Private Health Information Statement - Hospital policy

Union Health Silver+ Family Hospital $400 excess

Union Health	*Monthly Premium*	Covers only one person
https://unionhealth.com.au enquiries@unionhealth.com.au 1300 661 283 Underwritten by TUH, part of the Teachers Health Group	*$302.19 #* (before any rebate, loading or discount)	Available in Tasmania

You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading, an age-based discount or an insurer discount. Check with your insurer for details.

Membership of this insurer is restricted to current or former union members and their families.

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides accident cover - check with your insurer for details.

This policy does not provide benefits for travel or accommodation (outside of hospital).

✓ **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.

X **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)	✓ Implantation of hearing devices	✓ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Insulin pumps	✓ Pregnancy and birth
✓ Dental surgery	✓ Joint reconstructions	✓ Rehabilitation
✓ Diabetes management (excluding insulin pumps)	✓ Joint replacements	✓ Skin
✓ Dialysis for chronic kidney failure	✓ Kidney and bladder	✓ Sleep studies
✓ Digestive system	✓ Lung and chest	✓ Tonsils, adenoids and grommets
✓ Ear, nose and throat	✓ Male reproductive system	R Hospital psychiatric services

This policy X **does not include** cover for

X Cataracts	X 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 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 $400 per person per year.

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
- 9 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

Value-added services: home care after hospital, chronic disease management programs, hospital substitute programs (conditions apply). **Accident cover for included service categories only. An excess is applied once per adult per calendar year. The hospital excess is waived for dependants. Reducing your excess is considered to be upgrading your membership. We will charge your previous excess within the first two months of the upgrade, including for adults who are upgrading their level of cover by joining/re-joining as a dependant on a family membership.

For further information about this policy see

http://unionhealth.com.au

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

Tasmanian residents are covered under the State scheme within Tasmania & all States & Territories except SA & Qld. Tasmanian residents who have COMBINED HOSPITAL AND EXTRAS COVER are entitled to full cover for emergency road ambulance services required whilst travelling in Qld or SA only. No annual limit will apply to emergency road ambulance services. This benefit is not available for stand-alone extras cover. Benefits may be payable for state-owned air ambulance transportation services where charges are not payable under the State scheme ($6,000 per person per annum limit applies).

For further information about this policy see

https://unionhealth.com.au/information/glossary/ambulance

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.