

**Australian Unity Health Limited**  
**Top Extras (TPE)****\$254.65 / month**  
(Before Rebate, Discount & Loading)  
Available in WA

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:** Two adults & dependants (3 or more people, only 2 of whom are adults).

Children (0 - 17), non-classified\* dependant (18 - 22) and students (23 - 30), as well as persons with a disability who qualify as a child, non-classified\* dependant and 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/I42/WIBE2D

**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 yearly limit 2) Full denture replacement limited to once every-three-years. 3) Surgical teeth extractions and gum-disease treatment included under Endodontics (12 month waiting period). 4) \$50 chiropractic x-ray, limit one per-person per-calendar-year. 5) Benefit for each Hearing-Aid is payable every 3-calendar years (does not apply to repairs) 2-month waiting period for repairs 6) Benefits for Blood glucose monitors payable once every 2 calendar years. 7) Orthotic benefits are for supply only. 8) Travel vaccinations only

| Treatment & waiting period (months) |    | Benefit limits per 12 months unless otherwise stated                                                                     | Examples of maximum benefits                                                                       |
|-------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                       | 2  | <b>\$400 per person</b><br>combined limit for acupuncture & remedial massage                                             | <ul style="list-style-type: none"><li>Initial visit: \$50</li><li>Subsequent visit: \$50</li></ul> |
| ✓ Audiology                         | 2  | <b>\$400 per person</b><br>combined limit for audiology, eye therapy (orthoptics), occupational therapy & speech therapy | <ul style="list-style-type: none"><li>Initial visit: \$80</li><li>Subsequent visit: \$80</li></ul> |
| ✓ Blood glucose monitors*           | 12 | <b>\$500 per person</b>                                                                                                  | <ul style="list-style-type: none"><li>Per monitor: 80% of charge</li></ul>                         |
| ✓ Chiropractic*                     | 2  | <b>\$400 per person</b><br>combined limit for chiropractic & osteopathy                                                  | <ul style="list-style-type: none"><li>Initial visit: \$50</li><li>Subsequent visit: \$50</li></ul> |
| ✓ Dietetics/dietary advice          | 2  | <b>\$500 per person</b>                                                                                                  | <ul style="list-style-type: none"><li>Initial visit: \$50</li><li>Subsequent visit: \$50</li></ul> |
| ✓ Endodontic*                       | 12 | <b>\$1,000 per person up to \$2,000 per policy</b><br>combined limit for endodontic & major dental                       | <ul style="list-style-type: none"><li>Filling of one root canal: \$232</li></ul>                   |

