

## Private Health Information Statement - General treatment policy

### Focus Extras (FCE)

#### Australian Unity Health Limited

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[healthcover@australianunity.com.au](mailto:healthcover@australianunity.com.au)  
 13 29 39

#### Monthly Premium

**\$122.00 #**

(before any rebate or insurer discount)

Covers 2 adults (and no-one else)  
 Available in Queensland

# 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

Using a preferred provider means you may have lower out of pocket costs and can access more No Gap treatments on dental, plus discounts on some optical purchases. A preferred providers list is available from Australian Unity.

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) 60% of the chiropractic x-ray fee, limit one per person per calendar year. 5) Travel vaccinations only.*

| Treatment                | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)   | Examples of maximum benefits   |
|--------------------------|-------------------------|--|--|
| General dental*          | 2                       | \$700 per person up to \$1,400 per policy (combined limit for general dental, major dental & endodontic) | Periodic oral examination - 60% of charge<br>Scale & clean - 60% of charge<br>Fluoride treatment - 60% of charge |
| Major dental*            | 12                      |  | Surgical tooth extraction - 60% of charge<br>Full crown veneered - 60% of charge                                 |
| Endodontic*              | 12                      |  | Filling of one root canal - 60% of charge  |
| Optical                  | 6                       | \$200 per person up to \$400 per policy  | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge                   |
| Physiotherapy            | 2                       | \$400 per person (combined limit for physiotherapy & exercise physiology)                                | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge  |
| Chiropractic*            | 2                       | \$250 per person (combined limit for chiropractic & osteopathy)  | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge  |
| Psychology               | 2                       | \$200 per person   | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge  |
| Acupuncture              | 2                       | \$200 per person (combined limit for acupuncture & remedial massage)                                     | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge  |
| Remedial massage         | 2                       |  | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge  |
| Dietetics/dietary advice | 2                       | \$200 per person   | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge  |
| Exercise physiology      | 2                       | Combined limit - see Physiotherapy   | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge  |
| Osteopathy               | 2                       | Combined limit - see Chiropractic  | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge  |
| Vaccinations*            | 0                       | \$150 per person   | Per service - 60% of charge  |

Annual benefit limits apply per calendar year. Myotherapy - 60% of the consultation, maximum \$200 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 **X does not include** General treatment (Extras) cover for

|                                 |                                  |   |
|---------------------------------|----------------------------------|---|
| <b>X</b> Blood glucose monitors | <b>X</b> Non PBS pharmaceuticals | <b>X</b> Podiatry                                   |
| <b>X</b> Hearing aids           | <b>X</b> Orthodontic             | <b>X</b> Other treatments - check with your insurer |

## Ambulance cover

Ambulance cover is provided by the State government for Queensland residents (<https://www.ambulance.qld.gov.au/>). This includes cover whilst interstate.

### 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.