

| ✓ Covered                                                 | R Restricted Cover                | ✗ Not Covered                                                    |
|-----------------------------------------------------------|-----------------------------------|------------------------------------------------------------------|
| <b>This policy includes cover for</b>                     |                                   |                                                                  |
| ✓ 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                  |                                                                  |
| <b>This policy does not include cover for</b>             |                                   |                                                                  |
| ✗ 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 \$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**

Excess applies once per person admitted into hospital per calendar year and is waived if the admission is for a dependant. 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.

## Ambulance cover

In VIC 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**  
Intermediate Hospital (Silver Plus)

**\$417.70 / month**

(Before Rebate, Discount & Loading)

Available in VIC

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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