|                                          |    |                                                                                                                          |                                                                                                                                                              |
|------------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ <b>Exercise physiology</b>             | 2  | <b>\$600 per person</b><br>combined limit for exercise physiology & physiotherapy                                        | <ul style="list-style-type: none"> <li>Initial visit: \$70</li> <li>Subsequent visit: \$70</li> </ul>                                                        |
| ✓ <b>Eye therapy (orthoptics)</b>        | 2  | <b>\$400 per person</b><br>combined limit for audiology, eye therapy (orthoptics), occupational therapy & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: \$80</li> <li>Subsequent visit: \$80</li> </ul>                                                        |
| ✓ <b>General dental*</b>                 | 2  | <b>\$1,000 per person up to \$2,000 per policy</b>                                                                       | <ul style="list-style-type: none"> <li>Fluoride treatment: \$29</li> <li>Scale &amp; clean: \$95</li> <li>Periodic oral examination: \$47</li> </ul>         |
| ✓ <b>Hearing aids*</b>                   | 12 | <b>\$1,000 per person</b>                                                                                                | <ul style="list-style-type: none"> <li>Hearing aid: 80% of charge</li> </ul>                                                                                 |
| ✓ <b>Major dental*</b>                   | 12 | <b>\$1,000 per person up to \$2,000 per policy</b><br>combined limit for endodontic & major dental                       | <ul style="list-style-type: none"> <li>Surgical tooth extraction: \$244</li> <li>Full crown veneered: \$804</li> </ul>                                       |
| ✓ <b>Non PBS pharmaceuticals</b>         | 2  | <b>\$500 per person</b>                                                                                                  | <ul style="list-style-type: none"> <li>Per eligible prescription: \$50</li> </ul>                                                                            |
| ✓ <b>Occupational therapy</b>            | 2  | <b>\$400 per person</b><br>combined limit for audiology, eye therapy (orthoptics), occupational therapy & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: \$80</li> <li>Subsequent visit: \$80</li> </ul>                                                        |
| ✓ <b>Optical</b>                         | 6  | <b>\$300 per person up to \$600 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>\$800 per person</b><br>\$3,200 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>\$400 per person</b><br>combined limit for orthotics (podiatric orthoses) & podiatry                                  | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 80% of charge</li> </ul>                                                                  |
| ✓ <b>Osteopathy</b>                      | 2  | <b>\$400 per person</b><br>combined limit for chiropractic & osteopathy                                                  | <ul style="list-style-type: none"> <li>Initial visit: \$50</li> <li>Subsequent visit: \$50</li> </ul>                                                        |
| ✓ <b>Physiotherapy</b>                   | 2  | <b>\$600 per person</b><br>combined limit for exercise physiology & physiotherapy                                        | <ul style="list-style-type: none"> <li>Initial visit: \$70</li> <li>Subsequent visit: \$70</li> </ul>                                                        |
| ✓ <b>Podiatry</b>                        | 2  | <b>\$400 per person</b><br>combined limit for orthotics (podiatric orthoses) & podiatry                                  | <ul style="list-style-type: none"> <li>Initial visit: \$50</li> <li>Subsequent visit: \$50</li> </ul>                                                        |
| ✓ <b>Psychology</b>                      | 2  | <b>\$600 per person</b>                                                                                                  | <ul style="list-style-type: none"> <li>Initial visit: \$100</li> <li>Subsequent visit: \$100</li> </ul>                                                      |
| ✓ <b>Remedial massage</b>                | 2  | <b>\$400 per person</b><br>combined limit for acupuncture & remedial massage                                             | <ul style="list-style-type: none"> <li>Initial visit: \$50</li> <li>Subsequent visit: \$50</li> </ul>                                                        |
| ✓ <b>Speech therapy</b>                  | 2  | <b>\$400 per person</b><br>combined limit for audiology, eye therapy (orthoptics), occupational therapy & speech therapy | <ul style="list-style-type: none"> <li>Initial visit: \$80</li> <li>Subsequent visit: \$80</li> </ul>                                                        |
| ✓ <b>Vaccinations*</b>                   | 0  | <b>\$50 per person</b>                                                                                                   | <ul style="list-style-type: none"> <li>Per service: \$250</li> </ul>                                                                                         |

Annual benefit limits apply per calendar year. Myotherapy - \$50 per consultation, maximum \$400 per person (combined limit - see Acupuncture), 2 month waiting period. Braces, Splints and Garments - up to 80% of the cost, maximum \$400 per person (combined limit - see Podiatry), 12 month waiting period. Devices and aids: Asthma pumps, Peak flow meters, Blood pressure monitors, Tens machines, CPAP/BPAP devices, Non-surgical prosthesis - up to 80% of cost, maximum \$500 per person (combined limit - see Blood glucose monitors), 12 month waiting period. Benefit for each item is payable every 2 calendar years (does not apply to wigs). Wheelchairs and crutches - up to 80% of cost, maximum \$500 per person (combined limit - see Blood glucose monitors), 2 months waiting period. Sickness Travel & Accommodation, 80% of the cost, \$150 for travel and \$150 for accommodation per membership, 2 month waiting period and School Accident Top-Up benefit: \$200 per Child Dependant. 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 | ✗ Home nursing |
| ✗ Chinese medicine              |                                         |                |

## Ambulance cover

In WA 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

**Australian Unity Health Limited**  
Top Extras (TPE)**\$254.65 / month**  
(Before Rebate, Discount & Loading)  
Available in WACall 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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