



**Australian Unity Health Limited**  
Corporate Premium Extras

Corporate Policy

**\$263.80 / 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 an insurer discount. Check with your insurer for details.

**This policy covers:** Two adults (and no-one else).

**Corporate policy:** This is a corporate policy which is only available to employees/members of organisations with arrangements with this health insurer.

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/K99/TJQR20**

**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. Treatments claimed as No Gap Dental benefits (where available) do not count to yearly limit 2) Full denture replacement limited to once every-three-years. 3) Surgical teeth extractions and gum-disease treatment included under Endodontics (12 month waiting period). 4) 75% of chiropractic x-ray fee, limit one per-person per-calendar-year. 5) Benefit for each Hearing-Aid is payable every 3-calendar years (does not apply to repairs) 2-month waiting period for repairs 6) Benefits for Blood glucose monitors payable once every 2 calendar years. 7) Orthotic benefits are for supply only. 8) Travel vaccinations only

Treatment & waiting period (months)	Benefit limits per 12 months unless otherwise stated	Examples of maximum benefits
✓ Acupuncture	2 <b>\$300 per person</b> combined limit for acupuncture, orthotics (podiatric orthoses), podiatry & remedial massage	<ul style="list-style-type: none"> <li>Initial visit: 75% of charge</li> <li>Subsequent visit: 75% of charge</li> </ul>
✓ Audiology	2 <b>\$700 per person</b> combined limit for audiology, dietetics/dietary advice, eye therapy (orthoptics), non pbs pharmaceuticals, occupational therapy, psychology, speech therapy & vaccinations	<ul style="list-style-type: none"> <li>Initial visit: 75% of charge</li> <li>Subsequent visit: 75% of charge</li> </ul>
✓ Blood glucose monitors*	12 <b>\$1,000 per person</b> combined limit for blood glucose monitors & hearing aids	<ul style="list-style-type: none"> <li>Per monitor: 75% of charge</li> </ul>
✓ Chiropractic*	2 <b>\$800 per person</b> combined limit for chiropractic, exercise physiology, osteopathy & physiotherapy	<ul style="list-style-type: none"> <li>Initial visit: 75% of charge</li> <li>Subsequent visit: 75% of charge</li> </ul>
✓ Dietetics/dietary advice	2 <b>\$700 per person</b> combined limit for audiology, dietetics/dietary advice, eye therapy (orthoptics), non pbs pharmaceuticals, occupational therapy, psychology, speech therapy & vaccinations	<ul style="list-style-type: none"> <li>Initial visit: 75% of charge</li> <li>Subsequent visit: 75% of charge</li> </ul>

