

**UniHealth**  
**Mid Extras**

Restricted Insurer

**\$56.70 / month**  
(Before Rebate, Discount & Loading)  
Available in VIC

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/VAZF10**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 VIC 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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Call now  **1300 367 906**  
Sponsor link

**UniHealth**

 <http://unihealthinsurance.com.au>

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

 **1300 367 906**

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