall under a different category (such as Digestive System).

³ Hospital Treatment provided by a registered podiatric surgeon is limited to cover for accommodation and prosthetic devices. No benefits are payable for podiatric surgeon fees, medical specialist fees (e.g. anaesthetist) or theatre costs. Refer to Your Membership Guidelines for more information.

Excluded Hospital Services

- ✗ Elective plastic and cosmetic surgery (Hospital only benefits)

Other Included Services

Ambulance – Ambulance transport by a recognised state ambulance provider Australia-wide[^]

[^] Cover includes medically-necessary ambulance transport and on-the-spot treatment by a recognised ambulance provider Australia-wide. Excludes residents of QLD and TAS who have ambulance services provided by their State ambulance schemes.

Home Support Services & Programs

Inpatient pharmaceuticals[†]

[†] Pharmaceutical Benefits Scheme (PBS) items, listed for your condition, when prescribed and administered in hospital or upon discharge.

In-hospital accommodation, intensive care and theatre fees for included treatments and services

- ✓ All public & partner private hospitals.

Repatriation Benefit

- ✓ 100% of cost up to \$20,000 one service per membership.

Hospital inpatient doctors' and medical specialists' fees

- ✓ 100% of cost.

Outpatient doctors' and medical specialists' fees incl. hospital emergency rooms

- ✓ 100% of cost.

Inpatient Gold Hospital with Medical

Waiting Periods

- **2 months⁴** - Psychiatric, rehabilitation and palliative care
- **12 months** - Pre-existing conditions
- **12 months** - Pregnancy and birth

⁴ Members who hold this product may be able to waive the 2 month waiting period for hospital psychiatric services when upgrading to a product with a higher hospital psychiatric services benefit. The Mental Health Waiver is only available to members who have held hospital cover for at least the previous 2 months, have not previously used their waiver with us or any other fund, have been admitted to a hospital and are under the care of an Addiction Medicine Specialist or Consultant Psychiatrist.

Inpatient Gold Hospital with Medical

We can help you minimise out-of-pocket expenses for hospital related fees

- To help you reduce or eliminate out-of-pocket expenses choose a private hospital or day facility that has an agreement with us.
- Ask your doctor or specialist to participate in our MediGap Scheme to eliminate the 'gap' for their in-hospital fees.

Always call us first if you need to go to hospital on
1800 249 966

What is Covered In-Hospital at Agreement Private Hospitals and Public Hospitals

When you're admitted as a private patient in a private hospital that has an agreement with us, or a public hospital, we will pay towards the cost of the following things that relate to Included Hospital Services on Inpatient Gold Hospital with Medical cover (out-of-pocket expenses may apply to these services⁵):

- ✓ Selected medical admissions relating directly to included services on Inpatient Gold Hospital with Medical cover
- ✓ Medical treatments not requiring surgery, investigative procedures and surgeries
- ✓ Day surgery
- ✓ Overnight accommodation (private room where available)
- ✓ Special care unit accommodation (e.g. intensive care)
- ✓ Operating theatre fees
- ✓ Doctors' surgical fees and in-hospital consultations
- ✓ Government approved prosthetic devices
- ✓ Allied health services (e.g. physiotherapy, occupational therapy)
- ✓ Pharmaceuticals approved by the Pharmaceutical Benefits Scheme required for specific treatment when in hospital
- ✓ Ward-drugs and sundry medical supplies (e.g. bandages, painkillers)
- ✓ Nursing care
- ✓ Patient meals
- ✓ Common treatments and support treatments⁶
- ✓ Associated treatment for complications and associated unplanned treatment⁷

⁵ Refer to Your Membership Guidelines for more information on out-of-pocket expenses.

⁶ Common treatments means a number of Medical Benefits Schedule (MBS) items commonly used across services covered by your policy. Support treatments means a number of MBS items used to support a principal treatment covered by your policy. Common and support treatments will be covered in line with the level of cover your product provides for the principal treatment. Refer to Your Membership Guidelines for more information.

⁷ Associated treatment for complications means treatment provided during an episode of covered hospital treatment to address a complication that arises during that episode. Associated unplanned treatment means unplanned treatment provided during an episode of covered planned surgery that is, in the view of the medical practitioner providing the unplanned treatment, medically necessary and urgent. Associated treatments will be covered in line with the level of cover your product provides for the principal treatment. Refer to Your Membership Guidelines for more information.

