

## Private Health Information Statement - Combined policy

### LifeChoice (Gold)

#### Australian Unity Health Limited

<http://www.australianunity.com.au>  
[healthcover@australianunity.com.au](mailto:healthcover@australianunity.com.au)  
13 29 39

#### Monthly Premium

**\$473.85 #**

(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](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

Excess applies once per person admitted into hospital per calendar year and is waived if the admission is for a dependant. Additional Benefits of the cover include: 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 *: 1,2) & 3) No waiting period for preventative dental and selected diagnostic services. A full denture replacement is limited to once every three years (12 month waiting period). Surgical Extraction of Teeth has a 12 month waiting period. Treatment of gum disease included under Endodontic limit (with 12-month waiting period). 4) Chiropractic also includes 1 chiropractic x-ray per person per calendar year , 80% cost. 5&6) Policy limits are shared between all people on the membership. No one person can claim more than the per person limit 6) 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<br>Scale & clean - 100% of charge<br>Fluoride treatment - 100% of charge<br>Surgical tooth extraction - 75% of charge |
| Major dental*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 12                      | \$1,200 per policy (Sub-limits apply)                                                                                         | Full crown veneered - 80% of charge                                                                                                                             |
| Endodontic*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 12                      | \$500 per policy (combined limit for endodontic & other services)                                                             | Filling of one root canal - 80% of charge                                                                                                                       |
| Orthodontic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 12                      | \$500 per policy<br>\$2,800 lifetime limit                                                                                    | Braces for upper & lower teeth, including removal plus fitting of retainer - 80% of charge                                                                      |
| Optical                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6                       | \$250 per policy                                                                                                              | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge                                                                  |
| Non PBS pharmaceuticals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2                       | \$500 per policy                                                                                                              | Per eligible prescription - 80% of charge                                                                                                                       |
| Physiotherapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2                       | \$600 per policy (combined limit for physiotherapy, chiropractic, podiatry, exercise physiology, osteopathy & other services) | 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                                                                                               |

|                                                                                                                                                                                                                                                                                                                                                                                            |   |                                                                         |                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------------------------------------------------------------------|-------------------------------------------------------------------|
| Acupuncture                                                                                                                                                                                                                                                                                                                                                                                | 2 | \$500 per policy<br>(combined limit for acupuncture & remedial massage) | Initial visit - \$30.00<br>Subsequent visit - \$30.00             |
| Remedial massage                                                                                                                                                                                                                                                                                                                                                                           | 2 |                                                                         | Initial visit - \$30.00<br>Subsequent visit - \$30.00             |
| Exercise physiology                                                                                                                                                                                                                                                                                                                                                                        | 2 | Combined limit - see Physiotherapy                                      | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Health management / Healthy lifestyle*                                                                                                                                                                                                                                                                                                                                                     | 6 | \$200 per policy                                                        | Health management - 80% of charge                                 |
| Osteopathy                                                                                                                                                                                                                                                                                                                                                                                 | 2 | Combined limit - see Physiotherapy                                      | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Vaccinations*                                                                                                                                                                                                                                                                                                                                                                              | 0 | \$150 per policy                                                        | Per service - 100% of charge                                      |
| Annual limits apply per calendar year. Myotherapy, 80% of the consultation fee, \$600 per person, (Combined limit - see Physiotherapy) 2 month waiting period. Sickness Travel & Accommodation, 80% of the cost, \$200 for travel, \$420 for accommodation per membership, 2 month waiting period. 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 | ✗ Psychology                                 |
| ✗ Hearing aids           | ✗ 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.