

# Private Health Information Statement - Combined policy

| LifeChoice Boost (Gold)                                                                                                                                                                                                               |                                                                                                     |                                                                                                                                                                         |
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| <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>\$1,442.50<sup>#</sup></b><br>(before any rebate, loading or discount) | Covers two adults & dependants, including non-student dependants (3 or more people, only 2 of whom are adults)<br>Available in South Australia<br>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 and benefits for travel or accommodation (outside of hospital) - check with your insurer for details.

✓ **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

|                                                           |                                   |                                                                                     |
|-----------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------|
| ✓ Assisted reproductive services                          | ✓ Eye (not cataracts)             | ✓ Miscarriage and termination of pregnancy                                          |
| ✓ 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)                    | ✓ Hospital psychiatric services   | ✓ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits) |
| ✓ Cataracts                                               | ✓ Implantation of hearing devices | ✓ Pregnancy and birth                                                               |
| ✓ 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                  | ✓ Weight loss surgery                                                               |
| ✓ Ear, nose and throat                                    | ✓ 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:** No excess

**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
- 12 months for pregnancy and birth (obstetrics)
- 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

Additional Benefits of this cover include: Midwife in Private Practice Services, Home Birth, Hospital Substitution Programs, Additional On-site Accommodation, 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

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

| <i>Note, for items marked with an asterisk *: 1)No waiting period for preventative dental and selected diagnostic services. 12-month waiting period applies for surgical tooth extractions and treatment for gum disease. 2)Full Denture replacement limited to one every 3 years 3)Treatment for gum disease included in Endodontic limit 4)Includes 1 Chiropractic x-ray per person per calendar year, 80% cost. 5)Hearing Aids: also includes repairs (2-month waiting period), Benefit for each item payable every 3 calendar years (excluding repairs). 6)Blood Glucose monitors - benefit payable every 2 calendar years. 7)Orthotics benefits payable for supply only - benefit payable every 2 calendar years. 8)Travel vaccinations only.</i> |                         |                                                                                                               |                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                                                        | Examples of maximum benefits                                                                                                                                    |
| General dental*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2                       | No annual limit (Sub-limits apply)                                                                            | Periodic oral examination - 75% of charge<br>Scale & clean - 100% of charge<br>Fluoride treatment - 100% of charge<br>Surgical tooth extraction - 75% of charge |
| Major dental*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 12                      | \$1,500 per person                                                                                            | Full crown veneered - 80% of charge                                                                                                                             |
| Endodontic*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 12                      | \$500 per person (combined limit for endodontic & other services)                                             | Filling of one root canal - 75% of charge                                                                                                                       |
| Orthodontic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 12                      | \$1,000 per person<br>\$2,800 lifetime limit                                                                  | Braces for upper & lower teeth, including removal plus fitting of retainer - 80% of charge                                                                      |
| Optical                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6                       | \$300 per person                                                                                              | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge                                                                  |
| Non PBS pharmaceuticals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2                       | \$500 per person                                                                                              | Per eligible prescription - 80% of charge                                                                                                                       |
| Physiotherapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2                       | \$800 per person (combined limit for physiotherapy, chiropractic, podiatry, exercise physiology & osteopathy) | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge                                                                                               |

|                                       |    |                                                                                                                                                               |                                                                   |
|---------------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Chiropractic*                         | 2  |                                                                                                                                                               | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Podiatry                              | 2  |                                                                                                                                                               | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Psychology                            | 2  | \$400 per person up to \$800 per policy                                                                                                                       | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Acupuncture                           | 2  | \$600 per person<br>(combined limit for acupuncture, remedial massage, chinese medicine & other services)                                                     | Initial visit - \$30.00<br>Subsequent visit - \$30.00             |
| Remedial massage                      | 2  |                                                                                                                                                               | Initial visit - \$30.00<br>Subsequent visit - \$30.00             |
| Hearing aids*                         | 12 | \$700 per person                                                                                                                                              | Hearing aid - 80% of charge                                       |
| Blood glucose monitors*               | 12 | \$500 per person<br>(combined limit for blood glucose monitors, orthotics (podiatric orthoses) & other services)                                              | Per monitor - 80% of charge                                       |
| Audiology                             | 2  | \$500 per person<br>(combined limit for audiology, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, speech therapy & other services) | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Chinese medicine                      | 2  | Combined limit - see Acupuncture                                                                                                                              | Initial visit - \$30.00<br>Subsequent visit - \$30.00             |
| Dietetics/dietary advice              | 2  | Combined limit - see Audiology                                                                                                                                | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Exercise physiology                   | 2  | Combined limit - see Physiotherapy                                                                                                                            | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Eye therapy (orthoptics)              | 2  | Combined limit - see Audiology                                                                                                                                | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Health management / Healthy lifestyle | 6  | \$400 per person                                                                                                                                              | Health management - 80% of charge                                 |
| Occupational therapy                  | 2  | Combined limit - see Audiology                                                                                                                                | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Orthotics (podiatric orthoses)*       | 12 | Combined limit - see Blood glucose monitors                                                                                                                   | Orthotics supply & fit - 80% of charge                            |
| Osteopathy                            | 2  | Combined limit - see Physiotherapy                                                                                                                            | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Speech therapy                        | 2  | Combined limit - see Audiology                                                                                                                                | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Vaccinations*                         | 0  | \$150 per person up to \$300 per policy                                                                                                                       | Per service - 100% of charge                                      |

Annual limits apply per calendar year. Family limits are shared between all people on the membership but no one person can claim more than the per person limit. Myotherapy, Nutrition, Swedish Massage, 80% of the consultation fee or \$30 per consultation, whichever is the lesser, \$600 per person (Combined limit - see Acupuncture), 2 month waiting period. Natural Medicines & Remedies, 80% of the cost per item or \$50 per item, whichever is the lesser, \$600 per person, (Combined limit - see Acupuncture), 2 month waiting period. Hypnotherapy, 80% of the consultation fee, \$500 per person (Combined limit - see Audiology), 2 month waiting period. Vitamin & Health Supplements, Up to 100% of the cost, \$150 per person, \$300 per family, 2 month waiting period. Ambulance Subscriptions, 80% of the cost per yearly Subscription, no annual limit or waiting periods. Sickness Travel & Accommodation, 80% of the cost, \$200 for travel and \$420 for accommodation per membership, 2 month waiting period. Wheelchairs & Crutches, 80% of the cost per item, \$100 per person, 2 month waiting period. Non-Surgical Prosthesis, Splints, Garments, Braces, Asthma Pumps, TENS machines, C-PAP devices, oral appliance for sleep apnoea, peak flow meters and blood pressure monitors, 80% of the cost up to \$600 per person (combined limit - see Blood glucose monitors), 12 month waiting period. Benefit is payable every 2 calendar years (except oral appliance for sleep apnoea) . Please refer to the product Fact Sheet or contact Australian Unity for further details.

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

**X** Other treatments - check with your insurer

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.