What is Covered In-Hospital at a Non-Agreement Private Hospital

If you choose to be treated at a private hospital that does not have an agreement with us, we will pay towards the costs of the services listed above but you are likely to incur greater out-of-pocket expenses for most hospital related services than you would at an agreement hospital.

Optimum Silver Plus Hospital with Medical

Included Hospital Services

- ✓ Back, neck and spine
- ✓ Blood
- ✓ Bone, joint and muscle
- ✓ Brain and nervous system
- ✓ Breast surgery (medically necessary)
- ✓ Cataracts
- ✓ Chemotherapy, radiotherapy and immunotherapy for cancer
- ✓ Dental surgery¹
- ✓ Diabetes management (excluding insulin pumps)
- ✓ Dialysis for chronic kidney failure
- ✓ Digestive system
- ✓ Ear, nose and throat
- ✓ Eye (not cataracts)
- ✓ Gastrointestinal endoscopy
- ✓ Gynaecology
- ✓ Heart and vascular system
- ✓ Hernia and appendix²
- ✓ Hospital psychiatric services
- ✓ Implantation of hearing devices
- ✓ Insulin pumps
- ✓ Joint reconstructions
- ✓ Joint replacements
- ✓ Kidney and bladder
- ✓ Lung and chest
- ✓ Male reproductive system
- ✓ Miscarriage and termination of pregnancy
- ✓ Pain management
- ✓ Pain management with device
- ✓ Palliative care
- ✓ Plastic and reconstructive surgery (medically necessary)
- ✓ Podiatric surgery (provided by a registered podiatric surgeon)³
- ✓ Pregnancy and birth
- ✓ Rehabilitation
- ✓ Skin
- ✓ Sleep studies
- ✓ Surgically-implanted prostheses (minimum cost of government-approved appliances)
- ✓ Tonsils, adenoids and grommets
- ✓ Weight loss surgery

¹ This product does not cover benefits for dentists' fees in hospital. However, other hospital costs related to dental surgery (anaesthetist fees, hospital fees) will be covered in line with the benefits provided by the policy. Dentists' fees in hospital are covered when an extras product is held.

² Hospital investigation and treatment of a hernia or appendicitis. This benefit only covers a limited number of hernia repairs. It's essential to check the Medicare Benefits Schedule (MBS) item number for your procedure, as the treatment of hernias can fall under a different category (such as Digestive System).

³ Hospital Treatment provided by a registered podiatric surgeon is limited to cover for accommodation and prosthetic devices. No benefits are payable for podiatric surgeon fees, medical specialist fees (e.g. anaesthetist) or theatre costs. Refer to Your Membership Guidelines for more information.

Excluded Hospital Services

- ✗ Assisted reproductive services
- ✗ Elective plastic and cosmetic surgery (Hospital only benefits)

Other Included Services

Ambulance – Ambulance transport by a recognised state ambulance provider Australia-wide[^]

[^] Cover includes medically-necessary ambulance transport and on-the-spot treatment by a recognised ambulance provider Australia-wide. Excludes residents of QLD and TAS who have ambulance services provided by their State ambulance schemes.

Home Support Services & Programs

Inpatient pharmaceuticals[†]

[†] Pharmaceutical Benefits Scheme (PBS) items, listed for your condition, when prescribed and administered in hospital or upon discharge.

Prescription pharmaceuticals

- ✓ 100% up to \$500[~]

[~] Prescription items with an official pharmacy receipt, after you pay a sum equal to the current PBS charge. Contraceptives and fertility treatment hormones not covered.

In-hospital accommodation, intensive care and theatre fees for included treatments and services

- ✓ All public and partner private hospitals.

In-hospital Carer Benefit

- ✓ Up to \$1,000 limits apply[#]

[#] Up to \$60 per night for accommodation in hospital and \$30 per day for hospital meals per person, per calendar year.

Repatriation Benefit

- ✓ 100% of cost up to \$20,000 one service per membership.

Hospital inpatient doctors' and medical specialists' fees

- ✓ Up to 150% of MBS.

Outpatient doctors' & medical specialists' fees incl. hospital emergency rooms

- ✓ Up to 150% of MBS.

Waiting Periods

Your waiting periods have been waived and you can access all eligible plan benefits from your joining date.

Optimum Silver Plus Hospital with Medical

We can help you minimise out-of-pocket expenses for hospital related fees

- To help you reduce or eliminate out-of-pocket expenses choose a private hospital or day facility that has an agreement with us.
- Ask your doctor or specialist to participate in our MediGap Scheme to eliminate the 'gap' for their in-hospital fees.

