

Private Health Information Statement - General treatment policy

Corporate Vital Extras		
Australian Unity Health Limited http://www.australianunity.com.au healthcover@australianunity.com.au 13 29 39	Monthly Premium \$247.30 # (before any rebate or insurer discount)	Covers two adults & dependants, including non-student dependants (3 or more people, only 2 of whom are adults) Available in Tasmania

You may be entitled to an Australian Government rebate on the above premium. Your premium may also include 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.

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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. Treatments claimed as No Gap Dental benefits (where available) do not count to the yearly limit. 2) Full denture replacement limited to once every three years. 3) Gum disease treatment included under Endodontics (12 month waiting period). 4) 70% for chiropractic x-ray, limit one per person per calendar year. 5) Orthotic benefits are for supply only. 6) Travel vaccinations only.</i>			
Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental*	2	\$700 per person	Periodic oral examination - 70% of charge Scale & clean - 70% of charge Fluoride treatment - 70% of charge
Major dental*	12	\$700 per person (combined limit for major dental & endodontic)	Surgical tooth extraction - 70% of charge Full crown veneered - 70% of charge
Endodontic*	12		Filling of one root canal - 70% of charge
Orthodontic	12	\$700 per person \$2,400 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge
Optical	6	\$270 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals	2	\$500 per person (combined limit for non pbs pharmaceuticals, psychology, audiology, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, speech therapy & vaccinations)	Per eligible prescription - 70% of charge
Physiotherapy	2	\$600 per person (combined limit for physiotherapy, chiropractic, exercise physiology & osteopathy)	Initial visit - 70% of charge Subsequent visit - 70% of charge
Chiropractic*	2		Initial visit - 70% of charge Subsequent visit - 70% of charge
Podiatry	2	\$250 per person (combined limit for podiatry, acupuncture, remedial massage & orthotics (podiatric orthoses))	Initial visit - 70% of charge Subsequent visit - 70% of charge
Psychology	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 70% of charge Subsequent visit - 70% of charge
Acupuncture	2	Combined limit - see Podiatry	Initial visit - 70% of charge Subsequent visit - 70% of charge

Remedial massage	2	Combined limit - see Podiatry	Initial visit - 70% of charge Subsequent visit - 70% of charge
Audiology	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 70% of charge Subsequent visit - 70% of charge
Dietetics/dietary advice	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 70% of charge Subsequent visit - 70% of charge
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - 70% of charge Subsequent visit - 70% of charge
Eye therapy (orthoptics)	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 70% of charge Subsequent visit - 70% of charge
Health management / Healthy lifestyle	6	\$200 per person	Health management - 70% of charge
Occupational therapy	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - \$70.00 Subsequent visit - \$70.00
Orthotics (podiatric orthoses)*	12	Combined limit - see Podiatry	Orthotics supply & fit - 70% of charge
Osteopathy	2	Combined limit - see Physiotherapy	Initial visit - 70% of charge Subsequent visit - 70% of charge
Speech therapy	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - 70% of charge Subsequent visit - 70% of charge
Vaccinations*	0	Combined limit - see Non PBS pharmaceuticals	Per service - 70% of charge

Annual benefit limits apply per calendar year. Myotherapy - 70% of the consultation fee, maximum \$250 per person (combined limit - see Podiatry), 2 month waiting period. Braces, Splints and Garments - up to 70% of the cost, maximum \$250 per person (combined limit - see Podiatry), 12 month waiting period. There are Preventative Health Services available on this cover. 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

✗ Hearing aids

✗ Other treatments - check with your insurer

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.

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.