

Private Health Information Statement - Hospital policy

Classic Hospital (Silver Plus)

Australian Unity Health Limited
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13 29 39

Monthly Premium
\$605.65 #
(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 Western Australia
Closed to new members

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>

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	Pain management with device
Bone, joint and muscle	Heart and vascular system	Palliative care
Brain and nervous system	Hernia and appendix	Plastic and reconstructive surgery (medically necessary)
Breast surgery (medically necessary)	Implantation of hearing devices	Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
Cataracts	Insulin pumps	Rehabilitation
Chemotherapy, radiotherapy and immunotherapy for cancer	Joint reconstructions	Skin
Dental surgery	Joint replacements	Sleep studies
Diabetes management (excluding insulin pumps)	Kidney and bladder	Tonsils, adenoids and grommets
Digestive system	Lung and chest	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	Pregnancy and birth
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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 \$250 per person and \$500 per policy per year.

Excess payments do not apply to hospital admissions for 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. Additional Benefits of this 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.

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.