

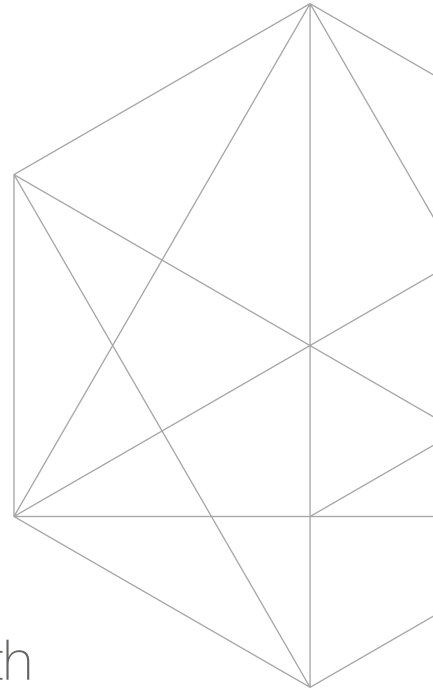
YOUR Cover Guide

WELCOME TO THE Caterpillar Voluntary Health Plan for Residents



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 2017

The enclosed information is current from 1 January 2020.

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.

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	Premier Gold Hospital (\$100 single/\$200 family excess)	Superior Benefits
OPTION 2	Premier Gold Hospital (\$250 single/\$500 family excess)	Superior Benefits
OPTION 3	Premier Gold Hospital (\$250 single/\$500 family excess)	Economy Benefits
OPTION 4	Premier Gold Hospital (\$250 single/\$500 family excess)	Corporat Boost Benefits
OPTION 5	My Choice Silver Plus Hospital Saver (\$100 single/\$200 family excess)	Superior Benefits
OPTION 6	My Choice Silver Plus Hospital Saver (\$100 single/\$200 family excess)	Economy Benefits
OPTION 7	My Choice Silver Plus Hospital Saver (\$100 single/\$200 family excess)	Corporate Boost Benefits

Closed to new members

Premier Gold Hospital
(\$100 single/\$200 family excess)

The excess for Premier Gold Hospital, applies once per excess year upon admission to hospital. If the total excess is not paid in a single hospital admission, you will have to pay the remaining balance of the excess on any subsequent admission within the same excess year.

The excess for My Choice Silver Plus Hospital Saver, applies once per excess year upon admission to hospital if you are on a single membership. If you're on a family membership the excess is paid at the single rate, a maximum of twice per excess year. The excess does not apply to same day hospital admissions.

Your hospital plan



	ACCOMMODATION, INTENSIVE CARE & THEATRE FEES FOR IN-HOSPITAL TREATMENTS LISTED BELOW.	PREMIER GOLD HOSPITAL	MY CHOICE SILVER PLUS HOSPITAL SAVER
		All public & partner private hospitals	All public & partner private hospitals
Head & Spine	Brain & nervous system	✓	✓
	Eye (not cataracts)	✓	✓
	Cataracts	✓	✗
	Ear, nose & throat	✓	✓
	Implantation of hearing devices	✓	✓
	Tonsils, adenoids & grommets	✓	✓
	Dental surgery (excludes dental item fees)	✓	✓
	Back, neck & spine	✓	✓
Chest & Organs	Heart & vascular system	✓	✓
	Lung & chest	✓	✓
	Breast surgery (medically necessary)	✓	✓
	Skin	✓	✓
	Blood	✓	✓
Kidney & Digestive	Kidney & bladder	✓	✓
	Dialysis for chronic kidney failure	✓	✗
	Digestive system	✓	✓
	Hernia & appendix	✓	✓
	Gastrointestinal endoscopy	✓	✓
	Weight loss surgery	✓	✗
Reproductive	Male reproductive system	✓	✓
	Gynaecology	✓	✓
	Miscarriage & termination of pregnancy	✓	✓
	Pregnancy & birth	✓	✗
	Assisted reproductive services	✓	✗



COVERED



RESTRICTED



EXCLUDED

Please note: In addition to the services covered on your plan, you are covered for the following treatments.

Common and Support treatments: When you have a hospital admission, you may receive additional treatments that are associated with the in-hospital services listed above on your plan. We call these common treatments or support treatments and they are items listed within the Medical Benefits Schedule (MBS). Benefits for both common and support treatments are paid according to the level of cover you will receive for your principle hospitalisation.

