

**Australian Unity Health Limited**  
**Mid Extras (MIE)****\$124.80 / month**  
(Before Rebate, Discount & Loading)  
Available in SA

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:** One adult & dependants, including non-student dependants (2 or more people, only one of whom is an adult).

Children (0 - 17), non-classified\* dependant (18 - 22), students (23 - 30) and non-students (23 to 30), as well as persons with a disability who qualify as a child, non-classified\* dependant, student and non-student in these age ranges.

\*Non-classified dependant: A period during which we cover single dependants regardless of student status.

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.

**Policy ID: AUF/I36/SGDG1Y****Source:** Private Health Information Statement (PHIS)

## Extras Cover

**This policy includes General treatment (Extras) cover for**

Note, for treatments marked with \* : 1)No waiting period for preventative dental and selected diagnostic services. Treatments claimed as No Gap Dental benefits (where available) do not apply to the yearly limit. 2)Full denture replacement limited to once every three years. 3)Gum disease treatment included under Endodontic (12 month waiting period). 4)\$35 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                                                                                                                     |
|-------------------------------------|----|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                       | 2  | <b>\$200 per person</b><br>combined limit for acupuncture, remedial massage & other services | <ul style="list-style-type: none"><li>Initial visit: \$35</li><li>Subsequent visit: \$35</li></ul>                                               |
| ✓ Chiropractic*                     | 2  | <b>\$150 per person</b><br>combined limit for chiropractic & osteopathy                      | <ul style="list-style-type: none"><li>Initial visit: \$35</li><li>Subsequent visit: \$35</li></ul>                                               |
| ✓ Endodontic*                       | 12 | <b>\$500 per person</b><br>combined limit for endodontic & major dental                      | <ul style="list-style-type: none"><li>Filling of one root canal: \$166</li></ul>                                                                 |
| ✓ Exercise physiology               | 2  | <b>\$300 per person</b><br>combined limit for exercise physiology & physiotherapy            | <ul style="list-style-type: none"><li>Initial visit: \$50</li><li>Subsequent visit: \$50</li></ul>                                               |
| ✓ General dental*                   | 2  | <b>\$500 per person</b>                                                                      | <ul style="list-style-type: none"><li>Fluoride treatment: \$22</li><li>Scale &amp; clean: \$71</li><li>Periodic oral examination: \$35</li></ul> |
| ✓ Major dental*                     | 12 | <b>\$500 per person</b><br>combined limit for endodontic & major dental                      | <ul style="list-style-type: none"><li>Surgical tooth extraction: \$183</li><li>Full crown veneered: \$482</li></ul>                              |

|                                          |    |                                                                                                         |                                                                                                                                                              |
|------------------------------------------|----|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ <b>Optical</b>                         | 6  | <b>\$200 per person</b>                                                                                 | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: 100% of charge</li> <li>Single vision lenses &amp; frames: 100% of charge</li> </ul> |
| ✓ <b>Orthotics (podiatric orthoses)*</b> | 12 | <b>\$200 per person</b><br>combined limit for orthotics (podiatric orthoses), podiatry & other services | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 60% of charge</li> </ul>                                                                  |
| ✓ <b>Osteopathy</b>                      | 2  | <b>\$150 per person</b><br>combined limit for chiropractic & osteopathy                                 | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$35</li> </ul>                                                        |
| ✓ <b>Physiotherapy</b>                   | 2  | <b>\$300 per person</b><br>combined limit for exercise physiology & physiotherapy                       | <ul style="list-style-type: none"> <li>Initial visit: \$50</li> <li>Subsequent visit: \$50</li> </ul>                                                        |
| ✓ <b>Podiatry</b>                        | 2  | <b>\$200 per person</b><br>combined limit for orthotics (podiatric orthoses), podiatry & other services | <ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$30</li> </ul>                                                        |
| ✓ <b>Psychology</b>                      | 2  | <b>\$200 per person</b>                                                                                 | <ul style="list-style-type: none"> <li>Initial visit: \$70</li> <li>Subsequent visit: \$70</li> </ul>                                                        |
| ✓ <b>Remedial massage</b>                | 2  | <b>\$200 per person</b><br>combined limit for acupuncture, remedial massage & other services            | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$35</li> </ul>                                                        |
| ✓ <b>Vaccinations*</b>                   | 0  | <b>\$200 per person</b>                                                                                 | <ul style="list-style-type: none"> <li>Per service: \$50</li> </ul>                                                                                          |

Annual benefit limits apply per calendar year. Myotherapy - \$35 per consultation, maximum \$200 per person (combined limit - see Acupuncture), 2 month waiting period. Braces, splints and garments - up to 60% of the cost, maximum \$200 per person (combined limit - see Podiatry), 12 month waiting period. There are Preventative Health Services available on this cover, waiting periods may apply. Please refer to the product Fact Sheet or contact Australian Unity for further details.

**This policy does not include General treatment (Extras) cover for**

- |                                 |                                         |                           |
|---------------------------------|-----------------------------------------|---------------------------|
| ✗ Ante-natal/Post-natal classes | ✗ Eye therapy (orthoptics)              | ✗ Non PBS pharmaceuticals |
| ✗ Audiology                     | ✗ Health management / Healthy lifestyle | ✗ Occupational therapy    |
| ✗ Blood glucose monitors        | ✗ Hearing aids                          | ✗ Orthodontic             |
| ✗ Chinese medicine              | ✗ Home nursing                          | ✗ Speech therapy          |
| ✗ Dietetics/dietary advice      |                                         |                           |

## Ambulance cover

In SA 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.

## Insurer Details



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Call now 13 29 39  
Sponsor link

### Australian Unity Health Limited

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 13 29 39

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