

## Private Health Information Statement - General treatment policy

### Active Extras (ACE)

**Australian Unity Health Limited**  
<http://www.australianunity.com.au>  
[healthcover@australianunity.com.au](mailto:healthcover@australianunity.com.au)  
13 29 39

**Monthly Premium  
\$78.85 #**

(before any rebate or insurer discount)

**Covers only one person  
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.

### 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. Treatments claimed as No Gap Dental benefits (where available) do not count to the yearly limit. 2)Full denture replacement limited to once every three years. 3)Gum disease treatment included under Endodontics (12 month waiting period). 4)\$40 for chiropractic x-ray, limit one per person per calendar year. 5) Benefit for each Hearing-Aid is payable every 3-calendar years (does not apply to repairs) 2-month waiting period for repairs 6)Benefits for Blood Glucose Monitors payable once every 2 calendar years. 7) Orthotic benefits are for supply only. 8)Travel vaccinations only.*

| Treatment               | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)  | Examples of maximum benefits   |
|-------------------------|-------------------------|---|--|
| General dental*         | 2                       | \$700 per policy  | Periodic oral examination - \$41.00<br>Scale & clean - \$83.00<br>Fluoride treatment - \$25.00 |
| Major dental*           | 12                      | \$700 per policy<br>(combined limit for major dental, endodontic & other services)  | Surgical tooth extraction - \$213.00<br>Full crown veneered - \$643.00                         |
| Endodontic*             | 12                      |   | Filling of one root canal - \$199.00   |
| Orthodontic             | 12                      | Per person limits increase with continuous time of person on the product, Year 1-3:\$400, 4:\$500, 5:\$600, 6:\$700; Lifetime Limit:\$2,400 | Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge    |
| Optical                 | 6                       | \$250 per policy  | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals | 2                       | \$400 per policy  | Per eligible prescription - \$50.00  |
| Physiotherapy           | 2                       | \$400 per policy<br>(combined limit for physiotherapy & exercise physiology)  | Initial visit - \$60.00<br>Subsequent visit - \$60.00  |
| Chiropractic*           | 2                       | \$250 per policy<br>(combined limit for chiropractic & osteopathy)  | Initial visit - \$40.00<br>Subsequent visit - \$40.00  |
| Podiatry                | 2                       | \$300 per policy<br>(combined limit for podiatry, orthotics (podiatric orthoses) & other services)  | Initial visit - \$40.00<br>Subsequent visit - \$40.00  |
| Psychology              | 2                       | \$300 per policy  | Initial visit - \$80.00<br>Subsequent visit - \$80.00  |
| Acupuncture             | 2                       | \$250 per policy<br>(combined limit for acupuncture, remedial massage & other services)   | Initial visit - \$40.00<br>Subsequent visit - \$40.00  |
| Remedial massage        | 2                       |   | Initial visit - \$40.00<br>Subsequent visit - \$40.00  |
| Hearing aids*           | 12                      | \$1,200 per policy  | Hearing aid - 70% of charge  |

|                                 |    |   |   |
|---------------------------------|----|---|---|
| Blood glucose monitors*         | 12 | \$400 per policy<br>(combined limit for blood glucose monitors & other services)                                    | Per monitor - 70% of charge                           |
| Audiology                       | 2  | \$300 per policy<br>(combined limit for audiology, eye therapy (orthoptics), occupational therapy & speech therapy) | Initial visit - \$70.00<br>Subsequent visit - \$70.00 |
| Dietetics/dietary advice        | 2  | \$400 per policy  | Initial visit - \$40.00<br>Subsequent visit - \$40.00 |
| Exercise physiology             | 2  | Combined limit - see Physiotherapy  | Initial visit - \$60.00<br>Subsequent visit - \$60.00 |
| Eye therapy (orthoptics)        | 2  | Combined limit - see Audiology  | Initial visit - \$70.00<br>Subsequent visit - \$70.00 |
| Occupational therapy            | 2  | Combined limit - see Audiology  | Initial visit - \$70.00<br>Subsequent visit - \$70.00 |
| Orthotics (podiatric orthoses)* | 12 | Combined limit - see Podiatry   | Orthotics supply & fit - 70% of charge                |
| Osteopathy                      | 2  | Combined limit - see Chiropractic   | Initial visit - \$40.00<br>Subsequent visit - \$40.00 |
| Speech therapy                  | 2  | Combined limit - see Audiology  | Initial visit - \$70.00<br>Subsequent visit - \$70.00 |
| Vaccinations*                   | 0  | \$200 per policy  | Per service - \$50.00                                 |

Annual benefit limits apply per calendar year. Myotherapy - \$40 per consultation, maximum \$250 per person (combined limit - see Acupuncture), 2 month waiting period. Braces, Splints and Garments - up to 70% of the cost, maximum \$300 per person (combined limit - see Podiatry), 12 month waiting period. Devices and Aids: Asthma Pumps, Peak Flow Meters, Blood Pressure Monitors, TENS machines, CPAP/BPAP devices, Non-Surgical Prostheses - up to 70% of cost, maximum \$400 per person (combined limit - see Blood Glucose Monitors), 12 month waiting period. Benefit for each item is payable every 2 calendar years (does not apply to Wigs). Wheelchairs and Crutches - up to 70% of cost, maximum \$400 per person (combined limit - see Blood Glucose Monitors), 2 months 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 **X** does not include General treatment (Extras) cover for

**X** Other treatments - check with your insurer

## 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.