

Private Health Information Statement - Combined policy

Top Choice (Silver Plus)

Australian Unity Health Limited

http://www.australianunity.com.au

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13 29 39

Monthly Premium

\$307.45 #

(before any rebate, loading or discount)

Covers only one person

Available in Tasmania

# 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

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

This policy ✗ does not include cover for

|                                  |                       |                       |
|----------------------------------|-----------------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Pregnancy and birth | ✗ Weight loss surgery |
|----------------------------------|-----------------------|-----------------------|

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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](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 \$750 per policy per year.

**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

Day surgery excess is limited to half the total per person excess (where no overnight stay). If the total per person excess isn't paid after your first hospital admission you will pay the balance on any subsequent admission(s) within the calendar year. Additional Benefits of the cover: 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. A 12-month waiting period applies for surgical tooth extractions and treatments of gum disease. 2) Crowns and bridges combined sub-limit is \$600 per person, Dentures sub-limit is \$600 per person. A Full Denture replacement is limited to once every three years. |                         |                                                                                      |                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Treatment                                                                                                                                                                                                                                                                                                                                                                                        | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                               | Examples of maximum benefits                                                                                                           |
| General dental*                                                                                                                                                                                                                                                                                                                                                                                  | 2                       | \$700 per policy<br>(combined limit for general dental, endodontic & other services) | Periodic oral examination - \$33.00<br>Scale & clean - \$52.00<br>Fluoride treatment - \$25.50<br>Surgical tooth extraction - \$105.00 |
| Major dental*                                                                                                                                                                                                                                                                                                                                                                                    | 12                      | \$1,000 per policy<br>(Sub-limits apply)                                             | Full crown veneered - \$600.00                                                                                                         |
| Endodontic                                                                                                                                                                                                                                                                                                                                                                                       | 12                      | Combined limit - see General dental                                                  | Filling of one root canal - \$123.00                                                                                                   |
| Optical                                                                                                                                                                                                                                                                                                                                                                                          | 6                       | \$250 per policy                                                                     | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge                                         |
| Physiotherapy                                                                                                                                                                                                                                                                                                                                                                                    | 2                       | \$500 per policy                                                                     | Initial visit - \$40.00<br>Subsequent visit - \$40.00                                                                                  |
| Chiropractic                                                                                                                                                                                                                                                                                                                                                                                     | 2                       | \$300 per policy<br>(combined limit for chiropractic & osteopathy)                   | Initial visit - \$40.00<br>Subsequent visit - \$30.00                                                                                  |
| Podiatry                                                                                                                                                                                                                                                                                                                                                                                         | 2                       | \$400 per policy                                                                     | Initial visit - \$40.00<br>Subsequent visit - \$30.00                                                                                  |
| Acupuncture                                                                                                                                                                                                                                                                                                                                                                                      | 2                       | \$300 per policy<br>(combined limit for acupuncture, remedial massage &              | Initial visit - \$30.00<br>Subsequent visit - \$30.00                                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                |   |                                   |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----------------------------------|-------------------------------------------------------|
| Remedial massage                                                                                                                                                                                                                                                                                                                                               | 2 | other services)                   | Initial visit - \$30.00<br>Subsequent visit - \$30.00 |
| Osteopathy                                                                                                                                                                                                                                                                                                                                                     | 2 | Combined limit - see Chiropractic | Initial visit - \$40.00<br>Subsequent visit - \$30.00 |
| Annual benefit limits apply per calendar year. Myotherapy - \$30 per consultation, Maximum of \$300 per person (Combined limit - see Acupuncture), 2 month waiting period. There are Preventative Health Services and Health Support Programs available on this cover. 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 | ✗ Non PBS pharmaceuticals | ✗ Psychology                                 |
| ✗ Hearing aids           | ✗ Orthodontic             | ✗ Other treatments - check with your insurer |

## 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.