



**Australian Unity Health Limited**  
**Advantage Choice Combination (Silver Plus)**

**\$746.40 / 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 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 provides accident cover - check with insurer for details.
- This policy does not provide benefits for travel or accommodation outside of hospital.

**Policy ID:** AUF/J13/TFHO2Y

**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)             | ✓ Male reproductive system                                       |
| ✓ Blood                                                   | ✓ Gastrointestinal endoscopy      | ✓ Miscarriage and termination of pregnancy                       |
| ✓ Bone, joint and muscle                                  | ✓ Gynaecology                     | ✓ Pain management                                                |
| ✓ Brain and nervous system                                | ✓ Heart and vascular system       | ✓ Palliative care                                                |
| ✓ Breast surgery (medically necessary)                    | ✓ Hernia and appendix             | ✓ Plastic and reconstructive surgery (medically necessary)       |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | R Hospital psychiatric services   | ✓ Podiatric surgery (provided by a registered podiatric surgeon) |
| ✓ Dental surgery                                          | ✓ Implantation of hearing devices | ✓ Rehabilitation                                                 |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Insulin pumps                   | ✓ Skin                                                           |
| ✓ Digestive system                                        | ✓ Joint reconstructions           | ✓ Sleep studies                                                  |
| ✓ Ear, nose and throat                                    | ✓ Kidney and bladder              | ✓ Tonsils, adenoids and grommets                                 |
|                                                           | ✓ Lung and chest                  |                                                                  |

**This policy does not include cover for**

- |                                       |                               |                       |
|---------------------------------------|-------------------------------|-----------------------|
| ✗ Assisted reproductive services      | ✗ Joint replacements          | ✗ Weight loss surgery |
| ✗ Cataracts                           | ✗ Pain management with device |                       |
| ✗ Dialysis for chronic kidney failure | ✗ 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 on 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 accidents and 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

Excess applies once per person admitted to hospital per calendar year and is waived for dependants or Accidents that occur after joining the Cover. Additional Benefits 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.

Our network optical providers offer discounts on some optical purchases. Contact Australian Unity for more details.

Policy ID: AUF/J13/TFHO2Y 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. No amounts deducted from yearly limit for selected preventative dental and diagnostic services claimed at the No-Gap dental network (where available). 2) A full denture replacement is limited to once every three years. 3) Surgical tooth extractions and treatment of gum disease have a 12-month waiting period. 4) \$40 for a chiropractic x-ray. Limit of one x-ray per person per calendar year. 5) Orthotics 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 | \$300 per person<br>combined limit for acupuncture, chinese medicine, chiropractic, osteopathy, remedial massage & other services | <ul style="list-style-type: none"><li>• Initial visit: \$40</li><li>• Subsequent visit: \$40</li></ul> |

|                                   |    |                                                                                                                                          |                                                                                                                                                              |
|-----------------------------------|----|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Chinese medicine                | 2  | <b>\$300 per person</b><br>combined limit for acupuncture, chinese medicine, chiropractic, osteopathy, remedial massage & other services | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>                                                        |
| ✓ Chiropractic*                   | 2  | <b>\$300 per person</b><br>combined limit for acupuncture, chinese medicine, chiropractic, osteopathy, remedial massage & other services | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>                                                        |
| ✓ Dietetics/dietary advice        | 2  | <b>\$300 per person</b>                                                                                                                  | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$35</li> </ul>                                                        |
| ✓ Endodontic*                     | 12 | <b>\$700 per person</b><br>combined limit for endodontic, general dental, major dental & other services                                  | <ul style="list-style-type: none"> <li>Filling of one root canal: \$162</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: \$52</li> <li>Subsequent visit: \$52</li> </ul>                                                        |
| ✓ Eye therapy (orthoptics)        | 2  | <b>\$300 per person</b><br>combined limit for eye therapy (orthoptics), occupational therapy & speech therapy                            | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$35</li> </ul>                                                        |
| ✓ General dental*                 | 2  | <b>\$700 per person</b><br>combined limit for endodontic, general dental, major dental & other services                                  | <ul style="list-style-type: none"> <li>Fluoride treatment: \$22</li> <li>Scale &amp; clean: \$70</li> <li>Periodic oral examination: \$34</li> </ul>         |
| ✓ Major dental*                   | 12 | <b>\$700 per person</b><br>combined limit for endodontic, general dental, major dental & other services                                  | <ul style="list-style-type: none"> <li>Surgical tooth extraction: \$183</li> <li>Full crown veneered: \$700</li> </ul>                                       |
| ✓ Non PBS pharmaceuticals         | 2  | <b>\$300 per person</b>                                                                                                                  | <ul style="list-style-type: none"> <li>Per eligible prescription: \$50</li> </ul>                                                                            |
| ✓ Occupational therapy            | 2  | <b>\$300 per person</b><br>combined limit for eye therapy (orthoptics), occupational therapy & speech therapy                            | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$35</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>\$300 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>                                                                  |
| ✓ Osteopathy                      | 2  | <b>\$300 per person</b><br>combined limit for acupuncture, chinese medicine, chiropractic, osteopathy, remedial massage & other services | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>                                                        |
| ✓ Physiotherapy                   | 2  | <b>\$400 per person</b><br>combined limit for exercise physiology & physiotherapy                                                        | <ul style="list-style-type: none"> <li>Initial visit: \$52</li> <li>Subsequent visit: \$52</li> </ul>                                                        |
| ✓ Podiatry                        | 2  | <b>\$300 per person</b><br>combined limit for orthotics (podiatric orthoses), podiatry & other services                                  | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$35</li> </ul>                                                        |

|                    |   |                                                                                                                                          |                                                                                                    |
|--------------------|---|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| ✓ Remedial massage | 2 | <b>\$300 per person</b><br>combined limit for acupuncture, chinese medicine, chiropractic, osteopathy, remedial massage & other services | <ul style="list-style-type: none"><li>Initial visit: \$40</li><li>Subsequent visit: \$40</li></ul> |
| ✓ Speech therapy   | 2 | <b>\$300 per person</b><br>combined limit for eye therapy (orthoptics), occupational therapy & speech therapy                            | <ul style="list-style-type: none"><li>Initial visit: \$35</li><li>Subsequent visit: \$35</li></ul> |
| ✓ Vaccinations*    | 0 | <b>\$150 per person</b>                                                                                                                  | <ul style="list-style-type: none"><li>Per service: 100% of charge</li></ul>                        |

Annual benefit limits apply per calendar year. Myotherapy - \$40 per treatment, combined maximum of \$300 per person (combined limit - see Chiropractic) 2 Month waiting period; Braces, Splints and Garments - 60% of the cost, combined maximum of \$300 per person (combined limit - see Podiatry) 12 month waiting period. 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 |
| ✗ Audiology                     | ✗ Hearing aids                          | ✗ Orthodontic  |
| ✗ Blood glucose monitors        |                                         | ✗ Psychology   |

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

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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(Before Rebate, Discount &amp; Loading)

Available in TAS

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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