

**Australian Unity Health Limited**  
**Freedom Extras (FRE)****\$77.60 / month**  
(Before Rebate, Discount & Loading)  
Available in TAS

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:** Only one person.

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/I41/THYX10

**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) \$40 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                                                                       |
|-------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                       | 2  | <b>\$300 per policy</b><br>combined limit for acupuncture & remedial massage                                             | <ul style="list-style-type: none"><li>Initial visit: \$40</li><li>Subsequent visit: \$40</li></ul> |
| ✓ Audiology                         | 2  | <b>\$300 per policy</b><br>combined limit for audiology, eye therapy (orthoptics), occupational therapy & speech therapy | <ul style="list-style-type: none"><li>Initial visit: \$70</li><li>Subsequent visit: \$70</li></ul> |
| ✓ Chiropractic*                     | 2  | <b>\$350 per policy</b><br>combined limit for chiropractic & osteopathy                                                  | <ul style="list-style-type: none"><li>Initial visit: \$40</li><li>Subsequent visit: \$40</li></ul> |
| ✓ Dietetics/dietary advice          | 2  | <b>\$400 per policy</b>                                                                                                  | <ul style="list-style-type: none"><li>Initial visit: \$40</li><li>Subsequent visit: \$40</li></ul> |
| ✓ Endodontic*                       | 12 | <b>\$800 per policy</b><br>combined limit for endodontic & major dental                                                  | <ul style="list-style-type: none"><li>Filling of one root canal: \$199</li></ul>                   |
| ✓ Exercise physiology               | 2  | <b>\$500 per policy</b><br>combined limit for exercise physiology & physiotherapy                                        | <ul style="list-style-type: none"><li>Initial visit: \$60</li><li>Subsequent visit: \$60</li></ul> |
| ✓ Eye therapy (orthoptics)          | 2  | <b>\$300 per policy</b><br>combined limit for audiology, eye therapy (orthoptics), occupational therapy & speech therapy | <ul style="list-style-type: none"><li>Initial visit: \$70</li><li>Subsequent visit: \$70</li></ul> |

|                                          |    |                                                                                                                          |                                                                                                                                                              |
|------------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ <b>General dental*</b>                 | 2  | <b>\$800 per policy</b>                                                                                                  | <ul style="list-style-type: none"> <li>Fluoride treatment: \$25</li> <li>Scale &amp; clean: \$83</li> <li>Periodic oral examination: \$41</li> </ul>         |
| ✓ <b>Major dental*</b>                   | 12 | <b>\$800 per policy</b><br>combined limit for endodontic & major dental                                                  | <ul style="list-style-type: none"> <li>Surgical tooth extraction: \$213</li> <li>Full crown veneered: \$643</li> </ul>                                       |
| ✓ <b>Non PBS pharmaceuticals</b>         | 2  | <b>\$400 per policy</b>                                                                                                  | <ul style="list-style-type: none"> <li>Per eligible prescription: \$60</li> </ul>                                                                            |
| ✓ <b>Occupational therapy</b>            | 2  | <b>\$300 per policy</b><br>combined limit for audiology, eye therapy (orthoptics), occupational therapy & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: \$70</li> <li>Subsequent visit: \$70</li> </ul>                                                        |
| ✓ <b>Optical</b>                         | 6  | <b>\$250 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>Orthodontic</b>                     | 12 | <b>\$700 per policy</b><br>\$2,400 lifetime limit                                                                        | <ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: 100% of charge</li> </ul>             |
| ✓ <b>Orthotics (podiatric orthoses)*</b> | 12 | <b>\$300 per policy</b><br>combined limit for orthotics (podiatric orthoses) & podiatry                                  | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 70% of charge</li> </ul>                                                                  |
| ✓ <b>Osteopathy</b>                      | 2  | <b>\$350 per policy</b><br>combined limit for chiropractic & osteopathy                                                  | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>                                                        |
| ✓ <b>Physiotherapy</b>                   | 2  | <b>\$500 per policy</b><br>combined limit for exercise physiology & physiotherapy                                        | <ul style="list-style-type: none"> <li>Initial visit: \$60</li> <li>Subsequent visit: \$60</li> </ul>                                                        |
| ✓ <b>Podiatry</b>                        | 2  | <b>\$300 per policy</b><br>combined limit for orthotics (podiatric orthoses) & podiatry                                  | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>                                                        |
| ✓ <b>Psychology</b>                      | 2  | <b>\$400 per policy</b>                                                                                                  | <ul style="list-style-type: none"> <li>Initial visit: \$80</li> <li>Subsequent visit: \$80</li> </ul>                                                        |
| ✓ <b>Remedial massage</b>                | 2  | <b>\$300 per policy</b><br>combined limit for acupuncture & remedial massage                                             | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>                                                        |
| ✓ <b>Speech therapy</b>                  | 2  | <b>\$300 per policy</b><br>combined limit for audiology, eye therapy (orthoptics), occupational therapy & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: \$70</li> <li>Subsequent visit: \$70</li> </ul>                                                        |
| ✓ <b>Vaccinations*</b>                   | 0  | <b>\$200 per policy</b>                                                                                                  | <ul style="list-style-type: none"> <li>Per service: 70% of charge</li> </ul>                                                                                 |

Annual benefit limits apply per calendar year. Myotherapy - \$40 per consultation, maximum \$300 per person (combined limit - see Acupuncture), 2 month waiting period. Braces, Splints and Garments - up to 70% of the cost, maximum \$300 per person (combined limit - see Podiatry), 12 month waiting period. There are Preventative Health Services available on this cover, waiting periods may apply. Sickness Travel & Accommodation, 70% of the cost, \$100 for travel and \$100 for accommodation per membership, 2 month waiting period, and School Accident Top-Up benefit \$150 per Dependant Child. 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 | ✗ Chinese medicine                      | ✗ Hearing aids |
| ✗ Blood glucose monitors        | ✗ Health management / Healthy lifestyle | ✗ Home nursing |

## 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](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

## 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/I41/THYX10>