

Private Health Information Statement - Combined policy

Smart Start (Basic Plus)

Australian Unity Health Limited

http://www.australianunity.com.au

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13 29 39

Monthly Premium

\$386.50 #

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)

Available in South 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.

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 Eye (not cataracts)             | R Male reproductive system                                                          |
| R Blood                                                   | R Gastrointestinal endoscopy      | R Miscarriage and termination of pregnancy                                          |
| R Bone, joint and muscle                                  | R Gynaecology                     | R Pain management                                                                   |
| R Brain and nervous system                                | R Heart and vascular system       | R Pain management with device                                                       |
| R Breast surgery (medically necessary)                    | R Hernia and appendix             | R Palliative care                                                                   |
| R Cataracts                                               | 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 Dialysis for chronic kidney failure                     | R Joint replacements              | R Sleep studies                                                                     |
| R Digestive system                                        | R Kidney and bladder              | R Tonsils, adenoids and grommets                                                    |
| R Ear, nose and throat                                    | R Lung and chest                  | R Weight loss surgery                                                               |

This policy ✗ does not include cover for

|                                  |                       |
|----------------------------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Pregnancy and birth |
|----------------------------------|-----------------------|

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 \$100 per admission. This is limited to a maximum of \$100 per person and \$200 per policy per year.

Excess payments do not apply to hospital admissions for accidents or day surgery.

**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

With Smart Start (Basic Plus), for all Clinical Categories marked above with an "R", you are: 1) "Covered" in an agreement private hospital for day procedures, or treatment resulting from an Accident that occurred after joining, and 2) for overnight stays, planned and unplanned, benefits are 'Restricted' (refer to definition on page one). 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

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),2) Dental limits increase for the first five years of membership. No waiting period for preventative and selected diagnostic services. A 12 month waiting period applies for treatment of gum disease, root canal and surgical extraction of teeth. 3) Orthotic benefits are for supply only 4) Travel vaccinations only. |                         |                                                                                                                                  |                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Treatment                                                                                                                                                                                                                                                                                                                                                               | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                                                                           | Examples of maximum benefits                                                                                                           |
| General dental*                                                                                                                                                                                                                                                                                                                                                         | 2                       | \$600 per person<br>(combined limit for general dental, endodontic & other services)                                             | Periodic oral examination - \$30.00<br>Scale & clean - \$44.00<br>Fluoride treatment - \$21.00<br>Surgical tooth extraction - \$105.00 |
| Endodontic*                                                                                                                                                                                                                                                                                                                                                             | 12                      |                                                                                                                                  | Filling of one root canal - \$95.00                                                                                                    |
| Optical                                                                                                                                                                                                                                                                                                                                                                 | 6                       | \$150 per person                                                                                                                 | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge                                         |
| Non PBS pharmaceuticals                                                                                                                                                                                                                                                                                                                                                 | 2                       | \$150 per person<br>(combined limit for non pbs pharmaceuticals & vaccinations)                                                  | Per eligible prescription - \$50.00                                                                                                    |
| Physiotherapy                                                                                                                                                                                                                                                                                                                                                           | 2                       | \$400 per person<br>(combined limit for physiotherapy, chiropractic, acupuncture, remedial massage, osteopathy & other services) | Initial visit - \$30.00<br>Subsequent visit - \$30.00                                                                                  |
| Chiropractic                                                                                                                                                                                                                                                                                                                                                            | 2                       |                                                                                                                                  | Initial visit - \$30.00<br>Subsequent visit - \$30.00                                                                                  |

|                                                                                                                                                                                                                                                                                                                                     |    |                                                                                    |                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------------|-------------------------------------------------------|
| Podiatry                                                                                                                                                                                                                                                                                                                            | 2  | \$250 per person<br>(combined limit for podiatry & orthotics (podiatric orthoses)) | Initial visit - \$30.00<br>Subsequent visit - \$30.00 |
| Psychology                                                                                                                                                                                                                                                                                                                          | 2  | \$200 per person<br>(combined limit for psychology & dietetics/dietary advice)     | Initial visit - \$30.00                               |
| Acupuncture                                                                                                                                                                                                                                                                                                                         | 2  | Combined limit - see Physiotherapy                                                 | Initial visit - \$30.00<br>Subsequent visit - \$30.00 |
| Remedial massage                                                                                                                                                                                                                                                                                                                    | 2  | Combined limit - see Physiotherapy                                                 | Initial visit - \$30.00<br>Subsequent visit - \$30.00 |
| Dietetics/dietary advice                                                                                                                                                                                                                                                                                                            | 2  | Combined limit - see Psychology                                                    | Initial visit - \$30.00<br>Subsequent visit - \$30.00 |
| Orthotics (podiatric orthoses)*                                                                                                                                                                                                                                                                                                     | 12 | Combined limit - see Podiatry                                                      | Orthotics supply & fit - 70% of charge                |
| Osteopathy                                                                                                                                                                                                                                                                                                                          | 2  | Combined limit - see Physiotherapy                                                 | Initial visit - \$30.00<br>Subsequent visit - \$30.00 |
| Vaccinations*                                                                                                                                                                                                                                                                                                                       | 0  | Combined limit - see Non PBS pharmaceuticals                                       | Per service - 100% of charge                          |
| Annual benefit limits apply per calendar year. Myotherapy, \$30 per consultation, Combined maximum of \$400 per person, (Combined limit - see Physiotherapy limit) 2 month waiting period. Braces, Splints and Garments – up to 70% of the cost, maximum \$250 per person (combined limit – see Podiatry), 12-month waiting period. |    |                                                                                    |                                                       |

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

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

#### Other features of this general treatment cover

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

### Ambulance cover

In South 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.