

Care 'n' Repair

Hospital and Extras Cover
Effective from 01 April 2019

Cover availability



SINGLE COUPLE

Excess options



EXCESS EXCESS

Excess is waived for **Accidents**

IMPORTANT: This Fact Sheet is only a summary of the cover. Our Member Guide and Terms & Conditions documents have further information on how this cover works. Before booking treatment, you should contact us to ask about the benefits you can expect to receive and any out-of-pocket expenses you might incur.

Care 'n' Repair Hospital Cover



Care 'n' Repair pays restricted benefits for all other Medicare recognised services that aren't listed as Excluded on this cover. Should you have any questions, please do not hesitate to talk to us on 13 29 29. Please also see the Important Information - Hospital Cover Limitations for more details.

Covered	Service	Agreement Private Hospital	Public Hospital, shared room	Additional Information
Immediate Medical Care & Attention	Accident Cover	✔ Covered	✔ Covered	Services eligible under Medicare that are normally restricted or excluded will be treated as covered where treatment is required for injuries sustained in an Accident that occurs after joining this cover
	Emergency Ambulance	✔ Covered	✔ Covered	Ambulance transportation to hospital. Claims will only be paid if the transport is coded and invoiced as emergency transport by a recognised State Ambulance authority. Some state schemes already cover ambulance services. Capped at \$1,000 per person per calendar year.
Post Operative Care	Hospital Care at Home & Rehabilitation at Home	✔ Covered	✔ Covered	Receive short-term support from our approved service provider in the comfort of your own home to avoid or reduce a hospital stay following a hospital admission, when referred by a medical practitioner. Subject to prior application and approval. Waiting periods may apply.
Skeletal	Ligament Reconstructions & Investigations	🚫 Restricted	✔ Covered	Reconstructions to repair ligament tears and remove loose tissue such as arthroscopy and meniscectomy
	Spinal Surgery	🚫 Restricted	✔ Covered	Restriction applies to procedures such as surgery for scoliosis
Vital Organs	Heart-Related Services	🚫 Restricted	✔ Covered	The medical or surgical treatment of heart conditions such as heart attacks, heart disease, irregular heart rhythms and congenital defects
Surgical Implants & Attachments	Cochlear Implants & Insulin Pumps	🚫 Restricted	✔ Covered	Request for the replacement of a device must be in writing by the member's medical provider with evidence supporting the clinical need for a replacement. Subject to prior application and approval.
Mental Health	In Hospital Psychiatric Treatment	🚫 Restricted	✔ Covered	Restriction applies to diagnosed disorders or addictions requiring hospital-based intervention
Post Operative Care	In Hospital Rehabilitation	🚫 Restricted	✔ Covered	Does not include drug & alcohol rehabilitation
	In Hospital Palliative Care	🚫 Restricted	✔ Covered	
Other Procedures	Over 2,500 other hospital treatments	🚫 Restricted	✔ Covered	Other In-hospital services recognised by Medicare but not listed above (or Limited/Excluded below) have Restricted cover
	Hospital Treatment not Eligible under Medicare	🚫 Limited	🚫 Limited	Hospital services where Medicare does not pay a benefit (e.g. Cosmetic and Podiatric surgery) Limited to medical bed fee only

Excluded	Service	Agreement Private Hospital	Public Hospital, shared room	Additional Information
Skeletal	Hip and Knee Replacement & Revisions	✘ Not Covered	✘ Not Covered	
	Other Joint Replacements & Revisions (excludes hip & knee replacement)	✘ Not Covered	✘ Not Covered	
Minor Medical Procedures	Eye Procedures	✘ Not Covered	✘ Not Covered	Exclusion applies to cataracts, lens procedures and laser eye surgery
Vital Organs	Renal Dialysis	✘ Not Covered	✘ Not Covered	
Pregnancy & Fertility	Birth Related & Assisted Reproductive Services	✘ Not Covered	✘ Not Covered	Exclusion applies to all inpatient services relating to childbirth. Any consultations with an obstetrician and ultrasounds in the lead up to delivery attract a Medicare rebate only. Services such as, but not limited to, IVF and GIFT are excluded.
	Sterilisation Reversals	✘ Not Covered	✘ Not Covered	Exclusion relates to both male and female sterility reversals. Procedures such as (but not limited to) the reversal of tubal ligations and vasectomies are excluded.
Surgical Weight Management	Gastric Reduction, Obesity Procedures & Revisions	✘ Not Covered	✘ Not Covered	

