

**Australian Unity Health Limited**
Corporate Advance Silver Plus

Corporate Policy

\$501.40 / month

(Before Rebate, Discount & Loading)

Available in TAS

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).

Corporate policy: -

- 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/K4/TJBQ20

Source: Private Health Information Statement (PHIS)

Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

This policy includes cover for

- | | | |
|---|-----------------------------------|--|
| ✓ Back, neck and spine | ✓ Gastrointestinal endoscopy | ✓ Miscarriage and termination of pregnancy |
| ✓ Blood | ✓ Gynaecology | ✓ Pain management |
| ✓ Bone, joint and muscle | ✓ Heart and vascular system | ✓ Pain management with device |
| ✓ Brain and nervous system | ✓ Hernia and appendix | ✓ Palliative care |
| ✓ Breast surgery (medically necessary) | R Hospital psychiatric services | ✓ Plastic and reconstructive surgery (medically necessary) |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Implantation of hearing devices | ✓ Podiatric surgery (provided by a registered podiatric surgeon) |
| ✓ Dental surgery | ✓ Insulin pumps | ✓ Rehabilitation |
| ✓ Diabetes management (excluding insulin pumps) | ✓ Joint reconstructions | ✓ Skin |
| ✓ Digestive system | ✓ Joint replacements | ✓ Sleep studies |
| ✓ Ear, nose and throat | ✓ Kidney and bladder | ✓ Tonsils, adenoids and grommets |
| ✓ Eye (not cataracts) | ✓ Lung and chest | |
| | ✓ Male reproductive system | |

This policy does not include cover for

- | | | |
|----------------------------------|---------------------------------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Dialysis for chronic kidney failure | ✗ Weight loss surgery |
| ✗ Cataracts | ✗ 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 on admission. This is limited to a maximum of \$750 per person and \$1500 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
- 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 is waived if the admission is for a dependant. 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 this cover include: Hospital Substitution Programs, Travel and Accommodation, 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.

Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - https://www.health.tas.gov.au/ambulance/fees_and_accounts.

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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Call now  **13 29 39**
Sponsor link

Australian Unity Health Limited

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

 healthcover@australianunity.com.au

 **13 29 39**

Disclaimer: This document is not a Private Health Information Statement (PHIS), and it is not intended to replace that document. The details contained in the **healthslips.com.au Policy Information** was provided by the insurer to the Australian Government. It is intended as general information. It may not take into account your circumstances. For further information contact the insurer. Information used is Licensed from the Commonwealth of Australia under a Creative Commons 3.0 licence.

Private Health Information Statement is available from the Private Health Insurance Ombudsman website at <https://privatehealth.gov.au/dynamic/Premium/PHIS/AUF/K4/TJBQ20>