

Private Health Information Statement - Hospital policy

| Corporate Priority 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>\$951.30<sup>#</sup></b><br>(before any rebate, loading or discount) | Covers one adult & dependants, including non-student dependants (2 or more people, only one of whom is an adult)<br><b>Available in Queensland</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, 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>
-  **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:** You will have to pay an excess on admission. This is limited to a maximum of \$750 per person and \$1500 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
- 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 adult admitted to hospital per calendar year and is waived if the admission is for a dependant. Additional Benefits of the cover include: Midwife in Private Practice Services, Hospital Substitution Programs, Travel and 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.

## Ambulance cover

Ambulance cover is provided by the State government for Queensland residents (<https://www.ambulance.qld.gov.au/>). This includes cover whilst interstate.

## 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.