

**Australian Unity Health Limited**  
**LifeChoice (Gold)****\$1,044.80 / month**  
(Before Rebate, Discount & Loading)  
Available in VIC

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, including non-student dependants (2 or more people, only one of whom is an adult).

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 provides benefits for travel or accommodation outside of hospital - check with insurer for details.

**Policy ID: AUF/J8/VGBZ1Y****Source:** Private Health Information Statement (PHIS)

## Hospital Cover

✓ Covered

R 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:** No excess

**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

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, 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/J8/VGBZ1Y Source: [Private Health Information Statement \(PHIS\)](#)

## Extras Cover

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

Note, for treatments marked with \* : 1,2) & 3) No waiting period for preventative dental and selected diagnostic services. A full denture replacement is limited to once every three years (12 month waiting period). Surgical Extraction of Teeth has a 12 month waiting period. Treatment of gum disease included under Endodontic limit (with 12-month waiting period). 4) Chiropractic also includes 1 chiropractic x-ray per person per calendar year , 80% cost. 5&6) Policy limits are shared between all people on the membership. No one person can claim more than the per person limit 6) Travel vaccinations only.

| Treatment & waiting period (months) |   | Benefit limits per 12 months unless otherwise stated                                                                                  | Examples of maximum benefits                                                                                             |
|-------------------------------------|---|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                       | 2 | <b>\$500 per person</b><br>combined limit for acupuncture & remedial massage                                                          | <ul style="list-style-type: none"><li>• Initial visit: \$30</li><li>• Subsequent visit: \$30</li></ul>                   |
| ✓ Chiropractic*                     | 2 | <b>\$600 per person</b><br>combined limit for chiropractic, exercise physiology, osteopathy, physiotherapy, podiatry & 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 | \$500 per person                                                                                                               | <ul style="list-style-type: none"> <li>Filling of one root canal: 80% of charge</li> </ul>                                                                                                                                          |
| ✓ Exercise physiology                    | 2  | \$600 per person<br>combined limit for chiropractic, exercise physiology, osteopathy, physiotherapy, podiatry & 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  | No annual limit<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  | \$200 per person up to \$500 per policy                                                                                        | <ul style="list-style-type: none"> <li>Health management: 80% of charge</li> </ul>                                                                                                                                                  |
| ✓ Major dental*                          | 12 | \$1,200 per person<br>sub-limits apply                                                                                         | <ul style="list-style-type: none"> <li>Full crown veneered: 80% of charge</li> </ul>                                                                                                                                                |
| ✓ Non PBS pharmaceuticals                | 2  | \$500 per person                                                                                                               | <ul style="list-style-type: none"> <li>Per eligible prescription: 80% of charge</li> </ul>                                                                                                                                          |
| ✓ Optical                                | 6  | \$250 per person                                                                                                               | <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 | \$500 per person<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>                                                                                     |
| ✓ Osteopathy                             | 2  | \$600 per person<br>combined limit for chiropractic, exercise physiology, osteopathy, physiotherapy, podiatry & other services | <ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul>                                                                                                             |
| ✓ Physiotherapy                          | 2  | \$600 per person<br>combined limit for chiropractic, exercise physiology, osteopathy, physiotherapy, podiatry & other services | <ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul>                                                                                                             |
| ✓ Podiatry                               | 2  | \$600 per person<br>combined limit for chiropractic, exercise physiology, osteopathy, physiotherapy, podiatry & other services | <ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul>                                                                                                             |
| ✓ Remedial massage                       | 2  | \$500 per person<br>combined limit for acupuncture & remedial massage                                                          | <ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$30</li> </ul>                                                                                                                               |
| ✓ Vaccinations*                          | 0  | \$150 per person up to \$300 per policy                                                                                        | <ul style="list-style-type: none"> <li>Per service: 100% of charge</li> </ul>                                                                                                                                                       |

Annual limits apply per calendar year. Myotherapy, 80% of the consultation fee, \$600 per person, (Combined limit - see Physiotherapy) 2 month waiting period. Sickness Travel & Accommodation, 80% of the cost, \$200 for travel, \$420 for accommodation per membership, 2 month waiting period. 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 | ✗ Dietetics/dietary advice | ✗ Occupational therapy           |
| ✗ Audiology                     | ✗ Eye therapy (orthoptics) | ✗ Orthotics (podiatric orthoses) |
| ✗ Blood glucose monitors        | ✗ Hearing aids             | ✗ Psychology                     |
| ✗ Chinese medicine              | ✗ Home nursing             | ✗ 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 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



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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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