

Private Health Information Statement - Combined policy

Care 'n Repair (Basic Plus)

Australian Unity Health Limited  
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13 29 39

Monthly Premium  
\$241.40 #  
(before any rebate, loading or discount)

Covers 2 adults (and no-one else)  
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.

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

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

This policy ✗ does not include cover for

|                                  |                                       |                       |
|----------------------------------|---------------------------------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Dialysis for chronic kidney failure | ✗ Pregnancy and birth |
| ✗ Cataracts                      | ✗ Joint replacements                  | ✗ Weight loss surgery |

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 of \$750 per 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.

**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 does not offer any 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

Covered in agreement private hospitals for treatments resulting from an Accident that occurs after joining this cover, with no excess. For all other hospital treatments (unless excluded) cover is Restricted in an agreement private hospital or you're covered in a shared room of a public hospital. Additional Benefits of the cover include: Hospital Substitution Programs, Health Support Programs and Preventative Health Services. Waiting periods may apply. Please refer to the product Fact Sheet or contact Australian Unity for further details.

General Treatment Cover

This health insurer does not operate a preferred provider scheme.

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. A 12-month waiting period applies for surgical tooth extractions and treatments of gum disease. 2) Remedial Massage sub-limit is \$85 per person. |                         |                                                                                                                                                    |                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Treatment                                                                                                                                                                                                                                                                   | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                                                                                             | Examples of maximum benefits                                                                                                          |
| General dental*                                                                                                                                                                                                                                                             | 2                       | \$500 per person<br>(combined limit for general dental, endodontic & other services)                                                               | Periodic oral examination - \$24.00<br>Scale & clean - \$34.00<br>Fluoride treatment - \$17.00<br>Surgical tooth extraction - \$80.00 |
| Endodontic                                                                                                                                                                                                                                                                  | 12                      |                                                                                                                                                    | Filling of one root canal - \$75.00                                                                                                   |
| Physiotherapy                                                                                                                                                                                                                                                               | 2                       | \$300 per person<br>(combined limit for physiotherapy, exercise physiology & other services)                                                       | Initial visit - \$25.00<br>Subsequent visit - \$25.00                                                                                 |
| Acupuncture                                                                                                                                                                                                                                                                 | 2                       | \$170 per person<br>(combined limit for acupuncture, remedial massage, dietetics/dietary advice & occupational therapy - <b>Sub-limits apply</b> ) | Initial visit - \$17.00<br>Subsequent visit - \$17.00                                                                                 |
| Remedial massage*                                                                                                                                                                                                                                                           | 2                       |                                                                                                                                                    | Initial visit - \$17.00<br>Subsequent visit - \$17.00                                                                                 |
| Dietetics/dietary advice                                                                                                                                                                                                                                                    | 2                       |                                                                                                                                                    | Initial visit - \$17.00<br>Subsequent visit - \$17.00                                                                                 |
| Exercise physiology                                                                                                                                                                                                                                                         | 2                       | Combined limit - see Physiotherapy                                                                                                                 | Initial visit - \$25.00<br>Subsequent visit - \$25.00                                                                                 |

|                                                                                                                                                                                                                              |   |                                  |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------------------------------|-------------------------------------------------------|
| Occupational therapy                                                                                                                                                                                                         | 2 | Combined limit - see Acupuncture | Initial visit - \$17.00<br>Subsequent visit - \$17.00 |
| Annual benefit limits apply per calendar year. Hire or purchase of braces, splints, wheelchairs, crutches or compression garments - up to 100% of the cost per item, combined max \$150 per person - 2 month waiting period. |   |                                  |                                                       |

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

|                          |                           |                                              |
|--------------------------|---------------------------|----------------------------------------------|
| ✗ Blood glucose monitors | ✗ Non PBS pharmaceuticals | ✗ Psychology                                 |
| ✗ Chiropractic           | ✗ Optical                 | ✗ Other treatments - check with your insurer |
| ✗ Hearing aids           | ✗ Orthodontic             |                                              |
| ✗ Major dental           | ✗ Podiatry                |                                              |

### 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.