Always call us first if you need to go to hospital on
1800 249 966

What is Covered In-Hospital at Agreement Private Hospitals and Public Hospitals

When you're admitted as a private patient in a private hospital that has an agreement with us, or a public hospital, we will pay towards the cost of the following things that relate to Included Hospital Services on Optimum Silver Plus Hospital with Medical cover (out-of-pocket expenses may apply to these services⁴):

- ✓ Selected medical admissions relating directly to included services on Optimum Silver Plus Hospital with Medical cover
- ✓ Medical treatments not requiring surgery, investigative procedures and surgeries
- ✓ Day surgery
- ✓ Overnight accommodation (private room where available)
- ✓ Special care unit accommodation (e.g. intensive care)
- ✓ Operating theatre fees
- ✓ Doctors' surgical fees and in-hospital consultations
- ✓ Government approved prosthetic devices
- ✓ Allied health services (e.g. physiotherapy, occupational therapy)
- ✓ Pharmaceuticals approved by the Pharmaceutical Benefits Scheme required for specific treatment when in hospital
- ✓ Ward-drugs and sundry medical supplies (e.g. bandages, painkillers)
- ✓ Nursing care
- ✓ Patient meals
- ✓ Common treatments and support treatments⁵
- ✓ Associated treatment for complications and associated unplanned treatment⁶

⁴ Refer to Your Membership Guidelines for more information on out-of-pocket expenses.

⁵ Common treatments means a number of Medical Benefits Schedule (MBS) items commonly used across services covered by your policy. Support treatments means a number of MBS items used to support a principal treatment covered by your policy. Common and support treatments will be covered in line with the level of cover your product provides for the principal treatment. Refer to Your Membership Guidelines for more information.

⁶ Associated treatment for complications means treatment provided during an episode of covered hospital treatment to address a complication that arises during that episode. Associated unplanned treatment means unplanned treatment provided during an episode of covered planned surgery that is, in the view of the medical practitioner providing the unplanned treatment, medically necessary and urgent. Associated treatments will be covered in line with the level of cover your product provides for the principal treatment. Refer to Your Membership Guidelines for more information.

What is Covered In-Hospital at a Non-Agreement Private Hospital

If you choose to be treated at a private hospital that does not have an agreement with us, we will pay towards the costs of the services listed above but you are likely to incur greater out-of-pocket expenses for most hospital related services than you would at an agreement hospital.

Super Benefits

What's Covered

Extras are services usually provided outside of a hospital. Medicare does not generally cover these services, so we help you pay for them.

Our members have the choice to use any provider with professional qualifications recognised by us. Please read Your Membership Guidelines for more information on our Recognised Providers.

Super Benefits

SERVICES	SERVICE DETAILS	BENEFIT	MAXIMUM LIMIT
General dental	Check ups, basic fillings, x-rays, scale & clean	80%	\$1,000
Major dental	Crowns, bridges & orthodontics	50%	\$1,500
	Dentures, root canal, periodontics, inlays/onlays & implants	80%	
Optical	Prescription glasses & contact lenses, including repairs. Tinting, coating & hardening of lenses not covered.	80%	\$200
Physiotherapy & specialist therapies	Physiotherapy, speech pathology, antenatal, eye therapy & occupational therapy. Consultations only.	80%	\$600
Pharmaceuticals	Prescription items with an official pharmacy receipt. After you pay a sum equal to the current Pharmaceutical Benefits Scheme (PBS) charge, you're covered for the remaining amount above the PBS, up to your benefit limit. Contraceptives & fertility treatment hormones not covered.	100%	\$500
Chiropractic & osteopathy	Consultations only. Includes two chiropractic x-rays.	80%	\$500
Clinical psychology & hypnotherapy	Consultations only	80%	\$500
Therapies	Acupuncture, ayurveda, Chinese massage, Chinese herbal medicine, exercise physiology, myotherapy, nutrition, remedial massage, sports therapy & traditional Thai massage. Consultations only.		
Dietetics	Consultations only		
Audiology	Consultations only	100%	\$200
Podiatry	Consultations only	80%	\$300
Hearing aids	One appliance every five years	80%	\$500
Aids & appliances	CPAP machines, blood pressure monitors, custom made orthotics & more. A letter is required from your treating doctor or recognised health practitioner. Appliances must be purchased from a recognised health practitioner or organisation.	80%	\$500

Please note: unless specified otherwise, all limits are per person per membership year. This is a summary of your Extras cover. For full details of your benefits and membership entitlements, please refer to Your Membership Guidelines.

