



Australian Unity Health Limited
Corporate Advance Silver Plus

Corporate Policy

\$526.45 / 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: 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.

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/TJBT1Y

Source: [Private Health Information Statement \(PHIS\)](#)

Hospital Cover

 Covered 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)	 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.

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 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>
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☎ 13 29 39

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Private Health Information Statement is available from the Private Health Insurance Ombudsman website at
<https://privatehealth.gov.au/dynamic/Premium/PHIS/AUF/K4/TJBT1Y>