

**UniHealth**
Mid Hospital 500 (Basic Plus)

Restricted Insurer

\$316.62 / 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 a Lifetime Health Cover Loading or an insurer discount. Check with your insurer for details.

This policy covers: Two adults & dependants (3 or more people, only 2 of whom are adults).

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

- This policy exempts you from the Medicare Levy Surcharge.
- This policy does not provide accident cover.
- This policy does not provide benefits for travel or accommodation outside of hospital.

Policy ID: NTF/J9A/SBIV2D**Source:** Private Health Information Statement (PHIS)

Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

This policy includes cover for

R Assisted reproductive services

✓ Back, neck and spine

✓ Blood

✓ Bone, joint and muscle

✓ Brain and nervous system

✓ Breast surgery (medically necessary)

R Cataracts

✓ Chemotherapy, radiotherapy and immunotherapy for cancer

✓ Dental surgery

✓ Diabetes management (excluding insulin pumps)

R Dialysis for chronic kidney failure

✓ Digestive system

✓ Ear, nose and throat

✓ Eye (not cataracts)

✓ Gastrointestinal endoscopy

✓ Gynaecology

R Heart and vascular system

✓ Hernia and appendix

R Hospital psychiatric services

✓ Implantation of hearing devices

✓ Insulin pumps

✓ Joint reconstructions

R Joint replacements

✓ Kidney and bladder

R Lung and chest

✓ Male reproductive system

✓ Miscarriage and termination of pregnancy

✓ Pain management

✓ Pain management with device

R Palliative care

✓ Plastic and reconstructive surgery (medically necessary)

✓ Podiatric surgery (provided by a registered podiatric surgeon)

R Pregnancy and birth

R Rehabilitation

✓ Skin

✓ Sleep studies

✓ Tonsils, adenoids and grommets

R Weight loss surgery

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 of \$500 per admission. This is limited to a maximum of \$500 per person and \$1000 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
- 9 months for pregnancy and birth (obstetrics)
- 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

If your doctor or specialist participates in our Access Gap Cover scheme, you may be able to reduce or eliminate your out-of-pocket medical costs. In addition, through Teachers Healthcare Services eligible members can connect with dedicated care coordinators to support them with hospital treatment, having a baby, or managing their physical and/or mental health.

Ambulance cover

In SA this policy provides:

Emergency: Unlimited with a waiting period of 1 day.

Non-emergency: Transport with a waiting period of 1 day, or 1 day for pre-existing conditions, limited to \$3,000 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 **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/J9A/SBIV2D>