<b>✓ Endodontic*</b>	12	<b>\$1,000 per person</b> combined limit for endodontic & major dental	<ul style="list-style-type: none"> <li>Filling of one root canal: 75% of charge</li> </ul>
<b>✓ Exercise physiology</b>	2	<b>\$800 per person</b> combined limit for chiropractic, exercise physiology, osteopathy & physiotherapy	<ul style="list-style-type: none"> <li>Initial visit: 75% of charge</li> <li>Subsequent visit: 75% of charge</li> </ul>
<b>✓ Eye therapy (orthoptics)</b>	2	<b>\$700 per person</b> combined limit for audiology, dietetics/dietary advice, eye therapy (orthoptics), non pbs pharmaceuticals, occupational therapy, psychology, speech therapy & vaccinations	<ul style="list-style-type: none"> <li>Initial visit: 75% of charge</li> <li>Subsequent visit: 75% of charge</li> </ul>
<b>✓ General dental*</b>	2	<b>\$1,200 per person</b>	<ul style="list-style-type: none"> <li>Fluoride treatment: 75% of charge</li> <li>Scale &amp; clean: 75% of charge</li> <li>Periodic oral examination: 75% of charge</li> </ul>
<b>✓ Health management / Healthy lifestyle</b>	6	<b>\$250 per person</b>	<ul style="list-style-type: none"> <li>Health management: 75% of charge</li> </ul>
<b>✓ Hearing aids*</b>	12	<b>\$1,000 per person</b> combined limit for blood glucose monitors & hearing aids	<ul style="list-style-type: none"> <li>Hearing aid: 75% of charge</li> </ul>
<b>✓ Major dental*</b>	12	<b>\$1,000 per person</b> combined limit for endodontic & major dental	<ul style="list-style-type: none"> <li>Surgical tooth extraction: 75% of charge</li> <li>Full crown veneered: 75% of charge</li> </ul>
<b>✓ Non PBS pharmaceuticals</b>	2	<b>\$700 per person</b> combined limit for audiology, dietetics/dietary advice, eye therapy (orthoptics), non pbs pharmaceuticals, occupational therapy, psychology, speech therapy & vaccinations	<ul style="list-style-type: none"> <li>Per eligible prescription: 75% of charge</li> </ul>
<b>✓ Occupational therapy</b>	2	<b>\$700 per person</b> combined limit for audiology, dietetics/dietary advice, eye therapy (orthoptics), non pbs pharmaceuticals, occupational therapy, psychology, speech therapy & vaccinations	<ul style="list-style-type: none"> <li>Initial visit: 75% of charge</li> <li>Subsequent visit: 75% of charge</li> </ul>
<b>✓ Optical</b>	6	<b>\$320 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>
<b>✓ Orthodontic</b>	12	<b>\$800 per person</b> \$3,200 lifetime limit	<ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: 100% of charge</li> </ul>
<b>✓ Orthotics (podiatric orthoses)*</b>	12	<b>\$300 per person</b> combined limit for acupuncture, orthotics (podiatric orthoses), podiatry & remedial massage	<ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 75% of charge</li> </ul>
<b>✓ Osteopathy</b>	2	<b>\$800 per person</b> combined limit for chiropractic, exercise physiology, osteopathy & physiotherapy	<ul style="list-style-type: none"> <li>Initial visit: 75% of charge</li> <li>Subsequent visit: 75% of charge</li> </ul>
<b>✓ Physiotherapy</b>	2	<b>\$800 per person</b> combined limit for chiropractic, exercise physiology, osteopathy & physiotherapy	<ul style="list-style-type: none"> <li>Initial visit: 75% of charge</li> <li>Subsequent visit: 75% of charge</li> </ul>
<b>✓ Podiatry</b>	2	<b>\$300 per person</b> combined limit for acupuncture, orthotics (podiatric orthoses), podiatry & remedial massage	<ul style="list-style-type: none"> <li>Initial visit: 75% of charge</li> <li>Subsequent visit: 75% of charge</li> </ul>

<b>✓ Psychology</b>	2	<b>\$700 per person</b>	<ul style="list-style-type: none"> <li>Initial visit: 75% of charge</li> <li>Subsequent visit: 75% of charge</li> </ul>
<b>✓ Remedial massage</b>	2	<b>\$300 per person</b>	<ul style="list-style-type: none"> <li>Initial visit: 75% of charge</li> <li>Subsequent visit: 75% of charge</li> </ul>
<b>✓ Speech therapy</b>	2	<b>\$700 per person</b>	<ul style="list-style-type: none"> <li>Initial visit: 75% of charge</li> <li>Subsequent visit: 75% of charge</li> </ul>
<b>✓ Vaccinations*</b>	0	<b>\$700 per person</b>	<ul style="list-style-type: none"> <li>Per service: 75% of charge</li> </ul>

Annual benefit limits apply per calendar year. Myotherapy - 75% per consultation, maximum \$300 per person (combined limit - see Podiatry), 2 month waiting period. Braces, Splints and Garments - up to 75% of the cost, maximum \$300 per person (combined limit - see Podiatry), 12 month waiting period. Devices and aids: Asthma pumps, Peak flow meters, Blood pressure monitors, Tens machines, CPAP/BPAP devices, Non-surgical prosthesis - up to 75% of cost, maximum \$1000 per person (combined limit - see Blood glucose monitors), 12 month waiting period. Benefit for each item is payable every 2 calendar years (does not apply to wigs). Wheelchairs and crutches - up to 75% of cost, maximum \$1000 per person (combined limit - see Blood glucose monitors), 2 months waiting period. There are Preventative Health Services available on this cover. 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

**✗** Chinese medicine

**✗** Home nursing

## 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](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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Corporate Premium Extras**Corporate Policy****\$263.80 / month**

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Available in TAS

**Call now**  **13 29 39**  
Sponsor link**Australian Unity Health Limited**

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 [healthcover@australianunity.com.au](mailto:healthcover@australianunity.com.au)  
 **13 29 39**

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