

**Union Health**  
**Union Health Gold Easy Choice****Restricted Insurer****\$348.62 / month**

(Before Rebate, Discount &amp; Loading)

Available in VIC

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:** Only one person.

**Restricted insurer:** Membership of this insurer is restricted to current or former union members and their families.

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

**Policy ID:** QTU/EZC/VFG010**Source:** Private Health Information Statement (PHIS)

## Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

**This policy includes cover for**

- |                                                           |                                   |                                                                  |
|-----------------------------------------------------------|-----------------------------------|------------------------------------------------------------------|
| ✓ Assisted reproductive services                          | ✓ Ear, nose and throat            | ✓ Miscarriage and termination of pregnancy                       |
| ✓ Back, neck and spine                                    | ✓ Eye (not cataracts)             | ✓ Pain management                                                |
| ✓ Blood                                                   | ✓ Gastrointestinal endoscopy      | ✓ Pain management with device                                    |
| ✓ Bone, joint and muscle                                  | ✓ Gynaecology                     | ✓ Palliative care                                                |
| ✓ Brain and nervous system                                | ✓ Heart and vascular system       | ✓ Plastic and reconstructive surgery (medically necessary)       |
| ✓ Breast surgery (medically necessary)                    | ✓ Hernia and appendix             | ✓ Podiatric surgery (provided by a registered podiatric surgeon) |
| ✓ Cataracts                                               | ✓ Hospital psychiatric services   | ✓ Pregnancy and birth                                            |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Implantation of hearing devices | ✓ Rehabilitation                                                 |
| ✓ Dental surgery                                          | ✓ Insulin pumps                   | ✓ Skin                                                           |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Joint reconstructions           | ✓ Sleep studies                                                  |
| ✓ Dialysis for chronic kidney failure                     | ✓ Joint replacements              | ✓ Tonsils, adenoids and grommets                                 |
| ✓ Digestive system                                        | ✓ Kidney and bladder              | ✓ Weight loss surgery                                            |
|                                                           | ✓ Lung and chest                  |                                                                  |
|                                                           | ✓ Male reproductive system        |                                                                  |

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](https://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 on admission. This is limited to a maximum of \$300 per person per year.

**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**

Top hospital cover when you need it. Excellent range of value-added services: hospital substitute treatment, hospital substitute programs, chronic disease management programs and care coordination (conditions apply). An excess is applied once per adult per calendar year. The hospital excess is waived for dependants. Reducing your excess is considered to be upgrading your membership. We will charge your previous excess within the first two months of the upgrade, including for adults who are upgrading their level of cover by joining/re-joining as a dependant on a family membership.

No-gap or agreed discounts at preferred optical, dental, podiatry and physiotherapy providers. See <https://unionhealth.com.au/information/using-your-extras/find-provider>.

Policy ID: QTU/EZC/VFG010 Source: [Private Health Information Statement \(PHIS\)](#)

## Extras Cover

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

Note, for treatments marked with \* : \*Major Dental limit includes Crowns/Bridges \$670 sub-limit, Implants \$350 sub-limit, Dentures \$600 sub-limit, Endodontia \$350 sub-limit, Periodontia \$350 sub-limit, Inlays/Onlays/Facings \$350 sub-limit. \*Orthodontic \$880 sub-limit maximum lifetime benefit \$2,640. Optical set benefits apply for frames/lenses/repairs, 100% up to annual limit for contacts. \*Physiotherapy limit includes Exercise Physiology \$140 sub-limit and Group Physiotherapy \$190 sub-limit. \*Acupuncture limit includes \$400 sub-limit Acupuncture and Chinese Medicine, \$400 sub-limit Osteopathy and \$400/person \$800/membership Remedial Massage and Myotherapy sub-limit. \*Podiatry (other therapies) limit includes Podiatry and Orthotics \$400 sub-limit, Dietetics \$400 sub-limit, Speech Therapy \$400 sub-limit, Occupational Therapy \$400 sub-limit and Orthoptics \$400 sub-limit.

