

## Private Health Information Statement - Combined policy

### Smart Combination (Silver Plus)

#### Australian Unity Health Limited

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

#### Monthly Premium

**\$551.60<sup>#</sup>**

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)  
Available in Western Australia  
Closed to new members

<sup>#</sup> You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading or an insurer discount. Check with your insurer for details.

### Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy does not provide accident cover or benefits for travel and accommodation (outside of hospital).

#### ✓ Covered

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>

#### R Restricted

Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

#### ✗ Not Covered

These categories are not covered by this policy.

This policy ✓ **includes** cover for

|                                                           |                                   |                                                                                     |
|-----------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------|
| ✓ Back, neck and spine                                    | ✓ Eye (not cataracts)             | ✓ Miscarriage and termination of pregnancy                                          |
| ✓ Blood                                                   | ✓ Gastrointestinal endoscopy      | ✓ Pain management                                                                   |
| ✓ Bone, joint and muscle                                  | ✓ Gynaecology                     | ✓ Pain management with device                                                       |
| ✓ Brain and nervous system                                | ✓ Heart and vascular system       | ✓ Palliative care                                                                   |
| ✓ Breast surgery (medically necessary)                    | ✓ Hernia and appendix             | ✓ Plastic and reconstructive surgery (medically necessary)                          |
| ✓ Cataracts                                               | ✓ Implantation of hearing devices | ✓ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits) |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Insulin pumps                   | ✓ Rehabilitation                                                                    |
| ✓ Dental surgery                                          | ✓ Joint reconstructions           | ✓ Skin                                                                              |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Joint replacements              | ✓ Sleep studies                                                                     |
| ✓ Dialysis for chronic kidney failure                     | ✓ Kidney and bladder              | ✓ Tonsils, adenoids and grommets                                                    |
| ✓ Digestive system                                        | ✓ Lung and chest                  | ✓ Weight loss surgery                                                               |
| ✓ Ear, nose and throat                                    | ✓ Male reproductive system        | R Hospital psychiatric services                                                     |

This policy ✗ **does not include** cover for

|                                  |                       |
|----------------------------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Pregnancy and birth |
|----------------------------------|-----------------------|

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on [privatehealth.gov.au](https://privatehealth.gov.au) for

[PrivateHealth.gov.au](https://privatehealth.gov.au)

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which hospitals have arrangements with your insurer – <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

The following payments may also apply for hospital admissions

**Excess:** You will have to pay an excess of \$250 per admission. This is limited to a maximum of \$250 per person and \$500 per policy per year.

**Co-payments:** No co-payments

The following waiting periods for hospital admissions apply to new or upgrading members

Waiting periods:

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 2 months for all other treatments

Gap Cover

This provider offers '[known gap](#)' or '[no gap](#)' cover for medical bills for this product.

The [Medical Costs Finder](#) lets you find out more about the cost of specialist medical services.

Other features of this hospital cover

Additional Benefits of the cover include: Hospital Substitution Programs, Preventative Health Services and Health Support Programs. Waiting periods may apply. Please refer to the product Fact Sheet or contact Australian Unity for further 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)2)3) Dental limits increase for the first 6 years of continuous membership. Family limits are shared between all people on a membership. A per-person sub-limit applies for Major Dental (\$700 per-person up to \$1400 per policy). Full denture replacement is limited to once every three years. Surgical teeth extractions and gum disease treatment are included under Endodontics (12-month waiting period) No waiting period for preventative dental and selected diagnostic services. 4) \$40 for a chiropractic x-ray. Limit of one x-ray per person per calendar year 5) Remedial massage sub-limit of \$125 per person, \$250 per family. 6) Travel Vaccinations only.