Waiting periods

- **12 months** – Major dental
- **12 months** – Hearing aids
- **12 months** – Aids, appliances & orthotics

Economy Benefits

What's Covered

Extras are services usually provided outside of a hospital. Medicare does not generally cover these services, so we help you pay for them.

Our members have the choice to use any provider with professional qualifications recognised by us. Please read Your Membership Guidelines for more information on our Recognised Providers.

Economy Benefits

SERVICES	SERVICE DETAILS	BENEFIT	MAXIMUM LIMIT
General dental	Check ups, basic fillings, x-rays, scale & clean	60%	\$1,000
Major dental	Crowns, bridges, dentures, root canal, periodontics, inlays/onlays, implants & orthodontics		
Optical	Prescription glasses & contact lenses, including repairs. Tinting, coating & hardening of lenses not covered.	60%	\$200
Physiotherapy & specialist therapies	Physiotherapy, speech pathology, antenatal, eye therapy & occupational therapy. Consultations only.	60%	\$600
Pharmaceutical prescriptions	Prescription items with an official pharmacy receipt. After you pay a sum equal to the current Pharmaceutical Benefits Scheme (PBS) charge, you're covered for the remaining amount above the PBS, up to your benefit limit. Contraceptives & fertility treatment hormones not covered.	60%	\$500
Chiropractic & osteopathy	Consultations only. Includes two chiropractic x-rays.	60%	\$500
Clinical psychology & hypnotherapy	Consultations only		
Therapies	Acupuncture, Chinese herbal medicine & nutrition. Consultations only.		
Dietetics	Consultations only		
Podiatry	Consultations only	60%	\$300
Hearing aids	One appliance every five years	60%	\$500
Aids & appliances	CPAP machines, blood pressure monitors, custom made orthotics & more. A letter is required from your treating doctor or recognised health practitioner. Appliances must be purchased from a recognised health practitioner or organisation.	60%	\$500

Please note: unless specified otherwise, all limits are per person per membership year. This is a summary of your Extras cover.

For full details of your benefits and membership entitlements, please refer to Your Membership Guidelines.

Waiting periods

- **12 months** – Major dental
- **12 months** – Hearing aids
- **12 months** – Aids, appliances & orthotics

Corporate Boost Benefits

What's Covered

Extras are services usually provided outside of a hospital. Medicare does not generally cover these services, so we help you pay for them.

Our members have the choice to use any provider with professional qualifications recognised by us. Please read Your Membership Guidelines for more information on our Recognised Providers.

Corporate Boost Benefits

SERVICES	SERVICE DETAILS	BENEFIT	MAXIMUM LIMIT
General dental	Check ups, basic fillings, x-rays, scale & clean	75%	\$800
Major dental	Crowns, bridges, dentures, root canal, periodontics, inlays/onlays, implants & orthodontics. Lifetime limit on orthodontics \$2,200.	75%	\$800
Optical	Prescription glasses & contact lenses, including repairs. Tinting, coating & hardening of lenses not covered.	75%	\$200
Physiotherapy & specialist therapies	Physiotherapy, speech pathology, antenatal, eye therapy & occupational therapy. Consultations only.	75%	\$500
Pharmaceutical prescriptions	Prescription items with an official pharmacy receipt. After you pay a sum equal to the current Pharmaceutical Benefits Scheme (PBS) charge, you're covered for the remaining amount above the PBS, up to your benefit limit. Contraceptives & fertility treatment hormones not covered.	75%	\$250
Chiropractic & osteopathy	Consultations only. Includes two chiropractic x-rays.	75%	\$300
Clinical psychology & hypnotherapy	Consultations only	75%	\$350
Therapies	Acupuncture, ayurveda, Chinese massage, Chinese herbal medicine, exercise physiology, myotherapy, nutrition, remedial massage, sports therapy & traditional Thai massage. Consultations only.		
Dietetics	Consultations only		
Podiatry	Consultations only	75%	\$300
Orthotics	Custom made only. Appliances must be purchased from a recognised health practitioner.		
Hearing aids	One appliance every five years	75%	\$425
Aids & appliances	CPAP machines, blood pressure monitors & more. A letter is required from your treating doctor or recognised health practitioner. Appliances must be purchased from a recognised health practitioner or organisation.		