Care 'n' Repair

Extras Cover

Dental	What you'll get back	Yearly limit (January - December)	Waiting Period and Additional Information
Preventative Dental	Set amounts per item	Combined maximum of \$500 per person	No waiting period Covers selected services such as scale and clean, fluoride treatment and mouthguards
General Dental	Set amounts per item		No waiting period for selected diagnostic services 2 month waiting period includes most fillings and simple tooth extractions 6 month waiting period includes treatment for gum disease, root canal, and surgical extraction of teeth

Physical Therapies	What you'll get back	Yearly limit (January - December)	Waiting Period and Additional Information
Physiotherapy & Myotherapy	\$25 per consultation	Combined maximum of \$300 per person	2 month waiting period
Exercise Physiology	\$25 per consultation		2 month waiting period

Other Health Services	What you'll get back	Yearly limit (January - December)	Waiting Period and Additional Information
Acupuncture	\$17 per consultation	Combined maximum of \$170 per person	2 month waiting period
Remedial Massage	\$17 per consultation		2 month waiting period
Dietetics	\$17 per consultation	Remedial Massage sub-limit is \$85 per person	2 month waiting period
Occupational Therapy	\$17 per consultation		2 month waiting period

Devices & Aids	What you'll get back	Yearly limit (January - December)	Waiting Period and Additional Information
Health Appliances & Aids	Up to 100% of the cost per item	\$150 per person	2 month waiting period The hire or purchase of braces, splints, wheelchairs, crutches or compression garments when recommended by a healthcare practitioner and used in prevention or support post injury

Devices and Aids

For a benefit to be paid on aids and devices, a letter is required (no more than 6 months old) from your treating doctor or healthcare practitioner indicating the medical condition for which the item is required. Aids and devices must be purchased from a Recognised Provider or an Australian organisation. Please call us to check if an item is covered.

Additional Benefits of the Cover

Preventative Health Services

Australian Unity is committed to our members' wellbeing. Some health conditions may be prevented or reduced via simple lifestyle changes like a good diet and increased physical activity. Preventative Health Services can offer practical support to help bring about positive change in members' lives. The following preventative health services are offered under your cover: **Doctor Health Checks, Cervical Cancer Vaccinations, Quit Smoking, Weight Loss, Lift for Life, Step into Life, Diabetes Australia Membership, Mammogram Screening, Bone Density Scan** and **Personal Health Coaching**. To check your eligibility, which providers and programs you are able to use and any waiting periods that may apply, please contact Australian Unity. More information can be found at australianunity.com.au/wellnessbenefits

Important Information

✔ Covered treatments means your hospital cover will pay benefits towards:

- Accommodation in an agreement Private Hospital room/ward for overnight or same day admission
- Accommodation in a Public Hospital, shared room/ward for overnight or same day admission up to the minimum (default) rate as set by the Australian Government
- Operating theatre and intensive care fees
- Medication in hospital approved by the Pharmaceutical Benefits Scheme (PBS) (excluding medication you take home)
- Allied health services that are directly related to your admission and provided by the hospital (e.g. physiotherapy) while admitted
- Dressings and other consumables while admitted. Excludes some robotic surgery consumables.
- Attending doctor/surgeon fees raised while admitted
- Most diagnostic tests during your admission e.g. pathology and radiology
- The cost of a prosthesis as listed in the prostheses list set out in the Private Health Insurance (Prostheses) Rules, as in force from time to time

Hospital Cover Limitations

This product provides hospital cover for Accidents and pays minimum (default) benefits for other services listed as Restricted in the hospital table. The additional benefit you'll receive under this cover, compared to what you'll receive as a public (Medicare) patient in a public hospital, is a choice of doctor.

