



Australian Unity Health Limited Smart Essentials (Silver Plus)

\$452.40 / 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 a Lifetime Health Cover Loading or an insurer discount. Check with your insurer for details.

This policy covers: Two adults (and no-one else).

- 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/J33/WAVK20

Source: Private Health Information Statement (PHIS)

Hospital Cover

✓ Covered

✗ Restricted Cover

✗ Not Covered

This policy **includes** cover for

- | | | |
|---|--|--|
| ✓ Back, neck and spine | ✓ Gastrointestinal endoscopy | ✓ Pain management |
| ✓ Blood | ✓ Gynaecology | ✓ Pain management with device |
| ✓ Bone, joint and muscle | ✓ Heart and vascular system | ✓ Palliative care |
| ✓ Brain and nervous system | ✓ Hernia and appendix | ✓ Plastic and reconstructive surgery (medically necessary) |
| ✓ Breast surgery (medically necessary) | ✗ 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 |
| ✓ Digestive system | ✓ Kidney and bladder | ✓ Tonsils, adenoids and grommets |
| ✓ Ear, nose and throat | ✓ Lung and chest | ✓ Weight loss surgery |
| ✓ Eye (not cataracts) | ✓ Male reproductive system | |
| | ✓ Miscarriage and termination of pregnancy | |

This policy **does not include** cover for

- | | | |
|----------------------------------|---------------------------------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Dialysis for chronic kidney failure | ✗ Pregnancy and birth |
| ✗ Cataracts | ✗ Joint replacements | |

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 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 day surgery.

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 Care at Home & Rehabilitation at Home. There are Preventative Health Services and Health Support Programs available on this cover, 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/J33/WAVK20 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 five 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 family). 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 to 1 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	\$350 per person up to \$700 per policy combined limit for acupuncture & remedial massage	• Initial visit: \$40 • Subsequent visit: \$40
✓ Chiropractic*	2	\$350 per person up to \$700 per policy combined limit for chiropractic & osteopathy	• Initial visit: \$40 • Subsequent visit: \$40
✓ Dietetics/dietary advice	2	\$200 per person up to \$400 per policy combined limit for dietetics/dietary advice & psychology	• Initial visit: \$40 • Subsequent visit: \$40

✓ Endodontic*	12	\$1,500 per policy combined limit for endodontic, general dental, major dental & other services	Filling of one root canal: \$95
✓ Exercise physiology	2	\$350 per person up to \$700 per policy combined limit for exercise physiology, physiotherapy & other services	- Initial visit: \$40 - Subsequent visit: \$40
✓ General dental*	2	\$1,500 per policy combined limit for endodontic, general dental, major dental & other services	- Fluoride treatment: \$21 - Scale & clean: \$44 - Surgical tooth extraction: \$105 - Periodic oral examination: \$30
✓ Major dental*	12	\$1,500 per policy combined limit for endodontic, general dental, major dental & other services sub-limits apply	Full crown veneered: 70% of charge
✓ Non PBS pharmaceuticals	2	\$150 per person up to \$300 per policy combined limit for non pbs pharmaceuticals & vaccinations	Per eligible prescription: \$50
✓ Optical	6	\$200 per person	- Multi-focal lenses & frames: \$200 - Single vision lenses & frames: \$200
✓ Orthotics (podiatric orthoses)	12	\$250 per person up to \$500 per policy combined limit for orthotics (podiatric orthoses) & podiatry	Orthotics supply & fit: 70% of charge
✓ Osteopathy	2	\$350 per person up to \$700 per policy combined limit for chiropractic & osteopathy	- Initial visit: \$40 - Subsequent visit: \$40
✓ Physiotherapy	2	\$350 per person up to \$700 per policy combined limit for exercise physiology, physiotherapy & other services	- Initial visit: \$40 - Subsequent visit: \$40
✓ Podiatry	2	\$250 per person up to \$500 per policy combined limit for orthotics (podiatric orthoses) & podiatry	- Initial visit: \$40 - Subsequent visit: \$40
✓ Psychology	2	\$200 per person up to \$400 per policy combined limit for dietetics/dietary advice & psychology	- Initial visit: \$40 - Subsequent visit: \$40
✓ Remedial massage*	2	\$350 per person up to \$700 per policy combined limit for acupuncture & remedial massage sub-limits apply	- Initial visit: \$40 - Subsequent visit: \$40
✓ Vaccinations*	0	\$150 per person up to \$300 per policy combined limit for non pbs pharmaceuticals & vaccinations	Per service: 100% of charge

Annual benefit limits apply per calendar year. Myotherapy, \$40 per consultation, Combined maximum of \$350 per person (\$700 per family), (combined limit - see Physiotherapy limit) 2 month waiting period. Orthotic benefits are for supply only. Braces, Splints and Garments - up to 70% of the cost, maximum \$250 per person up to \$500 per policy (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 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

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Smart Essentials (Silver Plus)

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(Before Rebate, Discount & Loading)
Available in WA

Call now 13 29 39 Sponsor link

Australian Unity Health Limited

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

healthcover@australianunity.com.au

13 29 39

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