

## Private Health Information Statement - General treatment policy

### Top Extras (TPE)

#### Australian Unity Health Limited

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

#### Monthly Premium

**\$219.60<sup>#</sup>**

(before any rebate or insurer discount)

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

<sup>#</sup> 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 yearly limit 2) Full denture replacement limited to once every-three-years. 3) Surgical teeth extractions and gum-disease treatment included under Endodontics (12 month waiting period). 4) \$50 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                       | \$1,000 per person up to \$2,000 per policy                                                   | Periodic oral examination - \$47.00<br>Scale & clean - \$95.00<br>Fluoride treatment - \$29.00 |
| Major dental*           | 12                      | \$1,000 per person up to \$2,000 per policy<br>(combined limit for major dental & endodontic) | Surgical tooth extraction - \$244.00<br>Full crown veneered - \$804.00                         |
| Endodontic*             | 12                      |                                                                                               | Filling of one root canal - \$232.00                                                           |
| Orthodontic             | 12                      | \$800 per person<br>\$3,200 lifetime limit                                                    | Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge    |
| Optical                 | 6                       | \$300 per person up to \$600 per policy                                                       | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals | 2                       | \$500 per person                                                                              | Per eligible prescription - \$50.00                                                            |
| Physiotherapy           | 2                       | \$600 per person<br>(combined limit for physiotherapy & exercise physiology)                  | Initial visit - \$70.00<br>Subsequent visit - \$70.00                                          |
| Chiropractic*           | 2                       | \$400 per person<br>(combined limit for chiropractic & osteopathy)                            | Initial visit - \$50.00<br>Subsequent visit - \$50.00                                          |
| Podiatry                | 2                       | \$400 per person<br>(combined limit for podiatry & orthotics (podiatric orthoses))            | Initial visit - \$50.00<br>Subsequent visit - \$50.00                                          |
| Psychology              | 2                       | \$600 per person                                                                              | Initial visit - \$100.00<br>Subsequent visit - \$100.00                                        |
| Acupuncture             | 2                       | \$400 per person<br>(combined limit for acupuncture & remedial massage)                       | Initial visit - \$50.00<br>Subsequent visit - \$50.00                                          |
| Remedial massage        | 2                       |                                                                                               | Initial visit - \$50.00<br>Subsequent visit - \$50.00                                          |
| Hearing aids*           | 12                      | \$1,000 per person                                                                            | Hearing aid - 80% of charge                                                                    |

|                                 |    |                                                                                                                     |                                                       |
|---------------------------------|----|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Blood glucose monitors*         | 12 | \$500 per person                                                                                                    | Per monitor - 80% of charge                           |
| Audiology                       | 2  | \$400 per person<br>(combined limit for audiology, eye therapy (orthoptics), occupational therapy & speech therapy) | Initial visit - \$80.00<br>Subsequent visit - \$80.00 |
| Dietetics/dietary advice        | 2  | \$500 per person                                                                                                    | Initial visit - \$50.00<br>Subsequent visit - \$50.00 |
| Exercise physiology             | 2  | Combined limit - see Physiotherapy                                                                                  | Initial visit - \$70.00<br>Subsequent visit - \$70.00 |
| Eye therapy (orthoptics)        | 2  | Combined limit - see Audiology                                                                                      | Initial visit - \$80.00<br>Subsequent visit - \$80.00 |
| Occupational therapy            | 2  | Combined limit - see Audiology                                                                                      | Initial visit - \$80.00<br>Subsequent visit - \$80.00 |
| Orthotics (podiatric orthoses)* | 12 | Combined limit - see Podiatry                                                                                       | Orthotics supply & fit - 80% of charge                |
| Osteopathy                      | 2  | Combined limit - see Chiropractic                                                                                   | Initial visit - \$50.00<br>Subsequent visit - \$50.00 |
| Speech therapy                  | 2  | Combined limit - see Audiology                                                                                      | Initial visit - \$80.00<br>Subsequent visit - \$80.00 |
| Vaccinations*                   | 0  | \$50 per person                                                                                                     | Per service - \$250.00                                |

Annual benefit limits apply per calendar year. Myotherapy - \$50 per consultation, maximum \$400 per person (combined limit - see Acupuncture), 2 month waiting period. Braces, Splints and Garments - up to 80% of the cost, maximum \$400 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 prosthesis - up to 80% of cost, maximum \$500 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 80% of cost, maximum \$500 per person (combined limit - see Blood glucose monitors), 2 months waiting period. Sickness Travel & Accommodation, 80% of the cost, \$150 for travel and \$150 for accommodation per membership, 2 month waiting period and School Accident Top-Up benefit: \$200 per Child Dependant. 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.