



UniHealth
Mid Extras

Restricted Insurer

\$87.50 / month

(Before Rebate, Discount & Loading)

Available in SA

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: One adult & dependants (2 or more people, only one of whom is an adult).

Children (0 - 17), non-classified* dependant (18 - 20) and students (21 - 31), as well as persons with a disability who qualify as a child, non-classified* dependant and student in these age ranges.

*Non-classified dependant: A non-classified dependant is a dependent child over the age of 17 and under the age of 21.

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/SBBI1D

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	\$400 per person combined limit for acupuncture, chinese medicine, remedial massage & other services	- Initial visit: \$38 - Subsequent visit: \$38
✓ Chinese medicine	2	\$400 per person combined limit for acupuncture, chinese medicine, remedial massage & other services	- Initial visit: \$38 - Subsequent visit: \$38
✓ Chiropractic*	2	\$250 per person combined limit for chiropractic & osteopathy sub-limits apply	- Initial visit: \$40 - Subsequent visit: \$40
✓ Endodontic	12	\$300 per person combined limit for endodontic, major dental & orthodontic	Filling of one root canal: \$160
✓ Exercise physiology	2	\$300 per person combined limit for exercise physiology & physiotherapy sub-limits apply	- Initial visit: \$40 - Subsequent visit: \$40
✓ General dental	2	\$500 per person sub-limits apply	- Fluoride treatment: \$27 - Scale & clean: \$70 - Periodic oral examination: \$40

✓ Health management / Healthy lifestyle	6	\$200 per person sub-limits apply	Health management: \$200
✓ Major dental	12	\$300 per person combined limit for endodontic, major dental & orthodontic	- Surgical tooth extraction: \$135 - Full crown veneered: \$300
✓ Non PBS pharmaceuticals	2	\$300 per person combined limit for non pbs pharmaceuticals & vaccinations	Per eligible prescription: \$60
✓ Optical	6	\$200 per person	- Multi-focal lenses & frames: \$200 - Single vision lenses & frames: \$200
✓ Orthodontic	12	\$300 per person \$2,500 lifetime limit combined limit for endodontic, major dental & orthodontic	Braces for upper & lower teeth, including removal plus fitting of retainer: \$300
✓ Osteopathy*	2	\$250 per person combined limit for chiropractic & osteopathy sub-limits apply	- Initial visit: \$40 - Subsequent visit: \$40
✓ Physiotherapy*	2	\$300 per person combined limit for exercise physiology & physiotherapy sub-limits apply	- Initial visit: \$40 - Subsequent visit: \$40
✓ Podiatry*	2	\$300 per person	- Initial visit: \$40 - Subsequent visit: \$40
✓ Psychology	2	\$350 per person	- Initial visit: \$72 - Subsequent visit: \$72
✓ Remedial massage	2	\$400 per person combined limit for acupuncture, chinese medicine, remedial massage & other services	- Initial visit: \$38 - Subsequent visit: \$38
✓ Vaccinations	2	\$300 per person combined limit for non pbs pharmaceuticals & vaccinations	Per service: \$60

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

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|---------------------------------|----------------------------|----------------------------------|
| ✗ 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 SA 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



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Restricted Insurer

\$87.50 / month

(Before Rebate, Discount & Loading)

Available in SA

Call now  **1300 367 906**
Sponsor link

UniHealth

 <http://unihealthinsurance.com.au>

 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/SBBI1D>