

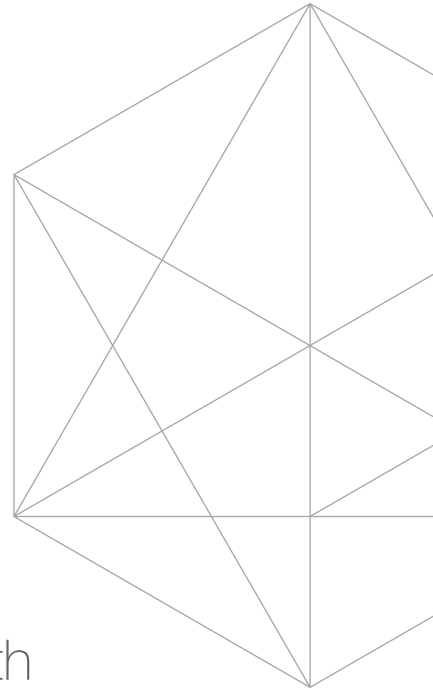
YOUR Cover Guide

WELCOME TO THE UiPath Australia 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.

UiPath Australia Health Plan is effective from 15 January 2024

The enclosed information is current from 1 April 2024

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, UiPath Australia 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 UiPath Australia Health Plan, which includes cover on a range of healthcare treatments.



YOUR PLAN	Corporate Elite Hospital – Gold	Corporate Health 90
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Your corporate health plan is substantially subsidised by your employer, so you may need to make additional employee contributions.

Under the UiPath Australia Health Plan, all 2 and 6 month waiting periods on your extras plan have been waived.



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

Corporate Elite Hospital – Gold

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
- ✓ 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

- ✗ Accidental injury benefit
- ✗ Cosmetic surgery

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.

In-Hospital Carer Benefit

- ✓ 100% of cost to annual limit of \$500 per policy, per membership year.
- ✓ Up to \$60 per night for accommodation.
- ✓ Up to \$30/day for hospital meals provided at the cafeteria or patient meal menu.

Waiting Periods

- **2 months⁴** – Hospital psychiatric services, rehabilitation or palliative care services (whether pre-existing or not)
- **12 months** – Pre-existing conditions (where the symptoms were evident at any time during the 6 months immediately prior to joining or upgrading products as determined by our medical practitioner) except hospital psychiatric services, rehabilitation or palliative care services
- **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.

Corporate Elite Hospital – Gold

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 GU Health Medical Gap network to eliminate the 'gap' for their in-hospital fees.

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

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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 Corporate Elite Hospital – Gold cover (out-of-pocket expenses may apply to these services⁵):

- | | |
|---|---|
| ✓ Selected medical admissions relating directly to included services on Corporate Elite Hospital – Gold cover | ✓ Allied health services (e.g. physiotherapy, occupational therapy) |
| ✓ Medical treatments not requiring surgery, investigative procedures and surgeries | ✓ Pharmaceuticals approved by the Pharmaceutical Benefits Scheme required for specific treatment when in hospital |
| ✓ Day surgery | ✓ Ward-drugs and sundry medical supplies (e.g. bandages, painkillers) |
| ✓ Overnight accommodation (private room where available) | ✓ Nursing care |
| ✓ Special care unit accommodation (e.g. intensive care) | ✓ Patient meals |
| ✓ Operating theatre fees | ✓ Common treatments and support treatments ⁶ |
| ✓ Doctors' surgical fees and in-hospital consultations | ✓ Associated treatment for complications and associated unplanned treatment ⁷ |
| ✓ Government approved prosthetic devices | |

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.

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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.

Corporate Health 90

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 Health 90

SERVICES	SERVICE DETAILS	BENEFIT	MAXIMUM LIMIT
Preventative dental	Includes selected treatments such as examinations, scaling, cleaning & fluoride therapy.	90%	Unlimited
General dental	Fillings, basic extractions and x-rays.	90%	\$1,900
Major dental	Periodontics, endodontics, crowns & bridges, implants, dentures (limited to one complete set or two upper or lower partial denture per person per three years) and orthodontics.		
Optical	Prescription glasses & contact lenses, including repairs. Tinting, coating & hardening of lenses not covered.	100%	\$300
Physiotherapy, exercise physiology and antenatal & postnatal services	Consultations only.	90%	\$700
Chiropractic & osteopathy	Consultations only. Includes two chiropractic x-rays.	90%	\$700
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.	90%	\$300
Clinical psychology	Consultations only.		
Therapies	Consultations only for acupuncture, ayurveda, chinese herbalism, chinese massage, myotherapy, nutrition and remedial massage.	90%	\$750 (remedial massage limited to \$400)
Dietetics	Consultations only.	90%	\$300
Eye therapy (Orthoptics)			
Occupational therapy			
Speech pathology			
Podiatry			
Orthotics	Only foot orthotics custom made or medical grade. Appliances must be purchased from a recognised health practitioner.	90%	\$500
Aids & appliances	Includes aids such as blood glucose, blood pressure monitors, CPAP machines, non-surgical prosthesis, support garments, braces, splints & more. A letter is required from your doctor, specialist or allied health practitioner. Appliances must be purchased from a recognised health practitioner, medical supplier or organisation.		
Hearing aids	Limited to one appliance per person every five years.		
Travel & accommodation	Covers a patient & attendant for essential medical travel, to the nearest treatment centre within Australia, for round trips exceeding 250kms & overnight accommodation. A letter from your treating doctor is required. Travel due to routine check ups, elective plastic surgery, elective fertility procedures not covered.	100%	\$300; Travel \$0.20 per km and Accommodation up to \$100 per night

