

Private Health Information Statement - Combined policy

| Advantage Choice Combination (Silver Plus)                                                                                                                                                                                            |                                                                                                   |                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>Australian Unity Health Limited</b><br><a href="http://www.australianunity.com.au">http://www.australianunity.com.au</a><br><a href="mailto:healthcover@australianunity.com.au">healthcover@australianunity.com.au</a><br>13 29 39 | <b>Monthly Premium</b><br><b>\$593.90<sup>#</sup></b><br>(before any rebate, loading or discount) | <b>Covers two adults &amp; dependants (3 or more people, only 2 of whom are adults)</b><br><b>Available in Queensland</b> |

# 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 and other dependants up to and including the age of 22, students up to and including the age of 30, as well as persons with a disability who qualify as a child or other dependant or 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](https://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

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. 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<br>(combined limit for general dental, major dental, endodontic & other services) | Periodic oral examination - \$34.00<br>Scale & clean - \$70.00<br>Fluoride treatment - \$22.00 |
| Major dental*           | 12                      |                                                                                                    | Surgical tooth extraction - \$183.00<br>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<br>Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals | 2                       | \$300 per person                                                                                   | Per eligible prescription - \$50.00                                                            |

|                                 |    |                                                                                                                                     |                                                       |
|---------------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Physiotherapy                   | 2  | \$400 per person<br>(combined limit for physiotherapy & exercise physiology)                                                        | Initial visit - \$52.00<br>Subsequent visit - \$52.00 |
| Chiropractic*                   | 2  | \$300 per person<br>(combined limit for chiropractic, acupuncture, remedial massage, chinese medicine, osteopathy & other services) | Initial visit - \$40.00<br>Subsequent visit - \$40.00 |
| Podiatry                        | 2  | \$300 per person<br>(combined limit for podiatry, orthotics (podiatric orthoses) & other services)                                  | Initial visit - \$35.00<br>Subsequent visit - \$35.00 |
| Acupuncture                     | 2  | Combined limit - see Chiropractic                                                                                                   | Initial visit - \$40.00<br>Subsequent visit - \$40.00 |
| Remedial massage                | 2  | Combined limit - see Chiropractic                                                                                                   | Initial visit - \$40.00<br>Subsequent visit - \$40.00 |
| Chinese medicine                | 2  | Combined limit - see Chiropractic                                                                                                   | Initial visit - \$40.00<br>Subsequent visit - \$40.00 |
| Dietetics/dietary advice        | 2  | \$300 per person                                                                                                                    | Initial visit - \$35.00<br>Subsequent visit - \$35.00 |
| Exercise physiology             | 2  | Combined limit - see Physiotherapy                                                                                                  | Initial visit - \$52.00<br>Subsequent visit - \$52.00 |
| Eye therapy (orthoptics)        | 2  | \$300 per person<br>(combined limit for eye therapy (orthoptics), occupational therapy & speech therapy)                            | Initial visit - \$35.00<br>Subsequent visit - \$35.00 |
| Occupational therapy            | 2  |                                                                                                                                     | Initial visit - \$35.00<br>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<br>Subsequent visit - \$40.00 |
| Speech therapy                  | 2  | Combined limit - see Eye therapy (orthoptics)                                                                                       | Initial visit - \$35.00<br>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 **✗ does not include** General treatment (Extras) cover for

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

Other features of this general treatment cover

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

## 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.