

**Australian Unity Health Limited**  
**Smart Combination (Silver Plus)****\$822.75 / month**

(Before Rebate, Discount &amp; Loading)

Available in NSW &amp; ACT

You may be entitled to an Australian Government Rebate on the above premium. Your premium may also include a Lifetime Health Cover Loading or an insurer discount. Check with your insurer for details.

**This policy covers:** Two adults & dependants, including non-student dependants (3 or more people, only 2 of whom are adults).

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.

- This policy exempts you from the Medicare Levy Surcharge.
- This policy does not provide accident cover.
- This policy does not provide benefits for travel or accommodation outside of hospital.

**Policy ID: AUF/J1/NGGO2Y****Source: Private Health Information Statement (PHIS)**

## Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

**This policy includes cover for**

- |                                                           |                                   |                                                                  |
|-----------------------------------------------------------|-----------------------------------|------------------------------------------------------------------|
| ✓ Back, neck and spine                                    | ✓ Eye (not cataracts)             | ✓ Miscarriage and termination of pregnancy                       |
| ✓ Blood                                                   | ✓ Gastrointestinal endoscopy      | ✓ Pain management                                                |
| ✓ Bone, joint and muscle                                  | ✓ Gynaecology                     | ✓ Pain management with device                                    |
| ✓ Brain and nervous system                                | ✓ Heart and vascular system       | ✓ Palliative care                                                |
| ✓ Breast surgery (medically necessary)                    | ✓ Hernia and appendix             | ✓ Plastic and reconstructive surgery (medically necessary)       |
| ✓ Cataracts                                               | R Hospital psychiatric services   | ✓ Podiatric surgery (provided by a registered podiatric surgeon) |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Implantation of hearing devices | ✓ Rehabilitation                                                 |
| ✓ Dental surgery                                          | ✓ Insulin pumps                   | ✓ Skin                                                           |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Joint reconstructions           | ✓ Sleep studies                                                  |
| ✓ Dialysis for chronic kidney failure                     | ✓ Joint replacements              | ✓ Tonsils, adenoids and grommets                                 |
| ✓ Digestive system                                        | ✓ Kidney and bladder              | ✓ Weight loss surgery                                            |
| ✓ Ear, nose and throat                                    | ✓ Lung and chest                  |                                                                  |
|                                                           | ✓ Male reproductive system        |                                                                  |

**This policy does not include cover for**

- |                                  |                       |
|----------------------------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Pregnancy and birth |
|----------------------------------|-----------------------|

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](https://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 of \$500 per admission. This is limited to a maximum of \$500 per person and \$1000 per policy per year.

Excess payments do not apply to hospital admissions for dependants.

**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
- 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 (<https://www.health.gov.au/resources/apps-and-tools/medical-costs-finder>) lets you find out more about the cost of specialist medical services.

##### Other features of this hospital cover

Additional Benefits of the cover include: Hospital Substitution Programs, Preventative Health Services and Health Support Programs. Waiting periods may apply. Please refer to the product Fact Sheet or contact Australian Unity for further details.

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/J1/NGGO2Y Source: [Private Health Information Statement \(PHIS\)](#)

## Extras Cover

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

Note, for treatments marked with \*: 1) 2) 3) Dental limits increase for the first 6 years of continuous membership. Family limits are shared between all people on a membership. A per-person sub-limit applies for Major Dental (\$700 per-person up to \$1400 per policy). Full denture replacement is limited to once every three years. Surgical teeth extractions and gum disease treatment are included under Endodontics (12-month waiting period) No waiting period for preventative dental and selected diagnostic services. 4) \$40 for a chiropractic x-ray. Limit of one x-ray per person per calendar year 5) Remedial massage sub-limit of \$125 per person, \$250 per family. 6) Travel Vaccinations only.