Please note: unless specified otherwise, all limits are per person per membership year. This is a summary of your Extras cover. For full details of your benefits and membership entitlements, please refer to Your Membership Guidelines.

Waiting periods

- **12 months** – Major dental
- **12 months** – Hearing aids
- **12 months** – Aids, appliances & orthotics

Choosing the right hospital

Your *Hospital Plan* table on the previous page will specify if you're covered for 'All hospitals', 'All public and partner private hospitals' or 'Public hospitals only'. This can be found under the plan name in the hospital table.

To ensure you're fully covered for your hospital fees, it's important you're admitted to an appropriate type of hospital. Hospital fees include hospital accommodation, intensive care and theatre fees (less any excess you may be required to pay based on your level of cover).

'All hospitals' means you're covered for eligible treatment at any registered Australian public or private hospital. 'All public and partner private hospitals' means you can be admitted to any public or partner private hospital Australia wide and be fully covered for hospital accommodation and theatre fees for eligible services.

'Partner private hospitals' means if your level of cover provides benefits for partner private hospitals, you can choose to be treated as a private patient in a private hospital contracted with GU Health. These agreements mean that you'll be covered for inpatient accommodation and theatre fees, based on your level of cover.

In the event you're admitted to a private hospital where no agreement exists you'll only receive restricted benefits. This means the amount we pay is a set amount and may not cover the full cost of your stay and you may incur large out-of-pocket costs. On selected plans there will also be a benefit limit of \$300 per person per membership year for in-hospital pharmaceutical drugs so check *Your Plan Information* for more details.

If your cover includes 'Public hospitals only', you'll experience out-of-pocket expenses if you're admitted to a private hospital.

Waiting periods

A waiting period is the amount of time you and anyone covered under your membership is required to wait before you can first make a claim, or claim a higher benefit for a particular service or treatment on your new level of cover. Waiting periods apply to both hospital and extras cover.

A waiting period applies when you:

- first join or upgrade your level of cover
- re-join the fund after a break in cover
- reduce your hospital excess.

Please note, the service or treatment received must have occurred after the waiting period has been served, to be eligible for a benefit payment.

Treatment	Waiting period
Psychiatric, rehabilitation and palliative care	2 months
Pregnancy, childbirth and related treatment	12 months
Pre-existing conditions (except psychiatric, rehabilitation and palliative care)	12 months

Pre-existing conditions

A pre-existing condition is an ailment, illness or condition, the signs or symptoms of which were known or which a medical practitioner appointed by GU Health considers existed at any time up to six months before and on the day you joined us, upgraded or changed your level of cover.

This is regardless of whether you were diagnosed or aware of the pre-existing condition.

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Restrictions

If your membership has restrictions they'll be marked as ● on *Your Hospital Plan* table. This means GU Health will only pay a minimum (default) benefit for in-hospital treatments. The benefit we pay is the equivalent of the accommodation costs of a shared ward in a public hospital. GU Health won't cover the full cost of a private room in a public hospital or a room in a private hospital. Both can result in significant out-of-pocket expenses.

Depending on your chosen cover, restricted benefits may also apply in instances where you're undergoing treatment that isn't recognised by Medicare, such as elective cosmetic surgery.

Exclusions

Naturally, there are some things we can't cover. Exclusions are procedures or services that aren't covered under your membership and for which we're unable to pay any benefits. This includes instances where you're undergoing treatment that isn't recognised by Medicare, such as elective cosmetic surgery. If you have exclusions under your cover, they'll be marked as ✕ in *Your Hospital Plan* table.



Please note, services not recognised by Medicare aren't covered by GU Health, unless they're specifically listed under your cover as an included item.

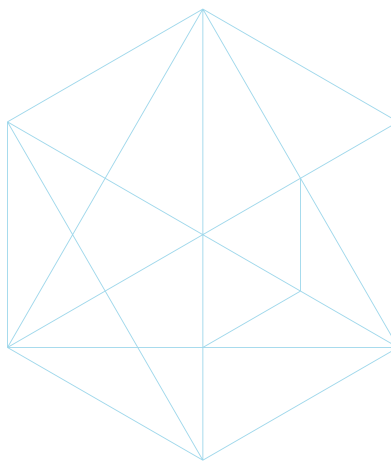
Ambulance cover

Your hospital cover will include full cover for medically necessary ambulance transport to hospital and on-the-spot treatment provided by or under an arrangement with an approved State or territory ambulance service. Please read ***Your Membership Guidelines*** to find out more.

