

# Private Health Information Statement - Combined policy

**Smart Families Combination Cover- Non-Obstetrics (Silver Plus)**

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**Monthly Premium**  
**\$661.70<sup>#</sup>**  
(before any rebate, loading or discount)

Covers one adult & dependants (2 or more people, only one of whom is an adult)  
**Available in NSW & ACT**  
**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.

This policy covers children and other dependants up to and including the age of 22, students up to and including the age of 30, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.

## 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.

**✗ 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 **✗ does not include** cover for

✗ Assisted reproductive services	✗ Pregnancy and birth
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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 of \$150 per admission. This is limited to a maximum of \$150 per person and \$300 per policy per year.

Excess payments do not apply to hospital admissions for dependants.

**Co-payments:** Every time you go to hospital you will have to pay:

- \$55 per day for a shared room for overnight admissions
- \$55 per day for a private room for overnight admissions
- No co-payment for day surgery (no overnight stay)

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 '[known gap](#)' or '[no gap](#)' 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

Co-payments are for overnight private hospital stays only and are waived for Accidents and Day Surgeries that do not result in an overnight stay. 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

Using a preferred provider means you may have lower out of pocket costs and can access more No Gap treatments on dental, plus discounts on some optical purchases. A preferred providers list is available from Australian Unity.

This policy  includes General treatment (Extras) cover for

<i>Note, for items marked with an asterisk *: 1) No waiting period for preventative dental and selected diagnostic services. There is a 12 month waiting period on treatment of gum disease and surgical extraction of teeth. 2)&amp;3) Major Dental benefits limited to Orthodontics and selected crown services only. 4) Includes \$30 for one chiropractic x-ray per person per calendar year. 5) Blood Glucose Monitors Benefits is payable every 2 calendar years. 6) Travel Vaccinations only.</i>			
Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental*	2	\$1,200 per policy (combined limit for general dental, endodontic & other services)	Periodic oral examination - \$37.00 Scale & clean - \$40.00 Fluoride treatment - \$17.00 Surgical tooth extraction - \$84.00
Major dental*	12	\$350 per person (combined limit for major dental & orthodontic) \$2,200 lifetime limit for Orthodontic	Full crown veneered - \$470.00
Endodontic*	12	Combined limit - see General dental	Filling of one root canal - \$83.00
Orthodontic*	12	Combined limit - see Major dental	Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge

Optical	6	\$200 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals	2	\$350 per person	Per eligible prescription - \$20.00
Physiotherapy	2	\$1,000 per policy (combined limit for physiotherapy, acupuncture & other services)	Initial visit - 70% of charge Subsequent visit - 70% of charge
Chiropractic*	2	\$700 per policy (combined limit for chiropractic & osteopathy)	Initial visit - \$20.00 Subsequent visit - \$20.00
Psychology	2	\$600 per policy	Initial visit - \$20.00 Subsequent visit - \$20.00
Acupuncture	2	Combined limit - see Physiotherapy	Initial visit - \$20.00 Subsequent visit - \$20.00
Blood glucose monitors*	12	\$200 per person	Per monitor - \$200.00
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$20.00 Subsequent visit - \$20.00
Vaccinations*	0	\$150 per person	Per service - 100% of charge
Annual benefit limits apply per calendar year. Policy limits are shared between all people on the membership. Increased Major Dental and Orthodontic combined benefit limits for the first 6 years of continuous membership: \$350 per person first year, \$400 per person second year, \$450 per person third year, \$450 per person fourth year, \$900 per person fifth year, \$1,000 per person sixth year. Myotherapy, 70% of the consultation fee, Combined maximum of \$1,000 per family (Combined limit - see Physiotherapy), 2 month waiting period. Asthma Pumps 100% of the cost up to \$100 per person, 12 month waiting period, Benefit for Asthma Pumps is payable every 2 calendar years. Please refer to the product Fact Sheet or contact Australian Unity for further details.			

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

✗ Hearing aids	✗ Remedial massage
✗ Podiatry	✗ Other treatments - check with your insurer

#### Other features of this general treatment cover

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

## Ambulance cover

In NSW & ACT 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.