

# Private Health Information Statement - Combined policy

| Simple Saver (Basic 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>\$287.30 #</b><br>(before any rebate, loading or discount) | <b>Covers 2 adults (and no-one else)</b><br><b>Available in Tasmania</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.

## 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

|                         |                                  |                  |
|-------------------------|----------------------------------|------------------|
| ✓ Dental surgery        | ✓ Tonsils, adenoids and grommets | R Rehabilitation |
| ✓ Hernia and appendix   | R Hospital psychiatric services  |                  |
| ✓ Joint reconstructions | R Palliative care                |                  |

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

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

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.

**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

Simple Saver (Basic Plus) only provides private hospital cover for treatments resulting from an Accident that occurs after joining this cover, and the following clinical categories: Joint Reconstructions, Tonsils, Adenoids and Grommets, Dental Surgery, Hernia and Appendix. 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

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. 2) A 12-month waiting period applies for surgical tooth extractions and treatments of gum disease. 3) A \$300 combined sub-limit applies Preventative, Endodontic and General Dental. 4) A \$300 sub-limit applies to Physiotherapy. 5) A \$300 combined sub-limit applies to Chiropractic & Osteopathy. 6) A \$250 sub-limit applies to Podiatry. 7) A \$300 combined sub-limit applies to Acupuncture, Remedial Massage and Myotherapy. 8) A \$250 sub-limit applies to Dietetics. |                         |                                                                                                                                                                                                                               |                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                                                                                                                                                                        | Examples of maximum benefits                                                                                                                                  |
| General dental*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2                       | \$1,100 per person<br>(combined limit for general dental, endodontic, physiotherapy, chiropractic, podiatry, acupuncture, remedial massage, dietetics/dietary advice, osteopathy & other services - <b>Sub-limits apply</b> ) | Periodic oral examination - 60% of charge<br>Scale & clean - 60% of charge<br>Fluoride treatment - 60% of charge<br>Surgical tooth extraction - 60% of charge |
| Endodontic*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 12                      |                                                                                                                                                                                                                               | Filling of one root canal - 60% of charge                                                                                                                     |
| Physiotherapy*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2                       |                                                                                                                                                                                                                               | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge                                                                                             |
| Chiropractic*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2                       |                                                                                                                                                                                                                               | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge                                                                                             |
| Podiatry*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2                       |                                                                                                                                                                                                                               | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge                                                                                             |
| Acupuncture*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2                       |                                                                                                                                                                                                                               | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge                                                                                             |

|                                                                                                                                                                                                  |   |                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------------------------------------------------------------|
| Remedial massage*                                                                                                                                                                                | 2 | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Dietetics/dietary advice*                                                                                                                                                                        | 2 | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Osteopathy*                                                                                                                                                                                      | 2 | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Annual benefit limits apply per calendar year. Myotherapy - 60% per treatment, maximum of \$300 per person, (Combined limit- see Acupuncture and Remedial Massage limit) 2 month waiting period. |   |                                                                   |

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

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

Other features of this general treatment cover

Please refer to the product Fact Sheet or contact Australian Unity for more information.

## 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.