Eligibility for overseas visitor cover

You're only eligible to be covered on an 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.

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Eligibility for a tax statement

If you're covered under a RHCA plan you can receive a tax statement at the end of the financial year, which can be used to claim any Government Rebate entitlement or apply for exemption from the Medicare Levy Surcharge (MLS) if it applies to you.

If you wish to receive a copy of your tax statement contact your Member Relations Team or you can find a copy of your tax statement in your Online Member Services area at: guhealth.com.au.

If you're covered under a non-RHCA plan, you won't be eligible for a tax statement.

Australian Government Rebate

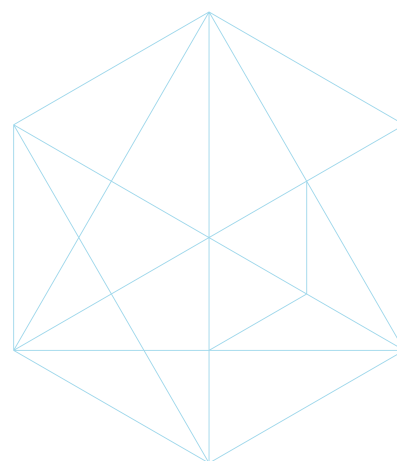
GU Health offers cover options tailored specifically for overseas visitors who are from countries that have a Reciprocal Health Care Agreement (RHCA) with Australia. If you have an appropriate RHCA cover with GU Health and a RHCA Medicare card, you may be able to apply for the Australian Government Rebate 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 you're covered under a non-RHCA plan, you won't be eligible to apply for the rebate.

If the rebate tier nominated under your actual membership doesn't reflect your rebate entitlement, this will be reconciled by the Australian Taxation Office (ATO) as part of your tax return as either a tax debit or credit.

For further details, visit the ATO website at ato.gov.au



Ready to join?

Becoming a member is easy



Before joining GU Health log in to our website to refer to ***Your Membership Guidelines*** at guhealth.com.au/membership-guidelines

This document outlines the details regarding benefit and fund rules, and other conditions that apply to your membership with GU Health.

To join online, simply log in to:

guhealth.com.au/cvhp

and enter the company code: **cvhp101**

In the 'New members' section click on the link 'Click here to join online' and follow the prompts.

Please have on hand your:

- personal details and those of your partner and dependants if applicable
- RHCA Medicare card, if you're planning on claiming the Australian Government Rebate
- previous health cover details if you're transferring from another Australian registered health fund.

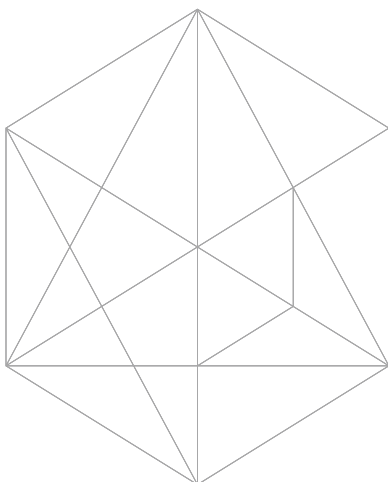
Please send your completed application form by submitting it to:

corporate@guhealth.com.au or

GU Health

Reply Paid 2988 (no stamp required)

Melbourne Vic 8060





Company **RIGHTS**

Caterpillar 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 Caterpillar as it deems reasonably necessary subject to GU Health's privacy policy.

The privacy policy can be accessed online at guhealth.com.au

GU Health members have the option of being treated by a registered doctor or specialist of their choice.

Important information

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 aren't 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 on our website, guhealth.com.au/contact-us

Complaints can be lodged by:

FreeCall: 1800 633 819

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

Email: corporate@guhealth.com.au

FreePost to: GU Health, Reply Paid 2988,
Melbourne Vic 8060 (no stamp required)

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.

Phone: 1300 362 072

Email: phio.info@ombudsman.gov.au

Mail: Commonwealth Ombudsman,
GPO Box 442
Canberra ACT 2601 Australia.

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
ISO 27001



Globally-recognised standards for 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).

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

Your Membership Guidelines is available at guhealth.com.au/membership-guidelines

This outlines further details regarding benefit and fund rules, and other conditions of cover applicable to your membership.



WE'RE HERE TO HELP

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

FreeCall: 1800 633 819
8.30am to 5pm (AEST), Monday to Friday

Email: corporate@guhealth.com.au



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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.



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