Out-of-pocket costs - Hospital

If you are admitted to hospital (including for Covered treatments) you may have out-of-pocket costs, some of which have been detailed below.

If you want more specific information about what you can expect these costs to be, we recommend you obtain a quote from your doctors/hospital before undergoing treatment. Then contact us for details of benefits before proceeding with your treatment.

Additionally, benefits are not payable for claims where you have the right to claim compensation, damages or benefits from another source (e.g. TAC or WorkCover), now or at a later date.

Excess

In exchange for a lower premium, an excess is a set amount of money you agree to pay towards the hospital accommodation costs if you or a family member is admitted to hospital.

With Care 'n' Repair you have a choice of excess:

- Care 'n' Repair \$500 excess
- Care 'n' Repair \$750 excess

Singles will only pay an excess for the first hospital admission each calendar year. Couples will only pay an excess for the first two hospital admissions each calendar year. We will waive the excess for admissions as a result of an Accident.

Hospital Accommodation

General

Hospital covers do not pay any benefits towards the cost of non-admitted hospital visits, attendance at a doctor's room or administration fees when you attend an Emergency Department. You will be out-of-pocket for all of these costs.

Private room of a Public Hospital / Non-Agreement Private Hospital

If you are admitted to a private room of a public hospital, or to a non-agreement private hospital, then the amount we pay is a set rate and may not cover the full cost of your stay which means you may incur large out-of-pocket costs.

Shared room of a Public Hospital

If you are admitted as a private patient in a shared room of a public hospital, then the amount we pay is the minimum (default) benefit for the accommodation set by the Australian Government. If the hospital charges more than the minimum (default) benefit, you will incur out-of-pocket costs.

To find an agreement Private Hospital please visit:
australianunity.com.au/agreementhospitals

Waiting Periods

You cannot receive benefits for any items or services you may have received while you are serving a relevant waiting period. However, if you've already served your waiting periods on an equivalent or higher level of cover with any registered Australian health fund and join within 30 days of leaving that fund, you will not have to re-serve your waiting periods. Otherwise, waiting periods will apply from the date you re-join. If you've upgraded your cover, your waiting periods for the higher benefits will start on the date you upgrade, but you can still claim an equivalent benefit to your previous level of cover during that period.

Care 'n' Repair waiting periods are:

- 2 months: psychiatric, rehabilitation and palliative care
- 12 months: all pre-existing conditions except psychiatric, rehabilitation and palliative care

Some waiting periods for the Extras services on your cover are listed in the Extras table. The services listed under the waiting periods in the Extras table are not an exhaustive list. Please refer to your Online Member Services or contact us for more information.

Pre-existing conditions

A pre-existing condition is an illness, ailment or condition where, in the opinion of our appointed medical practitioner (i.e. not your own doctor), the signs or symptoms existed up to six months before and on the day you joined Australian Unity or upgraded your cover, irrespective of whether you were aware of it. If you make a hospital claim in the first 12 months of your membership, we will ask you to get your consulting doctors (e.g. your dentist, GP or specialist) to complete a medical report. You should ask us to carry out this assessment before going into hospital.

Accidents

Accident means an unplanned and unforeseen event, occurring by chance, and leading to bodily injuries caused solely and directly by an external force or object requiring treatment from a Medical Practitioner (defined here as a medical doctor who is not the member or a relative of the Member) within 7 days of the event, but excludes injuries arising out of: surgical procedures; unforeseen illness; pregnancy; drug use; and aggravation of an underlying condition or injury.

