

Private Health Information Statement - General treatment policy

Focus Extras (FCE)

Australian Unity Health Limited

<http://www.australianunity.com.au>
healthcover@australianunity.com.au
 13 29 39

Monthly Premium

\$57.35 #

(before any rebate or insurer discount)

Covers only one person
 Available in Tasmania

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 policy (combined limit for general dental, major dental & endodontic)	Periodic oral examination - 60% of charge Scale & clean - 60% of charge Fluoride treatment - 60% of charge
Major dental*	12		Surgical tooth extraction - 60% of charge Full crown veneered - 60% of charge
Endodontic*	12		Filling of one root canal - 60% of charge
Optical	6	\$200 per policy	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Physiotherapy	2	\$400 per policy (combined limit for physiotherapy & exercise physiology)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Chiropractic*	2	\$250 per policy (combined limit for chiropractic & osteopathy)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Psychology	2	\$200 per policy	Initial visit - 60% of charge Subsequent visit - 60% of charge
Acupuncture	2	\$200 per policy (combined limit for acupuncture & remedial massage)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Remedial massage	2		Initial visit - 60% of charge Subsequent visit - 60% of charge
Dietetics/dietary advice	2	\$200 per policy	Initial visit - 60% of charge Subsequent visit - 60% of charge
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - 60% of charge Subsequent visit - 60% of charge
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - 60% of charge Subsequent visit - 60% of charge
Vaccinations*	0	\$150 per policy	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 **✗ does not include** General treatment (Extras) cover for

✗ Blood glucose monitors	✗ Non PBS pharmaceuticals	✗ Podiatry
✗ Hearing aids	✗ Orthodontic	✗ 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.

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.