Corporate Health 90

SERVICES	SERVICE DETAILS	BENEFIT	MAXIMUM LIMIT
Health Management Services – for medically necessary treatment if not covered by Medicare			
Asthma management	Asthma education (e.g. asthma camps, asthma emergency management courses) & Asthma swim classes.	90%	\$150 per person for items over \$20
Cancer management	Cancer screening*, mammograms (if not covered by Medicare), melanoma imaging, skin cancer checks* & survivors' out-patient courses.		
Heart health	Cardiovascular education, heart rate monitors*, quit smoking programs & products.		
Diabetes management	Diabetes education (e.g. diabetes camps).		
Disease management association fees	Arthritis, asthma, coeliac, Crohn's disease, diabetes & heart disease.		
Group therapies	Aquarobics* & hydrotherapies*.		
Injury prevention	Illness & prevention management, mediball, Reiki*.		
Mental health	Alcohol programs, bed wetting programs, counselling, drug addiction programs, family counselling, family education, floatation tanks*, life coaching*, meditation*, relaxation skills*, stress management* & suicide prevention.		
Pregnancy & childbirth	Childbirth education*, fertility programs* & lactation classes*.		
Risk assessment	Health risk assessments & bone density tests.		
Weight & nutrition	Fitness or exercise programs*, personal trainer* & weight loss programs*.		

* A letter or a completed Health Management Services form (valid for a maximum of 12 months) will be required from your treating doctor or recognised health practitioner before the service/treatment has commenced. Please contact your Member Relations Team for more information.

Please note: unless specified otherwise, all limits are per person per membership year. This is a summary of your Extras cover and may change without notice.

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

Waiting periods – 2 months (except services below)

- **6 months** – Health Management Services
- **6 months** – Optical
- **12 months** – Aids & appliances
- **12 months** – Major dental & orthodontics
- **12 months** – Hearing aids
- **12 months** – 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. 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.

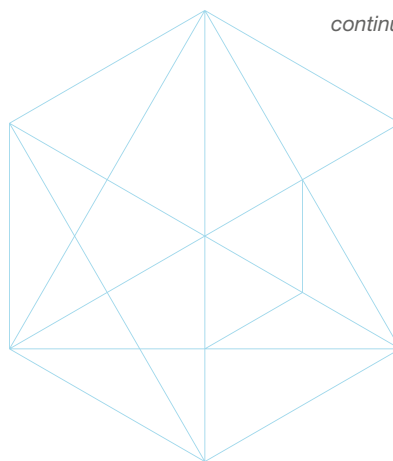
Ambulance cover

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.

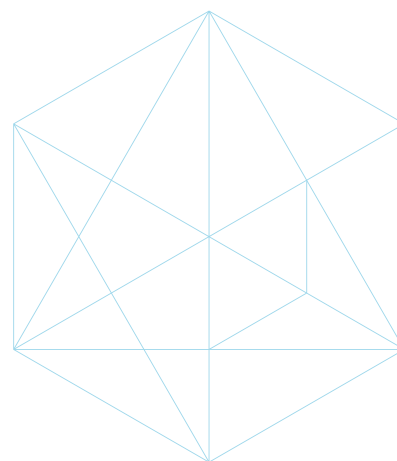
The Australian Government Rebate

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/uipath

and enter the company code:

uip101 for single membership

uip102 for family membership.

In the 'New members' section click on the link 'JOIN NOW' 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.

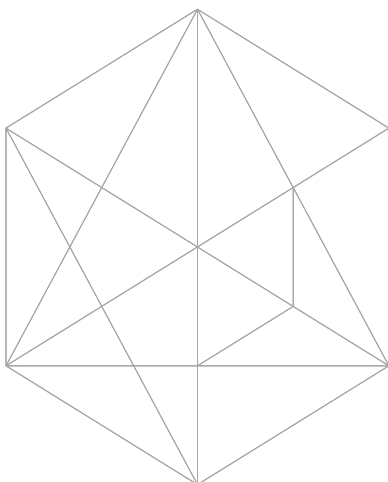
Alternatively please join by downloading and completing an application form and returning it to:

Health Insurance Consultants Australia (HICA)

Reply Paid 1000

Templestowe Vic 3106

or email: corporate.services@hica.com.au





Company **RIGHTS**

UiPath Australia 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 UiPath Australia 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.

“ You aren't limited by choosing a particular healthcare provider to get a good level of cover. ”

UiPath Australia has appointed HICA to co-ordinate the delivery of your corporate health insurance plan.

HICA is one of Australia's leading Health Insurance Brokers. With over 25 years experience in the health insurance industry, HICA provides companies such as yours with the expertise to source an outstanding range of health cover benefits. Your plan provides exceptional benefits giving you the peace of mind that you and your family are comprehensively covered.

Together with UiPath Australia, HICA continually monitors benefits and products across the health insurance industry to ensure that the plan benefits are amongst the best available to employees. This assists your employer to maintain its position as an employer of choice when recruiting and retaining its most valuable asset, its employees.

Please take time to read the contents of this booklet to familiarise yourself with the valuable benefits provided by your employer.



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 249 966

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 249 966
8.30am to 5pm (AEST), Monday to Friday

Email: corporate@guhealth.com.au



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www.privatehealth.com.au/codeofconduct