

Private Health Information Statement - Combined policy

LifeChoice Boost (Gold)

Australian Unity Health Limited

<http://www.australianunity.com.au>
healthcover@australianunity.com.au
13 29 39

Monthly Premium

\$473.40[#]

(before any rebate, loading or discount)

Covers only one person
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.

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 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 \$500 per admission. This is limited to a maximum of \$500 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
- 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

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. 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.

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 Scale & clean - 100% of charge Fluoride treatment - 100% of charge Surgical tooth extraction - 75% of charge
Major dental*	12	\$1,500 per policy	Full crown veneered - 80% of charge
Endodontic*	12	\$500 per policy (combined limit for endodontic & other services)	Filling of one root canal - 75% of charge
Orthodontic	12	\$1,000 per policy \$2,800 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - 80% of charge
Optical	6	\$300 per policy	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals	2	\$500 per policy	Per eligible prescription - 80% of charge
Physiotherapy	2	\$800 per policy (combined limit for physiotherapy, chiropractic, podiatry, exercise physiology & osteopathy)	Initial visit - 80% of charge Subsequent visit - 80% of charge
Chiropractic*	2		Initial visit - 80% of charge Subsequent visit - 80% of charge
Podiatry	2		Initial visit - 80% of charge Subsequent visit - 80% of charge
Psychology	2	\$400 per policy	Initial visit - 80% of charge Subsequent visit - 80% of charge

Acupuncture	2	\$600 per policy (combined limit for acupuncture, remedial massage, chinese medicine & other services)	Initial visit - \$30.00 Subsequent visit - \$30.00
Remedial massage	2		Initial visit - \$30.00 Subsequent visit - \$30.00
Hearing aids*	12	\$700 per policy	Hearing aid - 80% of charge
Blood glucose monitors*	12	\$500 per policy (combined limit for blood glucose monitors, orthotics (podiatric orthoses) & other services)	Per monitor - 80% of charge
Audiology	2	\$500 per policy (combined limit for audiology, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, speech therapy & other services)	Initial visit - 80% of charge Subsequent visit - 80% of charge
Chinese medicine	2	Combined limit - see Acupuncture	Initial visit - \$30.00 Subsequent visit - \$30.00
Dietetics/dietary advice	2	Combined limit - see Audiology	Initial visit - 80% of charge Subsequent visit - 80% of charge
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - 80% of charge Subsequent visit - 80% of charge
Eye therapy (orthoptics)	2	Combined limit - see Audiology	Initial visit - 80% of charge Subsequent visit - 80% of charge
Health management / Healthy lifestyle	6	\$400 per policy	Health management - 80% of charge
Occupational therapy	2	Combined limit - see Audiology	Initial visit - 80% of charge 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 Subsequent visit - 80% of charge
Speech therapy	2	Combined limit - see Audiology	Initial visit - 80% of charge Subsequent visit - 80% of charge
Vaccinations*	0	\$150 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 **✗ does not include** General treatment (Extras) cover for

✗ 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 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.