

## Private Health Information Statement - General treatment policy

### Mid Extras

#### UniHealth

<http://unihealthinsurance.com.au>

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

1300 367 906

Underwritten by Teachers Health

#### Monthly Premium

**\$60.19 #**

(before any rebate or insurer discount)

Covers only one person  
Available in South Australia

# 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.

Membership of this insurer is restricted to education union members and their families

### General Treatment Cover

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/>.

This policy  includes General treatment (Extras) cover for

| Treatment               | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)  | Examples of maximum benefits   |
|-------------------------|-------------------------|---|--|
| General dental          | 2                       | \$500 per policy<br>(Sub-limits apply)  | Periodic oral examination - \$40.00<br>Scale & clean - \$70.00<br>Fluoride treatment - \$27.00 |
| Major dental            | 12                      | \$300 per policy<br>(combined limit for major dental, endodontic & orthodontic)<br>\$2,500 lifetime limit for Orthodontic | Surgical tooth extraction - \$135.00<br>Full crown veneered - \$300.00                         |
| Endodontic              | 12                      |   | Filling of one root canal - \$160.00   |
| Orthodontic             | 12                      |   | Braces for upper & lower teeth, including removal plus fitting of retainer - \$300.00          |
| Optical                 | 6                       | \$200 per policy  | Single vision lenses & frames - \$200.00<br>Multi-focal lenses & frames - \$200.00             |
| Non PBS pharmaceuticals | 2                       | \$300 per policy<br>(combined limit for non pbs pharmaceuticals & vaccinations)   | Per eligible prescription - \$60.00  |
| Physiotherapy*          | 2                       | \$300 per policy<br>(combined limit for physiotherapy & exercise physiology - <b>Sub-limits apply</b> )                   | Initial visit - \$40.00<br>Subsequent visit - \$40.00  |
| Chiropractic*           | 2                       | \$250 per policy<br>(combined limit for chiropractic & osteopathy - <b>Sub-limits apply</b> )                             | Initial visit - \$40.00<br>Subsequent visit - \$40.00  |
| Podiatry*               | 2                       | \$300 per policy  | Initial visit - \$40.00<br>Subsequent visit - \$40.00  |
| Psychology              | 2                       | \$350 per policy  | Initial visit - \$72.00<br>Subsequent visit - \$72.00  |
| Acupuncture             | 2                       | \$400 per policy<br>(combined limit for acupuncture, remedial massage, chinese medicine & other services)                 | Initial visit - \$38.00<br>Subsequent visit - \$38.00  |
| Remedial massage        | 2                       |   | Initial visit - \$38.00<br>Subsequent visit - \$38.00  |
| Chinese medicine        | 2                       |   | Initial visit - \$38.00<br>Subsequent visit - \$38.00  |
| Exercise physiology     | 2                       |   | Combined limit - see Physiotherapy<br>Initial visit - \$40.00<br>Subsequent visit - \$40.00    |

|                                       |   |  |   |
|---------------------------------------|---|--|---|
| Health management / Healthy lifestyle | 6 | \$200 per policy<br>(Sub-limits apply)       | Health management - \$200.00                          |
| Osteopathy*                           | 2 | Combined limit - see Chiropractic            | Initial visit - \$40.00<br>Subsequent visit - \$40.00 |
| Vaccinations                          | 2 | Combined limit - see Non PBS pharmaceuticals | Per service - \$60.00                                 |

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

|                                 |                       |   |
|---------------------------------|-----------------------|---|
| <b>X</b> Blood glucose monitors | <b>X</b> Hearing aids | <b>X</b> Other treatments - check with your insurer |
|---------------------------------|-----------------------|---|

## Ambulance cover

In South Australia 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/>

### 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.