

Private Health Information Statement - Hospital policy

| Corporate Select Silver Plus                                                                                                                                                                                                          |                                                                                                   |                                                                                                                                   |
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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>\$437.60<sup>#</sup></b><br>(before any rebate, loading or discount) | <b>Covers two adults &amp; dependants</b><br><b>(3 or more people, only 2 of whom are adults)</b><br><b>Available in Tasmania</b> |

# 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 and other dependants up to and including the age of 22, students up to and including the age of 30, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.

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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

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

This policy ✗ does not include cover for

|                                  |                      |                       |
|----------------------------------|----------------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Insulin pumps      | ✗ Pregnancy and birth |
| ✗ Cataracts                      | ✗ Joint replacements | ✗ Weight loss surgery |

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 \$500 per person and \$1000 per policy per year.

Excess payments do not apply to hospital admissions for dependants.

**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

Excess is waived if the admission is for a dependant. 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 include: Hospital Substitution Programs, Travel and Accommodation, 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.

#### 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.