| Treatment & waiting period (months) | Benefit limits per 12 months unless otherwise stated                                                                                           | Examples of maximum benefits                                                                           |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture* 2                    | <b>\$500 per policy</b><br>combined limit for acupuncture, chinese medicine, osteopathy, remedial massage & other services<br>sub-limits apply | <ul style="list-style-type: none"><li>• Initial visit: \$36</li><li>• Subsequent visit: \$31</li></ul> |

|                                         |    |                                                                                                                                                                                                                         |                                                                                                                                                                                                       |
|-----------------------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Ante-natal/Post-natal classes         | 2  | <b>\$240 per policy</b><br>combined limit for ante-natal/post-natal classes, health management / healthy lifestyle & other services<br>sub-limits apply                                                                 | <ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul>                                                                               |
| ✓ Audiology                             | 2  | <b>\$200 per policy</b>                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>Initial visit: \$70</li> <li>Subsequent visit: \$60</li> </ul>                                                                                                 |
| ✓ Blood glucose monitors                | 12 | <b>\$400 per policy</b><br>sub-limits apply                                                                                                                                                                             | <ul style="list-style-type: none"> <li>Per monitor: 85% of charge</li> </ul>                                                                                                                          |
| ✓ Chinese medicine                      | 2  | <b>\$500 per policy</b><br>combined limit for acupuncture, chinese medicine, osteopathy, remedial massage & other services                                                                                              | <ul style="list-style-type: none"> <li>Initial visit: \$36</li> <li>Subsequent visit: \$31</li> </ul>                                                                                                 |
| ✓ Chiropractic                          | 2  | <b>\$400 per policy</b>                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>Initial visit: \$37</li> <li>Subsequent visit: \$33</li> </ul>                                                                                                 |
| ✓ Dietetics/dietary advice              | 2  | <b>\$1,000 per policy</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$60</li> <li>Subsequent visit: \$42</li> </ul>                                                                                                 |
| ✓ Endodontic                            | 12 | <b>\$2,000 per policy</b><br>combined limit for endodontic, major dental, orthodontic & other services<br>sub-limits apply                                                                                              | <ul style="list-style-type: none"> <li>Filling of one root canal: \$161</li> </ul>                                                                                                                    |
| ✓ Exercise physiology                   | 2  | <b>\$700 per policy</b><br>combined limit for exercise physiology, physiotherapy & other services<br>sub-limits apply                                                                                                   | <ul style="list-style-type: none"> <li>Initial visit: \$26</li> <li>Subsequent visit: \$26</li> </ul>                                                                                                 |
| ✓ Eye therapy (orthoptics)              | 2  | <b>\$1,000 per policy</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$42</li> <li>Subsequent visit: \$42</li> </ul>                                                                                                 |
| ✓ General dental                        | 2  | <b>\$1,000 per policy</b>                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>Fluoride treatment: \$30.45</li> <li>Scale &amp; clean: \$67.2</li> <li>Surgical tooth extraction: \$125</li> <li>Periodic oral examination: \$35.7</li> </ul> |
| ✓ Health management / Healthy lifestyle | 2  | <b>\$240 per policy</b><br>combined limit for ante-natal/post-natal classes, health management / healthy lifestyle & other services<br>sub-limits apply                                                                 | <ul style="list-style-type: none"> <li>Health management: 80% of charge</li> </ul>                                                                                                                    |
| ✓ Hearing aids                          | 12 | <b>\$1800 overall limit \$900 per ear \$650 sub-limit on repairs. Limits apply over 3-year period from date of first supply.</b>                                                                                        | <ul style="list-style-type: none"> <li>Hearing aid: \$900</li> </ul>                                                                                                                                  |
| ✓ Major dental*                         | 12 | <b>\$2,000 per policy</b><br>combined limit for endodontic, major dental, orthodontic & other services<br>sub-limits apply                                                                                              | <ul style="list-style-type: none"> <li>Full crown veneered: \$670</li> </ul>                                                                                                                          |
| ✓ Non PBS pharmaceuticals               | 2  | <b>\$500 per policy</b>                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>Per eligible prescription: \$60</li> </ul>                                                                                                                     |