| Treatment               | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                                                                | Examples of maximum benefits                                                                                                           |
|-------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| General dental*         | 2                       | \$1,800 per policy<br>(combined limit for general dental, major dental & endodontic - <b>Sub-limits apply</b> )       | Periodic oral examination - \$30.00<br>Scale & clean - \$44.00<br>Fluoride treatment - \$21.00<br>Surgical tooth extraction - \$105.00 |
| Major dental*           | 12                      |                                                                                                                       | Full crown veneered - \$350.00                                                                                                         |
| Endodontic*             | 12                      |                                                                                                                       | Filling of one root canal - \$95.00                                                                                                    |
| Optical                 | 6                       | \$200 per person                                                                                                      | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge                                         |
| Non PBS pharmaceuticals | 2                       | \$150 per person up to \$300 per policy<br>(combined limit for non pbs pharmaceuticals & vaccinations)                | Per eligible prescription - \$50.00                                                                                                    |
| Physiotherapy           | 2                       | \$500 per person up to \$1,000 per policy<br>(combined limit for physiotherapy, exercise physiology & other services) | Initial visit - 70% of charge<br>Subsequent visit - 70% of charge                                                                      |
| Chiropractic*           | 2                       | \$500 per person up to \$1,000 per policy<br>(combined limit for chiropractic & osteopathy)                           | Initial visit - \$40.00<br>Subsequent visit - \$40.00                                                                                  |
| Podiatry                | 2                       | \$250 per person up to \$500 per policy<br>(combined limit for podiatry & orthotics (podiatric orthoses))             | Initial visit - \$40.00<br>Subsequent visit - \$40.00                                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                               |    |                                                                                                                              |                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Psychology                                                                                                                                                                                                                                                                                                                                                                    | 2  | \$200 per person up to \$400 per policy<br>(combined limit for psychology & dietetics/dietary advice)                        | Initial visit - \$40.00<br>Subsequent visit - \$40.00             |
| Acupuncture                                                                                                                                                                                                                                                                                                                                                                   | 2  | \$400 per person up to \$800 per policy<br>(combined limit for acupuncture & remedial massage -<br><b>Sub-limits apply</b> ) | Initial visit - \$40.00<br>Subsequent visit - \$40.00             |
| Remedial massage*                                                                                                                                                                                                                                                                                                                                                             | 2  |                                                                                                                              | Initial visit - \$40.00<br>Subsequent visit - \$40.00             |
| Dietetics/dietary advice                                                                                                                                                                                                                                                                                                                                                      | 2  | Combined limit - see Psychology                                                                                              | Initial visit - \$40.00<br>Subsequent visit - \$40.00             |
| Exercise physiology                                                                                                                                                                                                                                                                                                                                                           | 2  | Combined limit - see Physiotherapy                                                                                           | Initial visit - 70% of charge<br>Subsequent visit - 70% of charge |
| Orthotics (podiatric orthoses)                                                                                                                                                                                                                                                                                                                                                | 12 | Combined limit - see Podiatry                                                                                                | Orthotics supply & fit - 70% of charge                            |
| Osteopathy                                                                                                                                                                                                                                                                                                                                                                    | 2  | Combined limit - see Chiropractic                                                                                            | Initial visit - \$22.00                                           |
| Vaccinations*                                                                                                                                                                                                                                                                                                                                                                 | 0  | Combined limit - see Non PBS pharmaceuticals                                                                                 | Per service - 100% of charge                                      |
| Annual benefit limits apply per calendar year. Myotherapy - 70% per treatment, Maximum of \$500 per person (\$1,000 per family) (combined limit - see Physiotherapy), 2 month waiting period. Orthotic benefits are for supply only. Braces, Splints and Garments – up to 70% of the cost, maximum \$250 per person (combined limit – see Podiatry), 12-month waiting period. |    |                                                                                                                              |                                                                   |

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

|                          |                                              |
|--------------------------|----------------------------------------------|
| ✗ Blood glucose monitors | ✗ Orthodontic                                |
| ✗ Hearing aids           | ✗ Other treatments - check with your insurer |

#### Other features of this general treatment cover

Please refer to the product Fact Sheet or contact Australian Unity for further details.

### Ambulance cover

In Western Australia this policy provides:

**Emergency:** Unlimited with no waiting period.

**Call-out fees:** will be paid for each attendance, including emergency treatment without transport to hospital.

#### Other features of this ambulance cover

Despite the above, call-out fees where you're not taken to hospital are limited to 2 ambulance attendances per-person per-calendar year. Please note: This cover doesn't include non-emergency ambulance transportation. Emergency ambulance transportation to hospital is only covered if transport is coded and invoiced as emergency transport by a state/territory ambulance service/authority. 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.

#### 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.