

**Australian Unity Health Limited**
Smart Start (Basic Plus)**\$358.80 / month**

(Before Rebate, Discount & Loading)

Available in NT

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/J6/DAUE20**Source:** Private Health Information Statement (PHIS)

Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

This policy includes cover for

- | | | |
|---|-----------------------------------|--|
| R Back, neck and spine | R Eye (not cataracts) | R Miscarriage and termination of pregnancy |
| R Blood | R Gastrointestinal endoscopy | R Pain management |
| R Bone, joint and muscle | R Gynaecology | R Pain management with device |
| R Brain and nervous system | R Heart and vascular system | R Palliative care |
| R Breast surgery (medically necessary) | R Hernia and appendix | R Plastic and reconstructive surgery (medically necessary) |
| R Cataracts | R Hospital psychiatric services | R Podiatric surgery (provided by a registered podiatric surgeon) |
| R Chemotherapy, radiotherapy and immunotherapy for cancer | R Implantation of hearing devices | R Rehabilitation |
| R Dental surgery | R Insulin pumps | R Skin |
| R Diabetes management (excluding insulin pumps) | R Joint reconstructions | R Sleep studies |
| R Dialysis for chronic kidney failure | R Joint replacements | R Tonsils, adenoids and grommets |
| R Digestive system | R Kidney and bladder | R Weight loss surgery |
| R Ear, nose and throat | R Lung and chest | |
| | R 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 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 \$100 per admission. This is limited to a maximum of \$100 per person and \$200 per policy per year.

Excess payments do not apply to hospital admissions for accidents and 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

Other features of this hospital cover

With Smart Start (Basic Plus), for all Clinical Categories marked above with an "R", you are: 1) "Covered" in an agreement private hospital for day procedures, or treatment resulting from an Accident that occurred after joining, and 2) for overnight stays, planned and unplanned, benefits are 'Restricted' (refer to definition on page one). Additional Benefits of the cover include: Hospital Substitution Programs, Health Support Programs and Preventative Health Services. 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/J6/DAUE20 Source: [Private Health Information Statement \(PHIS\)](#)

Extras Cover

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

Note, for treatments marked with *: 1) Dental limits increase for the first five years of membership. No waiting period for preventative and selected diagnostic services. A 12 month waiting period applies for treatment of gum disease, root canal and surgical extraction of teeth. 3) Orthotic benefits are for supply only 4) Travel vaccinations only.

Treatment & waiting period (months)		Benefit limits per 12 months unless otherwise stated	Examples of maximum benefits
✓ Acupuncture	2	\$400 per person combined limit for acupuncture, chiropractic, osteopathy, physiotherapy, remedial massage & other services	<ul style="list-style-type: none">• Initial visit: \$30• Subsequent visit: \$30
✓ Chiropractic	2	\$400 per person combined limit for acupuncture, chiropractic, osteopathy, physiotherapy, remedial massage & other services	<ul style="list-style-type: none">• Initial visit: \$30• Subsequent visit: \$30
✓ Dietetics/dietary advice	2	\$200 per person combined limit for dietetics/dietary advice & psychology	<ul style="list-style-type: none">• Initial visit: \$30• Subsequent visit: \$30
✓ Endodontic*	12	\$600 per person combined limit for endodontic, general dental & other services	<ul style="list-style-type: none">• Filling of one root canal: \$95

✓ General dental*	2	\$600 per person combined limit for endodontic, general dental & other services	<ul style="list-style-type: none"> Fluoride treatment: \$21 Scale & clean: \$44 Surgical tooth extraction: \$105 Periodic oral examination: \$30
✓ Non PBS pharmaceuticals	2	\$150 per person combined limit for non pbs pharmaceuticals & vaccinations	<ul style="list-style-type: none"> Per eligible prescription: \$50
✓ Optical	6	\$150 per person	<ul style="list-style-type: none"> Multi-focal lenses & frames: 100% of charge Single vision lenses & frames: 100% of charge
✓ Orthotics (podiatric orthoses)*	12	\$250 per person combined limit for orthotics (podiatric orthoses) & podiatry	<ul style="list-style-type: none"> Orthotics supply & fit: 70% of charge
✓ Osteopathy	2	\$400 per person combined limit for acupuncture, chiropractic, osteopathy, physiotherapy, remedial massage & other services	<ul style="list-style-type: none"> Initial visit: \$30 Subsequent visit: \$30
✓ Physiotherapy	2	\$400 per person combined limit for acupuncture, chiropractic, osteopathy, physiotherapy, remedial massage & other services	<ul style="list-style-type: none"> Initial visit: \$30 Subsequent visit: \$30
✓ Podiatry	2	\$250 per person combined limit for orthotics (podiatric orthoses) & podiatry	<ul style="list-style-type: none"> Initial visit: \$30 Subsequent visit: \$30
✓ Psychology	2	\$200 per person combined limit for dietetics/dietary advice & psychology	<ul style="list-style-type: none"> Initial visit: \$30
✓ Remedial massage	2	\$400 per person combined limit for acupuncture, chiropractic, osteopathy, physiotherapy, remedial massage & other services	<ul style="list-style-type: none"> Initial visit: \$30 Subsequent visit: \$30
✓ Vaccinations*	0	\$150 per person combined limit for non pbs pharmaceuticals & vaccinations	<ul style="list-style-type: none"> Per service: 100% of charge

Annual benefit limits apply per calendar year. Myotherapy, \$30 per consultation, Combined maximum of \$400 per person, (Combined limit - see Physiotherapy limit) 2 month waiting period. 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) | ✗ Major dental |
| ✗ Audiology | ✗ Health management / Healthy lifestyle | ✗ Occupational therapy |
| ✗ Blood glucose monitors | ✗ Hearing aids | ✗ Orthodontic |
| ✗ Chinese medicine | ✗ Home nursing | ✗ Speech therapy |
| ✗ Exercise physiology | | |

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

Ambulance cover

In NT 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

Smart Start (Basic Plus)

\$358.80 / month

(Before Rebate, Discount & Loading)


Available in NT

Call now  13 29 39 Sponsor link

Australian Unity Health Limited

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

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