

Private Health Information Statement - General treatment policy

Corporate Vital Extras

Australian Unity Health Limited

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13 29 39

Monthly Premium

\$218.10<sup>#</sup>

(before any rebate or insurer discount)

Covers 2 adults (and no-one else)

Available in Victoria

# 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.

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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

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.

| 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<br>Scale & clean - 70% of charge<br>Fluoride treatment - 70% of charge |
| Major dental*           | 12                      | \$700 per person<br>(combined limit for major dental & endodontic)                                                                                                                               | Surgical tooth extraction - 70% of charge<br>Full crown veneered - 70% of charge                                 |
| Endodontic*             | 12                      |                                                                                                                                                                                                  | Filling of one root canal - 70% of charge                                                                        |
| Orthodontic             | 12                      | \$700 per person<br>\$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<br>Multi-focal lenses & frames - 100% of charge                   |
| Non PBS pharmaceuticals | 2                       | \$500 per person<br>(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<br>(combined limit for physiotherapy, chiropractic, exercise physiology & osteopathy)                                                                                           | Initial visit - 70% of charge<br>Subsequent visit - 70% of charge                                                |
| Chiropractic*           | 2                       |                                                                                                                                                                                                  | Initial visit - 70% of charge<br>Subsequent visit - 70% of charge                                                |
| Podiatry                | 2                       | \$250 per person<br>(combined limit for podiatry, acupuncture, remedial massage & orthotics (podiatric orthoses))                                                                                | Initial visit - 70% of charge<br>Subsequent visit - 70% of charge                                                |
| Psychology              | 2                       | Combined limit - see Non PBS pharmaceuticals                                                                                                                                                     | Initial visit - 70% of charge<br>Subsequent visit - 70% of charge                                                |
| Acupuncture             | 2                       | Combined limit - see Podiatry                                                                                                                                                                    | Initial visit - 70% of charge<br>Subsequent visit - 70% of charge                                                |
| Remedial massage        | 2                       | Combined limit - see Podiatry                                                                                                                                                                    | Initial visit - 70% of charge<br>Subsequent visit - 70% of charge                                                |

|                                       |    |                                              |                                                                   |
|---------------------------------------|----|----------------------------------------------|-------------------------------------------------------------------|
| Audiology                             | 2  | Combined limit - see Non PBS pharmaceuticals | Initial visit - 70% of charge<br>Subsequent visit - 70% of charge |
| Dietetics/dietary advice              | 2  | Combined limit - see Non PBS pharmaceuticals | Initial visit - 70% of charge<br>Subsequent visit - 70% of charge |
| Exercise physiology                   | 2  | Combined limit - see Physiotherapy           | Initial visit - 70% of charge<br>Subsequent visit - 70% of charge |
| Eye therapy (orthoptics)              | 2  | Combined limit - see Non PBS pharmaceuticals | Initial visit - 70% of charge<br>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<br>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<br>Subsequent visit - 70% of charge |
| Speech therapy                        | 2  | Combined limit - see Non PBS pharmaceuticals | Initial visit - 70% of charge<br>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

|                                 |                       |                                                     |
|---------------------------------|-----------------------|-----------------------------------------------------|
| <b>✗</b> Blood glucose monitors | <b>✗</b> Hearing aids | <b>✗</b> Other treatments - check with your insurer |
|---------------------------------|-----------------------|-----------------------------------------------------|

## Ambulance cover

In Victoria 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.