Associated treatment for complications and unplanned treatments: If a medical complication occurs during your hospital admission that requires further treatment we refer to this as associated treatment for complications. Associated unplanned treatment is unplanned procedures you may need to have during your planned hospitalisation because your medical practitioner considers the treatment medically necessary and urgent. Both these types of associated treatments will be eligible for benefits at the same the level of cover you'll receive for your principle hospitalisation. Refer to **Your Membership Guidelines** for more information.

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Your hospital plan



	ACCOMMODATION, INTENSIVE CARE & THEATRE FEES FOR IN-HOSPITAL TREATMENTS LISTED BELOW.	PREMIER GOLD HOSPITAL	MY CHOICE SILVER PLUS HOSPITAL SAVER
		All public & partner private hospitals	All public & partner private hospitals
Joint & Bone	Bone, joint & muscle	✓	✓
	Joint reconstructions	✓	✓
	Joint replacements	✓	✗
	Pain management	✓	✓
	Pain management with device	✓	✓
Services & Treatments	Chemotherapy, radiotherapy & immunotherapy for cancer	✓	✓
	Diabetes management (excluding insulin pumps)	✓	✓
	Insulin pumps	✓	✓
	Sleep studies	✓	✓
	Plastic & reconstructive surgery (medically necessary)	✓	✓
	Rehabilitation	✓	●
	Hospital psychiatric services	✓	●
	Palliative care	✓	✓
	Surgically-implanted prostheses (minimum cost of government-approved appliances)	✓	✓
	GU Health Medical Gap Network You may be able to reduce or eliminate your out-of-pocket expenses.	✓	✓
Additional included services (not recognised by Medicare for a benefit)	Podiatric surgery (Hospital accommodation costs when provided by a registered podiatric surgeon)	✓	✓
	Elective plastic & cosmetic surgery (Hospital only benefits)	●	●
	Ambulance	Emergency transport only	Emergency transport only
	Special nursing in hospital (when provided by a registered nurse in private practice)	\$20 per hour up to \$1,000	✗
	Home support services & programs	✓	✓



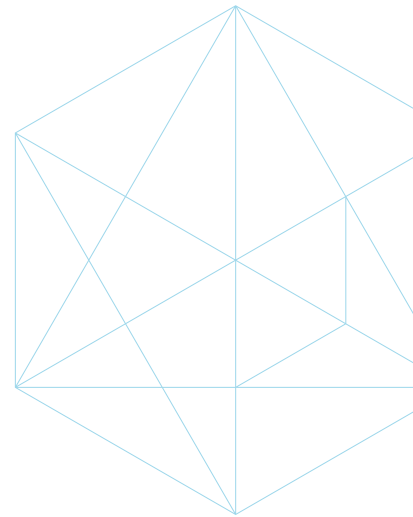
COVERED



RESTRICTED



EXCLUDED



This is a summary of your hospital cover. To understand the meaning of "restricted" on your plan, please see the section on Restrictions in this document. For full details on your benefits and membership entitlements, please refer to **Your Membership Guidelines**. Information is correct as at 1 April 2019 and may change at any time.

SUPERIOR Benefits

SERVICES	SERVICE DETAILS	BENEFIT	MAXIMUM LIMIT
General dental	Check ups, basic fillings, x-rays, scale & clean	80%	\$1,200
Major dental	Crowns, bridges, dentures, root canal, periodontics, inlays/onlays, implants & orthodontics	80%	\$1,700
Optical	Prescription glasses & contact lenses, including repairs. Tinting, coating & hardening of lenses not covered.	80%	\$350
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	80%	\$200
Podiatry	Consultations only	80%	\$300
Hearing aids	One appliance every five years	100%	\$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

WAITING PERIODS

Major dental	12 months
Hearing aids	12 months
Aids, appliances & orthotics	12 months

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*.

This information is current from 1 April 2019, and subject to change.

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
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.	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

WAITING PERIODS

Major dental	12 months
Hearing aids	12 months
Aids, appliances & orthotics	12 months

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*.

This information is current from 1 April 2019, and subject to change.

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
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.	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.		

WAITING PERIODS

Major dental	12 months
Hearing aids	12 months
Aids, appliances & orthotics	12 months

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*.

