

**Australian Unity Health Limited**  
**Top Choice (Silver Plus)****\$699.90 / 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 & 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/J50/WFPW2Y****Source: Private Health Information Statement (PHIS)**

## Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

**This policy includes cover for**

- |                                                           |                                   |                                                                  |
|-----------------------------------------------------------|-----------------------------------|------------------------------------------------------------------|
| ✓ Back, neck and spine                                    | ✓ Ear, nose and throat            | ✓ Male reproductive system                                       |
| ✓ Blood                                                   | ✓ Eye (not cataracts)             | ✓ Miscarriage and termination of pregnancy                       |
| ✓ Bone, joint and muscle                                  | ✓ Gastrointestinal endoscopy      | ✓ Pain management                                                |
| ✓ Brain and nervous system                                | ✓ Gynaecology                     | ✓ Pain management with device                                    |
| ✓ Breast surgery (medically necessary)                    | ✓ Heart and vascular system       | ✓ Palliative care                                                |
| ✓ Cataracts                                               | ✓ 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                                                           |
| ✓ Dialysis for chronic kidney failure                     | ✓ Joint reconstructions           | ✓ Sleep studies                                                  |
| ✓ Digestive system                                        | ✓ Joint replacements              | ✓ Tonsils, adenoids and grommets                                 |
|                                                           | ✓ Kidney and bladder              |                                                                  |
|                                                           | ✓ Lung and chest                  |                                                                  |

**This policy does not include cover for**

- |                                  |                       |                       |
|----------------------------------|-----------------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Pregnancy and birth | ✗ Weight loss surgery |
|----------------------------------|-----------------------|-----------------------|

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 \$750 per person and \$1500 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

Day surgery excess is limited to half the total per person excess (where no overnight stay). If the total per person excess isn't paid after your first hospital admission you will pay the balance on any subsequent admission(s) within the calendar year. Additional Benefits of the cover: 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/J50/WFPW2Y 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. A 12-month waiting period applies for surgical tooth extractions and treatments of gum disease. 2) Crowns and bridges combined sub-limit is \$600 per person, Dentures sub-limit is \$600 per person. A Full Denture replacement is limited to once every three years.

| Treatment & waiting period (months) |   | Benefit limits per 12 months unless otherwise stated                                         | Examples of maximum benefits                                                                           |
|-------------------------------------|---|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                       | 2 | <b>\$300 per person</b><br>combined limit for acupuncture, remedial massage & other services | <ul style="list-style-type: none"><li>• Initial visit: \$30</li><li>• Subsequent visit: \$30</li></ul> |
| ✓ Chiropractic                      | 2 | <b>\$300 per person</b><br>combined limit for chiropractic & osteopathy                      | <ul style="list-style-type: none"><li>• Initial visit: \$40</li><li>• Subsequent visit: \$30</li></ul> |

|                    |    |                                                                                              |                                                                                                                                                                                                  |
|--------------------|----|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Endodontic       | 12 | <b>\$700 per person</b><br>combined limit for endodontic, general dental & other services    | <ul style="list-style-type: none"> <li>Filling of one root canal: \$123</li> </ul>                                                                                                               |
| ✓ General dental*  | 2  | <b>\$700 per person</b><br>combined limit for endodontic, general dental & other services    | <ul style="list-style-type: none"> <li>Fluoride treatment: \$25.5</li> <li>Scale &amp; clean: \$52</li> <li>Surgical tooth extraction: \$105</li> <li>Periodic oral examination: \$33</li> </ul> |
| ✓ Major dental*    | 12 | <b>\$1,000 per person</b><br>sub-limits apply                                                | <ul style="list-style-type: none"> <li>Full crown veneered: \$600</li> </ul>                                                                                                                     |
| ✓ Optical          | 6  | <b>\$250 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>                                     |
| ✓ Osteopathy       | 2  | <b>\$300 per person</b><br>combined limit for chiropractic & osteopathy                      | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$30</li> </ul>                                                                                            |
| ✓ Physiotherapy    | 2  | <b>\$500 per person</b>                                                                      | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>                                                                                            |
| ✓ Podiatry         | 2  | <b>\$400 per person</b>                                                                      | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$30</li> </ul>                                                                                            |
| ✓ Remedial massage | 2  | <b>\$300 per person</b><br>combined limit for acupuncture, remedial massage & other services | <ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$30</li> </ul>                                                                                            |

Annual benefit limits apply per calendar year. Myotherapy - \$30 per consultation, Maximum of \$300 per person (Combined limit - see Acupuncture), 2 month waiting period. There are Preventative Health Services and Health Support Programs available on this cover. 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 | ✗ Eye therapy (orthoptics)              | ✗ Occupational therapy           |
| ✗ Audiology                     | ✗ Health management / Healthy lifestyle | ✗ Orthodontic                    |
| ✗ Blood glucose monitors        | ✗ Hearing aids                          | ✗ Orthotics (podiatric orthoses) |
| ✗ Chinese medicine              | ✗ Home nursing                          | ✗ Psychology                     |
| ✗ Dietetics/dietary advice      | ✗ Non PBS pharmaceuticals               | ✗ Speech therapy                 |
| ✗ Exercise physiology           |                                         | ✗ Vaccinations                   |

#### 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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Call now 📞 13 29 39 [Sponsor link](#)

**Australian Unity Health Limited**

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📞 13 29 39

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