| Treatment & waiting period (months) |   | Benefit limits per 12 months unless otherwise stated                                                             | Examples of maximum benefits                                                                           |
|-------------------------------------|---|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                       | 2 | \$400 per person up to \$800 per policy<br>combined limit for acupuncture & remedial massage<br>sub-limits apply | <ul style="list-style-type: none"><li>• Initial visit: \$40</li><li>• Subsequent visit: \$40</li></ul> |

|                                  |    |                                                                                                                               |                                                                                                                                                                                                |
|----------------------------------|----|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Chiropractic*                  | 2  | <b>\$500 per person up to \$1,000 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>\$200 per person up to \$400 per policy</b><br>combined limit for dietetics/dietary advice & psychology                    | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>                                                                                          |
| ✓ Endodontic*                    | 12 | <b>\$1,800 per policy</b><br>combined limit for endodontic, general dental, major dental & other services                     | <ul style="list-style-type: none"> <li>Filling of one root canal: \$95</li> </ul>                                                                                                              |
| ✓ Exercise physiology            | 2  | <b>\$500 per person up to \$1,000 per policy</b><br>combined limit for exercise physiology, physiotherapy & other services    | <ul style="list-style-type: none"> <li>Initial visit: 70% of charge</li> <li>Subsequent visit: 70% of charge</li> </ul>                                                                        |
| ✓ General dental*                | 2  | <b>\$1,800 per policy</b><br>combined limit for endodontic, general dental, major dental & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Fluoride treatment: \$21</li> <li>Scale &amp; clean: \$44</li> <li>Surgical tooth extraction: \$105</li> <li>Periodic oral examination: \$30</li> </ul> |
| ✓ Major dental*                  | 12 | <b>\$1,800 per policy</b><br>combined limit for endodontic, general dental, major dental & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Full crown veneered: \$350</li> </ul>                                                                                                                   |
| ✓ Non PBS pharmaceuticals        | 2  | <b>\$150 per person up to \$300 per policy</b><br>combined limit for non pbs pharmaceuticals & vaccinations                   | <ul style="list-style-type: none"> <li>Per eligible prescription: \$50</li> </ul>                                                                                                              |
| ✓ Optical                        | 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>                                   |
| ✓ Orthotics (podiatric orthoses) | 12 | <b>\$250 per person up to \$500 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>                                                                                                    |
| ✓ Osteopathy                     | 2  | <b>\$500 per person up to \$1,000 per policy</b><br>combined limit for chiropractic & osteopathy                              | <ul style="list-style-type: none"> <li>Initial visit: \$22</li> </ul>                                                                                                                          |
| ✓ Physiotherapy                  | 2  | <b>\$500 per person up to \$1,000 per policy</b><br>combined limit for exercise physiology, physiotherapy & other services    | <ul style="list-style-type: none"> <li>Initial visit: 70% of charge</li> <li>Subsequent visit: 70% of charge</li> </ul>                                                                        |
| ✓ Podiatry                       | 2  | <b>\$250 per person up to \$500 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>                                                                                          |
| ✓ Psychology                     | 2  | <b>\$200 per person up to \$400 per policy</b><br>combined limit for dietetics/dietary advice & psychology                    | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>                                                                                          |
| ✓ Remedial massage*              | 2  | <b>\$400 per person up to \$800 per policy</b><br>combined limit for acupuncture & remedial massage<br>sub-limits apply       | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>                                                                                          |
| ✓ Vaccinations*                  | 0  | <b>\$150 per person up to \$300 per policy</b><br>combined limit for non pbs pharmaceuticals & vaccinations                   | <ul style="list-style-type: none"> <li>Per service: 100% of charge</li> </ul>                                                                                                                  |

Annual benefit limits apply per calendar year. Myotherapy - 70% per treatment, Maximum of \$500 per person (\$1,000 per family) (combined limit - see Physiotherapy), 2 month waiting period. Orthotic benefits are for supply only. Braces, Splints and Garments – up to 70% of the cost, maximum \$250 per person (combined limit – see Podiatry), 12-month waiting period.

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

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

**Other features of this general treatment cover:** Please refer to the product Fact Sheet or contact Australian Unity for further details.

## Ambulance cover

In NSW & ACT 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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Smart Combination (Silver Plus)

**\$822.75 / month**

(Before Rebate, Discount & Loading)

Available in NSW & ACT

Call now  13 29 39 Sponsor link

**Australian Unity Health Limited**

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 13 29 39

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