

**Australian Unity Health Limited**  
**Focus Extras (FCE)****\$128.10 / month**  
(Before Rebate, Discount & Loading)  
Available in QLD

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/I40/QHxD1Y****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 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) 60% of the chiropractic x-ray fee, limit one per person per calendar year. 5) 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                                     | <ul style="list-style-type: none"><li>Initial visit: 60% of charge</li><li>Subsequent visit: 60% of charge</li></ul>                                                        |
| ✓ Chiropractic*                     | 2  | <b>\$250 per person</b><br>combined limit for chiropractic & osteopathy                                          | <ul style="list-style-type: none"><li>Initial visit: 60% of charge</li><li>Subsequent visit: 60% of charge</li></ul>                                                        |
| ✓ Dietetics/dietary advice          | 2  | <b>\$200 per person</b>                                                                                          | <ul style="list-style-type: none"><li>Initial visit: 60% of charge</li><li>Subsequent visit: 60% of charge</li></ul>                                                        |
| ✓ Endodontic*                       | 12 | <b>\$700 per person up to \$1,400 per policy</b><br>combined limit for endodontic, general dental & major dental | <ul style="list-style-type: none"><li>Filling of one root canal: 60% of charge</li></ul>                                                                                    |
| ✓ Exercise physiology               | 2  | <b>\$400 per person</b><br>combined limit for exercise physiology & physiotherapy                                | <ul style="list-style-type: none"><li>Initial visit: 60% of charge</li><li>Subsequent visit: 60% of charge</li></ul>                                                        |
| ✓ General dental*                   | 2  | <b>\$700 per person up to \$1,400 per policy</b><br>combined limit for endodontic, general dental & major dental | <ul style="list-style-type: none"><li>Fluoride treatment: 60% of charge</li><li>Scale &amp; clean: 60% of charge</li><li>Periodic oral examination: 60% of charge</li></ul> |

|                           |    |                                                                                                                  |                                                                                                                                                               |
|---------------------------|----|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ <b>Major dental*</b>    | 12 | <b>\$700 per person up to \$1,400 per policy</b><br>combined limit for endodontic, general dental & major dental | <ul style="list-style-type: none"><li>• Surgical tooth extraction: 60% of charge</li><li>• Full crown veneered: 60% of charge</li></ul>                       |
| ✓ <b>Optical</b>          | 6  | <b>\$200 per person up to \$400 per policy</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>Osteopathy</b>       | 2  | <b>\$250 per person</b><br>combined limit for chiropractic & osteopathy                                          | <ul style="list-style-type: none"><li>• Initial visit: 60% of charge</li><li>• Subsequent visit: 60% of charge</li></ul>                                      |
| ✓ <b>Physiotherapy</b>    | 2  | <b>\$400 per person</b><br>combined limit for exercise physiology & physiotherapy                                | <ul style="list-style-type: none"><li>• Initial visit: 60% of charge</li><li>• Subsequent visit: 60% of charge</li></ul>                                      |
| ✓ <b>Psychology</b>       | 2  | <b>\$200 per person</b>                                                                                          | <ul style="list-style-type: none"><li>• Initial visit: 60% of charge</li><li>• Subsequent visit: 60% of charge</li></ul>                                      |
| ✓ <b>Remedial massage</b> | 2  | <b>\$200 per person</b><br>combined limit for acupuncture & remedial massage                                     | <ul style="list-style-type: none"><li>• Initial visit: 60% of charge</li><li>• Subsequent visit: 60% of charge</li></ul>                                      |
| ✓ <b>Vaccinations*</b>    | 0  | <b>\$150 per person</b>                                                                                          | <ul style="list-style-type: none"><li>• Per service: 60% of charge</li></ul>                                                                                  |

Annual benefit limits apply per calendar year. Myotherapy - 60% of the consultation, maximum \$200 per person (combined limit - see Acupuncture), 2 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 | ✗ Health management / Healthy lifestyle | ✗ Occupational therapy           |
| ✗ Audiology                     | ✗ Hearing aids                          | ✗ Orthodontic                    |
| ✗ Blood glucose monitors        | ✗ Home nursing                          | ✗ Orthotics (podiatric orthoses) |
| ✗ Chinese medicine              | ✗ Non PBS pharmaceuticals               | ✗ Podiatry                       |
| ✗ Eye therapy (orthoptics)      |                                         | ✗ Speech therapy                 |

## 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

## Insurer Details



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Call now  **13 29 39**  
Sponsor link

**Australian Unity Health Limited**

 <http://www.australianunity.com.au>

 [healthcover@australianunity.com.au](mailto:healthcover@australianunity.com.au)

 **13 29 39**

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Private Health Information Statement is available from the Private Health Insurance Ombudsman website at <https://privatehealth.gov.au/dynamic/Premium/PHIS/AUF/I40/QHxD1Y>