|                                  |    |                                                                                                                                                                                                                         |                                                                                                                                                              |
|----------------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Occupational therapy           | 2  | <b>\$1,000 per policy</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$49</li> <li>Subsequent visit: \$35</li> </ul>                                                        |
| ✓ Optical*                       | 6  | <b>\$260 per policy</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> |
| ✓ Orthodontic*                   | 12 | <b>\$2,000 per policy</b><br>combined limit for endodontic, major dental, orthodontic & other services<br>sub-limits apply                                                                                              | <ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: \$880</li> </ul>                      |
| ✓ Orthotics (podiatric orthoses) | 12 | <b>\$1,000 per policy</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 85% of charge</li> </ul>                                                                  |
| ✓ Osteopathy                     | 2  | <b>\$500 per policy</b><br>combined limit for acupuncture, chinese medicine, osteopathy, remedial massage & other services<br>sub-limits apply                                                                          | <ul style="list-style-type: none"> <li>Initial visit: \$38</li> <li>Subsequent visit: \$33</li> </ul>                                                        |
| ✓ Physiotherapy*                 | 2  | <b>\$700 per policy</b><br>combined limit for exercise physiology, physiotherapy & other services                                                                                                                       | <ul style="list-style-type: none"> <li>Initial visit: \$52</li> <li>Subsequent visit: \$42</li> </ul>                                                        |
| ✓ Podiatry*                      | 2  | <b>\$1,000 per policy</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$34</li> </ul>                                                        |
| ✓ Psychology                     | 2  | <b>\$400 per policy</b>                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>Initial visit: \$85</li> <li>Subsequent visit: \$75</li> </ul>                                                        |
| ✓ Remedial massage               | 2  | <b>\$500 per policy</b><br>combined limit for acupuncture, chinese medicine, osteopathy, remedial massage & other services<br>sub-limits apply                                                                          | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>                                                        |
| ✓ Speech therapy                 | 2  | <b>\$1,000 per policy</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$67</li> <li>Subsequent visit: \$41</li> </ul>                                                        |

Anti snore device \$500 sub-limit included in Major Dental overall limit. Group Physiotherapy \$20 per consult up to \$190 sub-limit. Ante/post natal Physiotherapy \$17 per consult up to \$125 sub-limit. Chiropractic x-ray (one per year) \$63 included in Chiropractic limit. Group Psychology \$35 per consult and Counselling \$40 per initial consult, \$35 per subsequent consult included in \$400 Psychology limit. Osteopathic x-ray (one per year) \$63 included in Osteopathy sub-limit. Myotherapy \$40 per consult included in Remedial Massage sub-limit. Podiatric Surgery 85% and Biogait Analysis (one per year) \$34, included in \$400 Podiatry and Orthotic sub-limit, this sub-limit also includes Orthotic Repairs 85% up to \$100 and customised/moulded orthotics 85% up to \$200. Group Speech Therapy \$17 per consult and Paediatric Assessment (one per year) \$80 up to \$400 Speech Therapy sub-limit. Group Occupational Therapy \$22.50 per consult up to \$400 Occupational Therapy sub-limit. Health Management overall limit includes \$100 sub-limit Health Screenings, \$130 sub-limit on Health Management Programs, \$140 sub-limit on Healthy Lifestyle Programs and \$180 sub-limit on Ante/post-natal classes, all payable at 80% of cost. \*Blood Glucose Monitors \$400 sub-limit included in Health Devices/Appliances overall limit of \$620. All services in Health Devices/Appliances limit payable at 85% of cost including \$620 sub-limit on CPAP etc machines, \$300 sub-limit on compression garments, \$100 sub-limit on accessories/repair, 500 sub-limit on Non-surgically implanted prostheses e.g. breast prostheses and wigs. Blood Glucose Monitors \$400 sub-limit also includes \$200 sub-limit on other appliances and \$120 sub-limit on Health Aids. Travel and Accommodation \$45 per night and up to \$100 travel up to \$100 limit. Active Health Bonus \$75/person \$150/membership.

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

✗ Home nursing

✗ Vaccinations

**Other features of this general treatment cover:** Annual major dental sub-limits increase with years of membership. Online and mobile access, claims via smart phone app.

## Ambulance cover

In VIC this policy provides:

Emergency: Unlimited with a waiting period of 1 day.

Non-emergency: Unlimited transport with a waiting period of 1 day, or 1 day for pre-existing conditions.

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

**Other features of this ambulance cover:** Members who have COMBINED HOSPITAL AND EXTRAS COVER are entitled to emergency ambulance services benefits. No annual limit will apply to emergency road ambulance services. State-owned air ambulance transportation services are covered up to \$6,000 per person per annum. From 1 Jan 2022 members who have eligible stand-alone extras cover may claim the cost of a third-party ambulance subscription fee from the Health Program benefit category (sub-limits apply).

**For further information about this policy see:** <https://unionhealth.com.au/information/glossary/ambulance>

## Insurer Details



Union Health

Union Health Gold Easy Choice

Restricted Insurer

**\$348.62 / month**

(Before Rebate, Discount & Loading)

Available in VIC

Call now  1300 661 283 Sponsor link

#### Union Health

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