# **Private Health Information Statement - Combined policy**

# **Smart Combination (Silver Plus)**

# **Australian Unity Health** Limited

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# **Monthly Premium** \$275.80#

(before any rebate, loading or discount)

Covers only one person Available in Western Australia Closed to new members

# 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.

# Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy does not provide accident cover or benefits for travel and accommodation (outside of hospital).

#### ✓ Covered

For information on what is covered under each category, see https://privatehealth.gov.au/categories

#### R Restricted

Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

#### X Not Covered

These categories are not covered by this policy.

## This policy **✓ includes** cover for

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

#### This policy X does not include cover for

X Assisted reproductive services X Pregnancy and birth

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 - <a href="https://privatehealth.gov.au/dynamic/agreementhospitals">https://privatehealth.gov.au/dynamic/agreementhospitals</a>.

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 \$250 per admission. This is limited to a maximum of \$250 per person and \$250 per policy 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
- 2 months for all other treatments

## Gap Cover

This provider offers <u>'known gap'</u> or <u>'no gap'</u> cover for medical bills for this product.

The Medical Costs Finder lets you find out more about the cost of specialist medical services.

#### Other features of this hospital cover

Additional Benefits of the cover include: Hospital Substitution Programs, Preventative Health Services and Health Support Programs. Waiting periods may apply. Please refer to the product Fact Sheet or contact Australian Unity for further details.

#### **General Treatment Cover**

Our network optical providers offer discounts on some optical purchases. Contact Australian Unity for more details.

#### This policy ✓ includes General treatment (Extras) cover for

Note, for items marked with an asterisk \*: 1),2),3) Dental limits increase for the first 6 years of membership. A sub-limit applies for Major Dental (\$350 perperson). Major Dental includes Crowns and selected repairs only. A 12-month waiting period applies for surgical tooth extractions and treatments of gum disease. No waiting period for preventative dental and selected diagnostic services. 4) \$30 for a chiropractic x-ray. Limit of one x-ray per person per calendar year 5) Remedial massage sub-limit of \$125 per person 6) Travel Vaccinations only.

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental*	2	\$900 per policy	Periodic oral examination - \$30.00 Scale & clean - \$44.00 Fluoride treatment - \$21.00 Surgical tooth extraction - \$105.00
Major dental*	12	(combined limit for general dental, major dental, endodontic & other services - <b>Sub-limits apply</b> )	Full crown veneered - \$350.00
Endodontic*	12		Filling of one root canal - \$95.00
Optical	6	\$200 per policy	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Physiotherapy	2	\$500 per policy (combined limit for physiotherapy & other services)	Initial visit - 70% of charge Subsequent visit - 70% of charge
Chiropractic*	2	\$500 per policy (combined limit for chiropractic & osteopathy)	Initial visit - \$22.00 Subsequent visit - \$22.00
Acupuncture	2	\$400 per policy	Initial visit - \$25.00 Subsequent visit - \$25.00
Remedial massage*	2	(combined limit for acupuncture & remedial massage - Sub-limits apply)	Initial visit - \$25.00 Subsequent visit - \$25.00
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$22.00
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Vaccinations*	0	\$150 per policy	Per service - 100% of charge
Annual benefit limits apply per calendar year. Myotherapy - 70% per treatment, Maximum of \$500 per person (\$1,000 per family) (combined limit - see Physiotherapy), 2 month waiting period.			

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

X Blood glucose monitors	X Orthodontic	X Other treatments - check with your insurer
X Hearing aids	X Podiatry	
X Non PBS pharmaceuticals	X Psychology	

## Other features of this general treatment cover

Please refer to the product Fact Sheet or contact Australian Unity for further details.

## **Ambulance cover**

In Western Australia this policy provides:

**Emergency:** Unlimited with no waiting period.

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

#### Other features of this ambulance cover

Despite the above, call-out fees where you're not taken to hospital are limited to 2 ambulance attendances per-person per-calendar year. Please note: This cover doesn't include non-emergency ambulance transportation. Emergency ambulance transportation to hospital is only covered if transport is coded and invoiced as emergency transport by a state/territory ambulance service/authority. Some authorities provide certain ambulance services at no cost to eligible residents. Refer to your local ambulance provider for more information. Australian Unity won't pay a Benefit if you're eligible to claim from, or are covered by, another source. Australian Unity doesn't pay a benefit towards ambulance subscription services.

### Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.

<u>PrivateHealth.gov.au</u> PolicyID: AUF/J1/WHDM10