This information is current from 1 April 2019, and subject to change.

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. 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

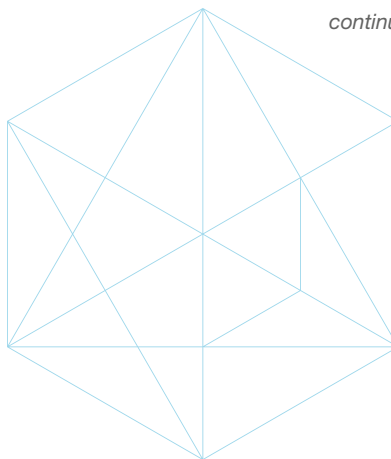
If you live in Queensland or Tasmania you are covered by your state ambulance scheme and therefore no benefits will be payable by us. As a resident of NSW or ACT, a levy is included in your hospital cover to provide free ambulance services.

If you live in another state, and aren't covered by the state government ambulance service, your level of ambulance cover will be shown in the hospital cover table.

If a ✓ appears beside 'Ambulance cover', you'll be fully covered for any medically necessary ambulance transport and on-the-spot treatment by a recognised ambulance provider Australia wide.

If the words 'Emergency transport only' appear alongside 'Ambulance cover', you'll be fully covered for emergency ambulance transport only. Your ambulance account needs to be billed and/or coded as an emergency by the ambulance service for benefits to be paid. Any other type of ambulance transport or on-the-spot treatment won't be covered.

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Lifetime Health Cover (LHC)

Depending on your age and how long you've held private hospital insurance, you may be required to pay Lifetime Health Cover (LHC) loading. To avoid paying this loading, you need to purchase hospital cover by 1 July in the year following your 31st birthday. Purchasing hospital cover after this date may mean that you'll need to pay LHC loading of two per cent for each year you don't hold that cover.

Once you've paid LHC loading on your private hospital insurance for 10 continuous years, the loading is removed as long as you retain your hospital cover.

If you're transferring to GU Health from another registered Australian health fund, you can obtain a Transfer Certificate from your former fund upon cancelling your membership. This will be used to confirm you've had continuous cover.

If you have LHC loading on your membership, we'll send you an LHC Statement every year. This is for your information only and you're not required to do anything with it.

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)

Your corporate health plan offers an appropriate level of hospital cover for MLS purposes, as long as you and all your dependants are covered.

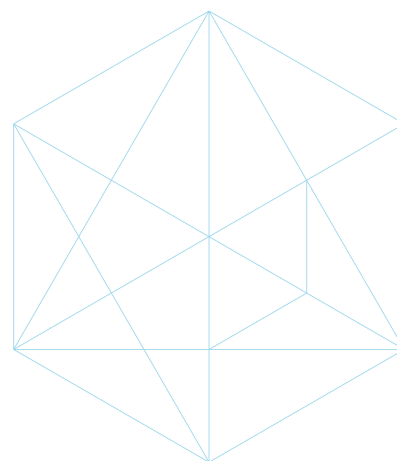
The Australian Government Rebate

Families and individuals who are eligible for full Medicare and pay contributions on an appropriate hospital or extras cover may be eligible for the Australian Government Rebate on private health

insurance, which can help to reduce contributions. 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 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.

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
- 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.

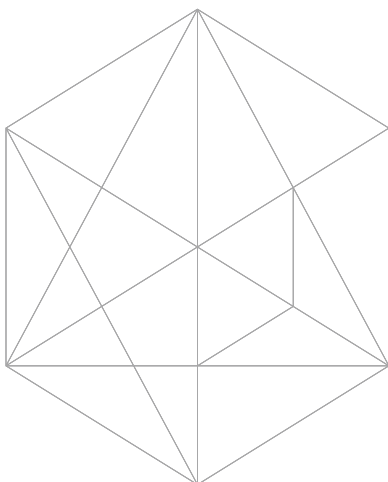
Please send your completed application form by returning it to:

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 need to inform your employer of hospital claims made under your policy where your employer has agreed to pay, on your behalf, any hospital excess under your policy. In these circumstances, GU Health will not disclose the reasons for hospitalisation or the medical treatment received, rather only the fact that a hospitalisation has occurred for excess billing purposes.

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 681 926

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](https://www.guhealth.com.au/privacy-policy).**

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