



**Australian Unity Health Limited**  
LifeChoice Boost (Gold)

**\$1,025.70 / month**

(Before Rebate, Discount & Loading)

Available in QLD

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:** One adult & dependants (2 or more people, only one of whom is an adult).

Children (0 - 17), non-classified\* dependant (18 - 22) and students (23 - 30), as well as persons with a disability who qualify as a child, non-classified\* dependant and 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 provides benefits for travel or accommodation outside of hospital - check with insurer for details.

Policy ID: AUF/J7/QDXT1D

Source: Private Health Information Statement (PHIS).

## Hospital Cover

✓ Covered

✗ Restricted Cover

✗ Not Covered

**This policy includes cover for**

- |                                                           |                                   |                                                                  |
|-----------------------------------------------------------|-----------------------------------|------------------------------------------------------------------|
| ✓ Assisted reproductive services                          | ✓ Ear, nose and throat            | ✓ Miscarriage and termination of pregnancy                       |
| ✓ Back, neck and spine                                    | ✓ Eye (not cataracts)             | ✓ Pain management                                                |
| ✓ Blood                                                   | ✓ Gastrointestinal endoscopy      | ✓ Pain management with device                                    |
| ✓ Bone, joint and muscle                                  | ✓ Gynaecology                     | ✓ Palliative care                                                |
| ✓ Brain and nervous system                                | ✓ Heart and vascular system       | ✓ Plastic and reconstructive surgery (medically necessary)       |
| ✓ Breast surgery (medically necessary)                    | ✓ Hernia and appendix             | ✓ Podiatric surgery (provided by a registered podiatric surgeon) |
| ✓ Cataracts                                               | ✓ Hospital psychiatric services   | ✓ Pregnancy and birth                                            |
| ✓ 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                                                  |
| ✓ Dialysis for chronic kidney failure                     | ✓ Joint replacements              | ✓ Tonsils, adenoids and grommets                                 |
| ✓ Digestive system                                        | ✓ Kidney and bladder              | ✓ Weight loss surgery                                            |
|                                                           | ✓ Lung and chest                  |                                                                  |
|                                                           | ✓ Male reproductive system        |                                                                  |

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 of \$250 per admission. This is limited to a maximum of \$500 per policy per year.

**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
- 12 months for pregnancy and birth (obstetrics)
- 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 this cover include: Midwife in Private Practice Services, Home Birth, Hospital Substitution Programs, Additional On-site Accommodation, 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.

Using a preferred provider means you may have lower out of pocket costs and can access more No Gap treatments on dental, plus discounts on some optical purchases. A preferred providers list is available from Australian Unity.

Policy ID: AUF/J7/QDXT1D 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. 12-month waiting period applies for surgical tooth extractions and treatment for gum disease. 2)Full Denture replacement limited to one every 3 years 3)Treatment for gum disease included in Endodontic limit 4)Includes 1 Chiropractic x-ray per person per calendar year, 80% cost. 5)Hearing Aids: also includes repairs (2-month waiting period), Benefit for each item payable every 3 calendar years (excluding repairs). 6)Blood Glucose monitors - benefit payable every 2 calendar years. 7)Orthotics benefits payable for supply only - benefit payable every 2 calendar years. 8)Travel vaccinations only.

| Treatment & waiting period (months) |   | Benefit limits per 12 months unless otherwise stated                                                                                                               | Examples of maximum benefits                                                                                             |
|-------------------------------------|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                       | 2 | <b>\$600 per person</b><br>combined limit for acupuncture, chinese medicine, remedial massage & other services                                                     | <ul style="list-style-type: none"><li>• Initial visit: \$30</li><li>• Subsequent visit: \$30</li></ul>                   |
| ✓ Audiology                         | 2 | <b>\$500 per person</b><br>combined limit for audiology, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, speech therapy & other services | <ul style="list-style-type: none"><li>• Initial visit: 80% of charge</li><li>• Subsequent visit: 80% of charge</li></ul> |

