

Private Health Information Statement - General treatment policy

Base Extras (BAE)

Australian Unity Health Limited

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13 29 39

Monthly Premium

\$95.90 #

(before any rebate or insurer discount)

Covers two adults & dependants, including non-student dependants (3 or more people, only 2 of whom are adults)

Available in Tasmania

Closed to new members

# You may be entitled to an Australian Government rebate on the above premium. Your premium may also include an insurer discount. Check with your insurer for details.

This policy covers children, students up to and including the age of 30 and non-students up to and including the age of 30, as well as persons with a disability who qualify as a child, student or non-student in these age ranges.

General Treatment Cover

Our network optical providers offer discounts on some optical purchases. Contact Australian Unity for more details.

This policy  includes General treatment (Extras) cover for

Note, for items marked with an asterisk \*: 1) No waiting period for preventative dental and selected diagnostic services. 2)\$30 chiropractic x-ray, limit one per person per calendar year. 3) Includes Travel Vaccinations only.

| Treatment           | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                                  | Examples of maximum benefits                                                                   |
|---------------------|-------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| General dental*     | 2                       | \$500 per person                                                                        | Periodic oral examination - \$29.00<br>Scale & clean - \$59.00<br>Fluoride treatment - \$18.00 |
| Optical             | 6                       | \$150 per person                                                                        | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge |
| Physiotherapy       | 2                       | \$150 per person<br>(combined limit for physiotherapy & exercise physiology)            | Initial visit - \$40.00<br>Subsequent visit - \$40.00                                          |
| Chiropractic*       | 2                       | \$100 per person<br>(combined limit for chiropractic & osteopathy)                      | Initial visit - \$30.00<br>Subsequent visit - \$30.00                                          |
| Acupuncture         | 2                       | \$150 per person<br>(combined limit for acupuncture, remedial massage & other services) | Initial visit - \$30.00<br>Subsequent visit - \$30.00                                          |
| Remedial massage    | 2                       |                                                                                         | Initial visit - \$30.00<br>Subsequent visit - \$30.00                                          |
| Exercise physiology | 2                       | Combined limit - see Physiotherapy                                                      | Initial visit - \$40.00<br>Subsequent visit - \$40.00                                          |
| Osteopathy          | 2                       | Combined limit - see Chiropractic                                                       | Initial visit - \$30.00<br>Subsequent visit - \$30.00                                          |
| Vaccinations*       | 0                       | \$100 per person                                                                        | Per service - \$50.00                                                                          |

Annual benefit limits apply per calendar year. Myotherapy - \$30 per consultation, maximum \$150 per person (combined limit - see Acupuncture), 2 month waiting period. There are Preventative Health Services available on this cover, waiting periods may apply. Please refer to the product Fact Sheet or contact Australian Unity for further details.

This policy  does not include General treatment (Extras) cover for

|                                                                                                           |                                                                                                             |                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
|  Blood glucose monitors |  Major dental            |  Podiatry                                   |
|  Endodontic             |  Non PBS pharmaceuticals |  Psychology                                 |
|  Hearing aids           |  Orthodontic             |  Other treatments - check with your insurer |

[PrivateHealth.gov.au](http://PrivateHealth.gov.au)  
PolicyID: AUF/I35/TFJF2Y

Date statement issued: 01 April 2025  
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## Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - [https://www.health.tas.gov.au/ambulance/fees\\_and\\_accounts](https://www.health.tas.gov.au/ambulance/fees_and_accounts).

### Other features of this ambulance cover

Some authorities provide certain ambulance services at no cost to eligible residents. Refer to your local ambulance provider for more information. Australian Unity won't pay a Benefit if you're eligible to claim from, or are covered by, another source. Australian Unity doesn't pay a benefit towards ambulance subscription services. If you're not covered, this cover includes emergency ambulance to hospital, if transport is coded and invoiced as emergency transport by a state/territory ambulance service/authority. Call-out fees where you're not taken to hospital are limited to 2 ambulance attendances per person per calendar year. This cover doesn't include non-emergency ambulance transportation

### Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.