

Private Health Information Statement - Combined policy

Advantage Choice Combination (Silver Plus)

Australian Unity Health Limited

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13 29 39

Monthly Premium

\$488.65 #

(before any rebate, loading or discount)

Covers two adults & dependants, including non-student dependants (3 or more people, only 2 of whom are adults)

Available in Northern Territory

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.

This policy covers children, students up to and including the age of 30 and non-students up to and including the age of 30, as well as persons with a disability who qualify as a child, student or non-student in these age ranges.

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides accident cover - check with your insurer for details.

This policy does not provide benefits for travel or 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	✓ Gastrointestinal endoscopy	✓ Pain management
✓ Blood	✓ Gynaecology	✓ Palliative care
✓ Bone, joint and muscle	✓ Heart and vascular system	✓ Plastic and reconstructive surgery (medically necessary)
✓ Brain and nervous system	✓ Hernia and appendix	✓ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
✓ Breast surgery (medically necessary)	✓ Implantation of hearing devices	✓ Rehabilitation
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Insulin pumps	✓ Skin
✓ Dental surgery	✓ Joint reconstructions	✓ Sleep studies
✓ Diabetes management (excluding insulin pumps)	✓ Kidney and bladder	✓ Tonsils, adenoids and grommets
✓ Digestive system	✓ Lung and chest	R Hospital psychiatric services
✓ Ear, nose and throat	✓ Male reproductive system	
✓ Eye (not cataracts)	✓ Miscarriage and termination of pregnancy	

This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Joint replacements	✗ Weight loss surgery
✗ Cataracts	✗ Pain management with device	

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 for 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 on admission. This is limited to a maximum of \$750 per person and \$1500 per policy per year.

Excess payments do not apply to hospital admissions for accidents or dependants.

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

Excess applies once per person admitted to hospital per calendar year and is waived for dependants or Accidents that occur after joining the Cover. Additional Benefits 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) No waiting period for preventative dental and selected diagnostic services. No amounts deducted from yearly limit for selected preventative dental and diagnostic services claimed at the No-Gap dental network (where available). 2) A full denture replacement is limited to once every three years. 3) Surgical tooth extractions and treatment of gum disease have a 12-month waiting period. 4) \$40 for a chiropractic x-ray. Limit of one x-ray per person per calendar year. 5) Orthotics benefits are for supply only. 6) 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 (combined limit for general dental, major dental, endodontic & other services)	Periodic oral examination - \$34.00 Scale & clean - \$70.00 Fluoride treatment - \$22.00
Major dental*	12		Surgical tooth extraction - \$183.00 Full crown veneered - \$700.00
Endodontic*	12		Filling of one root canal - \$162.00
Optical	6	\$200 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals	2	\$300 per person	Per eligible prescription - \$50.00
Physiotherapy	2	\$400 per person (combined limit for physiotherapy & exercise physiology)	Initial visit - \$52.00 Subsequent visit - \$52.00

Chiropractic*	2	\$300 per person (combined limit for chiropractic, acupuncture, remedial massage, chinese medicine, osteopathy & other services)	Initial visit - \$40.00 Subsequent visit - \$40.00
Podiatry	2	\$300 per person (combined limit for podiatry, orthotics (podiatric orthoses) & other services)	Initial visit - \$35.00 Subsequent visit - \$35.00
Acupuncture	2	Combined limit - see Chiropractic	Initial visit - \$40.00 Subsequent visit - \$40.00
Remedial massage	2	Combined limit - see Chiropractic	Initial visit - \$40.00 Subsequent visit - \$40.00
Chinese medicine	2	Combined limit - see Chiropractic	Initial visit - \$40.00 Subsequent visit - \$40.00
Dietetics/dietary advice	2	\$300 per person	Initial visit - \$35.00 Subsequent visit - \$35.00
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - \$52.00 Subsequent visit - \$52.00
Eye therapy (orthoptics)	2	\$300 per person (combined limit for eye therapy (orthoptics), occupational therapy & speech therapy)	Initial visit - \$35.00 Subsequent visit - \$35.00
Occupational therapy	2		Initial visit - \$35.00 Subsequent visit - \$35.00
Orthotics (podiatric orthoses)*	12	Combined limit - see Podiatry	Orthotics supply & fit - 60% of charge
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$40.00 Subsequent visit - \$40.00
Speech therapy	2	Combined limit - see Eye therapy (orthoptics)	Initial visit - \$35.00 Subsequent visit - \$35.00
Vaccinations*	0	\$150 per person	Per service - 100% of charge

Annual benefit limits apply per calendar year. Myotherapy - \$40 per treatment, combined maximum of \$300 per person (combined limit - see Chiropractic) 2 Month waiting period; Braces, Splints and Garments - 60% of the cost, combined maximum of \$300 per person (combined limit - see Podiatry) 12 month waiting period. 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 Blood glucose monitors	X Orthodontic	X Other treatments - check with your insurer
X Hearing aids	X Psychology	

Other features of this general treatment cover

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

Ambulance cover

In Northern Territory 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.