|                                         |    |                                                                                                                                                                    |                                                                                                                                                                                                                                     |
|-----------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Blood glucose monitors*               | 12 | <b>\$500 per person</b><br>combined limit for blood glucose monitors, orthotics (podiatric orthoses) & other services                                              | <ul style="list-style-type: none"> <li>Per monitor: 80% of charge</li> </ul>                                                                                                                                                        |
| ✓ Chinese medicine                      | 2  | <b>\$600 per person</b><br>combined limit for acupuncture, chinese medicine, remedial massage & other services                                                     | <ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$30</li> </ul>                                                                                                                               |
| ✓ Chiropractic*                         | 2  | <b>\$800 per person</b><br>combined limit for chiropractic, exercise physiology, osteopathy, physiotherapy & podiatry                                              | <ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul>                                                                                                             |
| ✓ Dietetics/dietary advice              | 2  | <b>\$500 per person</b><br>combined limit for audiology, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, speech therapy & other services | <ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul>                                                                                                             |
| ✓ Endodontic*                           | 12 | <b>\$500 per person</b>                                                                                                                                            | <ul style="list-style-type: none"> <li>Filling of one root canal: 75% of charge</li> </ul>                                                                                                                                          |
| ✓ Exercise physiology                   | 2  | <b>\$800 per person</b><br>combined limit for chiropractic, exercise physiology, osteopathy, physiotherapy & podiatry                                              | <ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul>                                                                                                             |
| ✓ Eye therapy (orthoptics)              | 2  | <b>\$500 per person</b><br>combined limit for audiology, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, speech therapy & other services | <ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul>                                                                                                             |
| ✓ General dental*                       | 2  | <b>No annual limit</b><br>sub-limits apply                                                                                                                         | <ul style="list-style-type: none"> <li>Fluoride treatment: 100% of charge</li> <li>Scale &amp; clean: 100% of charge</li> <li>Surgical tooth extraction: 75% of charge</li> <li>Periodic oral examination: 75% of charge</li> </ul> |
| ✓ Health management / Healthy lifestyle | 6  | <b>\$400 per person</b>                                                                                                                                            | <ul style="list-style-type: none"> <li>Health management: 80% of charge</li> </ul>                                                                                                                                                  |
| ✓ Hearing aids*                         | 12 | <b>\$700 per person</b>                                                                                                                                            | <ul style="list-style-type: none"> <li>Hearing aid: 80% of charge</li> </ul>                                                                                                                                                        |
| ✓ Major dental*                         | 12 | <b>\$1,500 per person</b>                                                                                                                                          | <ul style="list-style-type: none"> <li>Full crown veneered: 80% of charge</li> </ul>                                                                                                                                                |
| ✓ Non PBS pharmaceuticals               | 2  | <b>\$500 per person</b>                                                                                                                                            | <ul style="list-style-type: none"> <li>Per eligible prescription: 80% of charge</li> </ul>                                                                                                                                          |
| ✓ Occupational therapy                  | 2  | <b>\$500 per person</b><br>combined limit for audiology, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, speech therapy & other services | <ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul>                                                                                                             |
| ✓ Optical                               | 6  | <b>\$300 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>                                                                        |
| ✓ Orthodontic                           | 12 | <b>\$1,000 per person</b><br>\$2,800 lifetime limit                                                                                                                | <ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: 80% of charge</li> </ul>                                                                                     |

|                                   |    |                                                                                                                                                                    |                                                                                                                         |
|-----------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| ✓ Orthotics (podiatric orthoses)* | 12 | <b>\$500 per person</b><br>combined limit for blood glucose monitors, orthotics (podiatric orthoses) & other services                                              | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 80% of charge</li> </ul>                             |
| ✓ Osteopathy                      | 2  | <b>\$800 per person</b><br>combined limit for chiropractic, exercise physiology, osteopathy, physiotherapy & podiatry                                              | <ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul> |
| ✓ Physiotherapy                   | 2  | <b>\$800 per person</b><br>combined limit for chiropractic, exercise physiology, osteopathy, physiotherapy & podiatry                                              | <ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul> |
| ✓ Podiatry                        | 2  | <b>\$800 per person</b><br>combined limit for chiropractic, exercise physiology, osteopathy, physiotherapy & podiatry                                              | <ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul> |
| ✓ Psychology                      | 2  | <b>\$400 per person up to \$800 per policy</b>                                                                                                                     | <ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul> |
| ✓ Remedial massage                | 2  | <b>\$600 per person</b><br>combined limit for acupuncture, chinese medicine, remedial massage & other services                                                     | <ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$30</li> </ul>                   |
| ✓ Speech therapy                  | 2  | <b>\$500 per person</b><br>combined limit for audiology, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, speech therapy & other services | <ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul> |
| ✓ Vaccinations*                   | 0  | <b>\$150 per person up to \$300 per policy</b>                                                                                                                     | <ul style="list-style-type: none"> <li>Per service: 100% of charge</li> </ul>                                           |

Annual limits apply per calendar year. Family limits are shared between all people on the membership but no one person can claim more than the per person limit. Myotherapy, Nutrition, Swedish Massage, 80% of the consultation fee or \$30 per consultation, whichever is the lesser, \$600 per person (Combined limit - see Acupuncture), 2 month waiting period. Natural Medicines & Remedies, 80% of the cost per item or \$50 per item, whichever is the lesser, \$600 per person, (Combined limit - see Acupuncture), 2 month waiting period. Hypnotherapy, 80% of the consultation fee, \$500 per person (Combined limit - see Audiology), 2 month waiting period. Vitamin & Health Supplements, Up to 100% of the cost, \$150 per person, \$300 per family, 2 month waiting period. Ambulance Subscriptions, 80% of the cost per yearly Subscription, no annual limit or waiting periods. Sickness Travel & Accommodation, 80% of the cost, \$200 for travel and \$420 for accommodation per membership, 2 month waiting period. Wheelchairs & Crutches, 80% of the cost per item, \$100 per person, 2 month waiting period. Non-Surgical Prosthesis, Splints, Garments, Braces, Asthma Pumps, TENS machines, C-PAP devices, oral appliance for sleep apnoea, peak flow meters and blood pressure monitors, 80% of the cost up to \$600 per person (combined limit - see Blood glucose monitors), 12 month waiting period. Benefit is payable every 2 calendar years (except oral appliance for sleep apnoea). 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      ✗ Home nursing

**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 Queensland residents (<https://www.ambulance.qld.gov.au>). This includes cover whilst interstate.

**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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**\$1,025.70 / month**

(Before Rebate, Discount & Loading)

Available in QLD

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

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 13 29 39

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