Restricted Services

Restricted services are hospital claims which are limited to a minimum (default) benefit. This is the minimum dollar amount set by the Australian Government for accommodation as a private patient in a shared room of a public hospital. A Restricted service does not pay any money towards the cost of intensive care or theatre fees in a private hospital or private day centre. Therefore you may incur a large out of pocket expense. Contact us on 13 29 39 for more information.

Limited Services

Limited services are hospital claims for which we only pay a limited amount towards accommodation and nursing fees (ie. the medical bed fee). We won't pay benefits towards any other fees incurred from a hospital admission such as theatre fees and doctor/surgeon fees. Therefore you may incur a large out-of-pocket expense. Contact us for more information.

Changes to your cover

We may at any time make changes to your cover. This may include adding or reducing the benefits or services available to you. We will ensure that we provide you with appropriate notice of these changes in accordance with the Private Health Insurance Act 2007, the Australian Consumer Law and the Private Health Insurance Code of Conduct.

Important Information continued

Medical Bills

The Australian Government sets a schedule of fees for all medical treatments called the Medicare Benefits Schedule (MBS). When you're treated as a private patient in a public or private hospital, Medicare pays 75% of the MBS fee and Australian Unity pays the remaining 25%. If your doctor or specialist charges more than the MBS fee, then this will result in an out-of-pocket expense better known as 'the gap'.

Out-of-pocket costs - Extras

At Australian Unity we want to try to help with the cost of looking after your health by putting some money back in your wallet. Extras cover can help you get money back on common health treatments that aren't generally covered by Medicare.

You'll get either a percentage of the cost back, or a set dollar amount, on included Extras every time you claim, until you reach your yearly limit. Therefore you only pay the difference between what you get back from Australian Unity and the cost set by your provider.

Please call us or refer to your Member Guide and Terms & Conditions for further information on how this cover works. If you want more specific information about what you can expect your out-of-pocket costs to be, we recommend you obtain a quote from your provider before undergoing treatment, along with a list of item numbers. You can then contact us or log in to Online Member Services for details of benefits before proceeding with your treatment.

Dental Service Limits

We use the Australian Dental Association (ADA) guidelines and our Fund Rules to determine whether we pay benefits for certain services. For example, the ADA guidelines help us to categorise each dental service (e.g. 'diagnostic', 'orthodontics') and may indicate that a certain dental item number can't be charged by a provider with another service during the same visit.

Planning a family

It is important that members upgrade to a family level of cover at least two months before your baby's birth. This will ensure your baby will be covered at birth. Otherwise, if your baby needs to be admitted to hospital, a 12 month waiting period for pre-existing conditions will apply from the date you changed to a family membership.



For more information, please refer to your Member Guide particularly Important Things to Know - Terms and Conditions and the Fund Rules available at australianunity.com.au/importantdocuments

Recognised Providers

We only pay benefits when you see a recognised provider in a private practice. Please contact us to check if your provider is recognised by us.

Surgical Implants (Prosthesis)

If a treatment is Covered (or Restricted) under your hospital cover, you are also covered for any Australian Government-approved surgical prosthesis on the government's Prostheses List. We will pay up to 100% of the minimum cost of the prosthesis, as required under legislation, so you shouldn't have any out-of-pocket expenses. However, if the prosthesis used is listed as a 'known gap' prosthesis, you'll have to pay any gap charged by the hospital, but the hospital or doctor needs to provide you with Informed Financial Consent first.



Australian Unity is a signatory to the Private Health Insurance Code of Conduct. For details visit privatehealth.com.au/codeofconduct. This documentation should be read carefully and retained. Information is subject to change.

Your personal information is managed in line with our privacy policy which is available at australianunity.com.au/privacy-policy. Your membership is subject to the Fund Rules and Privacy Policy of Australian Unity which may change from time to time. Australian Unity Health Limited - ABN 13 078 722 568.

Any questions?



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