



UniHealth  
Mid Extras

Restricted Insurer

**\$55.87 / month**  
(Before Rebate, Discount & Loading)  
Available in NSW & ACT

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:** Only one person.

**Restricted insurer:** Membership of this insurer is restricted to education union members and their families

We've partnered with a network of optical and dental providers Australia-wide to give members greater access to high quality treatment and exclusive discounts, including 'no gap' offers. See <https://unihealthinsurance.com.au/members/find-a-provider/member-wellbeing-network/>.

Policy ID: NTF/I2/NAYZ10

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

## Extras Cover

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

| Treatment & waiting period (months)     |    | Benefit limits per 12 months unless otherwise stated                                                           | Examples of maximum benefits                                                                                                                     |
|-----------------------------------------|----|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                           | 2  | <b>\$400 per policy</b><br>combined limit for acupuncture, chinese medicine, remedial massage & other services | <ul style="list-style-type: none"><li>Initial visit: \$38</li><li>Subsequent visit: \$38</li></ul>                                               |
| ✓ Chinese medicine                      | 2  | <b>\$400 per policy</b><br>combined limit for acupuncture, chinese medicine, remedial massage & other services | <ul style="list-style-type: none"><li>Initial visit: \$38</li><li>Subsequent visit: \$38</li></ul>                                               |
| ✓ Chiropractic*                         | 2  | <b>\$250 per policy</b><br>combined limit for chiropractic & osteopathy<br>sub-limits apply                    | <ul style="list-style-type: none"><li>Initial visit: \$40</li><li>Subsequent visit: \$40</li></ul>                                               |
| ✓ Endodontic                            | 12 | <b>\$300 per policy</b><br>combined limit for endodontic, major dental & orthodontic                           | <ul style="list-style-type: none"><li>Filling of one root canal: \$160</li></ul>                                                                 |
| ✓ Exercise physiology                   | 2  | <b>\$300 per policy</b><br>combined limit for exercise physiology & physiotherapy<br>sub-limits apply          | <ul style="list-style-type: none"><li>Initial visit: \$40</li><li>Subsequent visit: \$40</li></ul>                                               |
| ✓ General dental                        | 2  | <b>\$500 per policy</b><br>sub-limits apply                                                                    | <ul style="list-style-type: none"><li>Fluoride treatment: \$27</li><li>Scale &amp; clean: \$70</li><li>Periodic oral examination: \$40</li></ul> |
| ✓ Health management / Healthy lifestyle | 6  | <b>\$200 per policy</b><br>sub-limits apply                                                                    | <ul style="list-style-type: none"><li>Health management: \$200</li></ul>                                                                         |
| ✓ Major dental                          | 12 | <b>\$300 per policy</b><br>combined limit for endodontic, major dental & orthodontic                           | <ul style="list-style-type: none"><li>Surgical tooth extraction: \$135</li><li>Full crown veneered: \$300</li></ul>                              |

|                                  |    |                                                                                                                |                                                                                                                                            |
|----------------------------------|----|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ <b>Non PBS pharmaceuticals</b> | 2  | <b>\$300 per policy</b><br>combined limit for non pbs pharmaceuticals & vaccinations                           | <ul style="list-style-type: none"> <li>Per eligible prescription: \$60</li> </ul>                                                          |
| ✓ <b>Optical</b>                 | 6  | <b>\$200 per policy</b>                                                                                        | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: \$200</li> <li>Single vision lenses &amp; frames: \$200</li> </ul> |
| ✓ <b>Orthodontic</b>             | 12 | <b>\$300 per policy</b><br>\$2,500 lifetime limit<br>combined limit for endodontic, major dental & orthodontic | <ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: \$300</li> </ul>    |
| ✓ <b>Osteopathy*</b>             | 2  | <b>\$250 per policy</b><br>combined limit for chiropractic & osteopathy<br>sub-limits apply                    | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>                                      |
| ✓ <b>Physiotherapy*</b>          | 2  | <b>\$300 per policy</b><br>combined limit for exercise physiology & physiotherapy<br>sub-limits apply          | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>                                      |
| ✓ <b>Podiatry*</b>               | 2  | <b>\$300 per policy</b>                                                                                        | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>                                      |
| ✓ <b>Psychology</b>              | 2  | <b>\$350 per policy</b>                                                                                        | <ul style="list-style-type: none"> <li>Initial visit: \$72</li> <li>Subsequent visit: \$72</li> </ul>                                      |
| ✓ <b>Remedial massage</b>        | 2  | <b>\$400 per policy</b><br>combined limit for acupuncture, chinese medicine, remedial massage & other services | <ul style="list-style-type: none"> <li>Initial visit: \$38</li> <li>Subsequent visit: \$38</li> </ul>                                      |
| ✓ <b>Vaccinations</b>            | 2  | <b>\$300 per policy</b><br>combined limit for non pbs pharmaceuticals & vaccinations                           | <ul style="list-style-type: none"> <li>Per service: \$60</li> </ul>                                                                        |

**This policy does not include General treatment (Extras) cover for**

- |                                 |                            |                                  |
|---------------------------------|----------------------------|----------------------------------|
| ✗ Ante-natal/Post-natal classes | ✗ Eye therapy (orthoptics) | ✗ Orthotics (podiatric orthoses) |
| ✗ Audiology                     | ✗ Hearing aids             | ✗ Speech therapy                 |
| ✗ Blood glucose monitors        | ✗ Home nursing             |                                  |
| ✗ Dietetics/dietary advice      | ✗ Occupational therapy     |                                  |

## Ambulance cover

In NSW & ACT this policy provides:

Emergency: With a waiting period of 1 day, limited to \$6,000 per person per year.

Call-out fees: Will be paid for each attendance, including emergency treatment without transport to hospital.

**For further information about this policy see:** <https://www.unihealthinsurance.com.au/health-insurance/our-products/emergency-ambulance/>

## Insurer Details



**UniHealth**  
Mid Extras

Restricted Insurer

**\$55.87 / month**  
(Before Rebate, Discount & Loading)  
Available in NSW & ACT

Call now  **1300 367 906**  
Sponsor link

**UniHealth**

 <http://unihealthinsurance.com.au>

 [info@unihealthinsurance.com.au](mailto:info@unihealthinsurance.com.au)

 **1300 367 906**

**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/NTF/I2/NAYZ10>