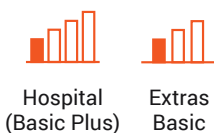


Simple Saver (Basic Plus)

Hospital and Extras Cover

Fact Sheet effective from 01 July 2021

Product Tier



Hospital
(Basic Plus)

Extras
Basic

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. This information is current as at 18 January 2021 and subject to change from time to time.

Simple Saver (Basic Plus)

Hospital Cover

180
YEARS

**Australian
Unity** 
Real Wellbeing

The table(s) below must be read together with the "Important Information" section, which provides further detail on your benefits, out-of-pockets and waiting periods. In addition you should read the table(s) in conjunction with the Clinical Categories Explained document to understand what treatments are included under each clinical category. This document can be found online at australianunity.com.au/clinical-categories-explained

| Clinical Category | Agreement Private Hospital | Public Hospital, shared room |
|--|----------------------------|------------------------------|
| Covered | | |
| Dental Surgery | ✔ Covered | ✔ Covered |
| Hernia and Appendix | ✔ Covered | ✔ Covered |
| Joint Reconstructions | ✔ Covered | ✔ Covered |
| Tonsils, Adenoids and Grommets | ✔ Covered | ✔ Covered |
| Restricted | | |
| Hospital Psychiatric Services | 🔵 Restricted | ✔ Covered |
| Palliative Care | 🔵 Restricted | ✔ Covered |
| Rehabilitation | 🔵 Restricted | ✔ Covered |
| Not Covered | | |
| Assisted Reproductive Services | ✘ Not Covered | ✘ Not Covered |
| Back, Neck and Spine | ✘ Not Covered | ✘ Not Covered |
| Blood | ✘ Not Covered | ✘ Not Covered |
| Bone, Joint and Muscle | ✘ Not Covered | ✘ Not Covered |
| Brain and Nervous System | ✘ Not Covered | ✘ Not Covered |
| Breast Surgery (Medically Necessary) | ✘ Not Covered | ✘ Not Covered |
| Cataracts | ✘ Not Covered | ✘ Not Covered |
| Chemotherapy, Radiotherapy and Immunotherapy for Cancer | ✘ Not Covered | ✘ Not Covered |
| Diabetes Management (Excluding Insulin Pumps) | ✘ Not Covered | ✘ Not Covered |
| Dialysis for Chronic Kidney Failure | ✘ Not Covered | ✘ Not Covered |
| Digestive System | ✘ Not Covered | ✘ Not Covered |
| Ear, Nose and Throat | ✘ Not Covered | ✘ Not Covered |
| Eye (Not Cataracts) | ✘ Not Covered | ✘ Not Covered |
| Gastrointestinal Endoscopy | ✘ Not Covered | ✘ Not Covered |
| Gynaecology | ✘ Not Covered | ✘ Not Covered |
| Heart and Vascular System | ✘ Not Covered | ✘ Not Covered |
| Implantation of Hearing Devices | ✘ Not Covered | ✘ Not Covered |
| Insulin Pumps | ✘ Not Covered | ✘ Not Covered |
| Joint Replacements | ✘ Not Covered | ✘ Not Covered |
| Kidney and Bladder | ✘ Not Covered | ✘ Not Covered |
| Lung and Chest | ✘ Not Covered | ✘ Not Covered |
| Male Reproductive System | ✘ Not Covered | ✘ Not Covered |
| Miscarriage and Termination of Pregnancy | ✘ Not Covered | ✘ Not Covered |
| Pain Management | ✘ Not Covered | ✘ Not Covered |
| Pain Management with Device | ✘ Not Covered | ✘ Not Covered |
| Plastic and Reconstructive Surgery (Medically Necessary) | ✘ Not Covered | ✘ Not Covered |
| Podiatric Surgery (Provided by a Registered Podiatric Surgeon) | ✘ Not Covered | ✘ Not Covered |
| Pregnancy and Birth | ✘ Not Covered | ✘ Not Covered |
| Skin | ✘ Not Covered | ✘ Not Covered |
| Sleep Studies | ✘ Not Covered | ✘ Not Covered |
| Weight Loss Surgery | ✘ Not Covered | ✘ Not Covered |

Further Benefits Provided by Australian Unity

| Service | Additional Information |
|---|---|
| Accident Cover | If you need hospital treatment for an injury sustained during an Accident that occurred after joining this cover, and the hospital treatment is within a Clinical Category that is listed as Restricted or Not Covered, that hospital treatment will be treated as Covered. |
| Emergency Ambulance | Ambulance transportation to hospital. You are covered for emergency ambulance transportation to hospital provided that the transport is coded and invoiced as emergency transport by a recognised State Ambulance authority. Includes ambulance attendance, where you are not taken to hospital. Some State schemes already cover ambulance services. Capped at one service per person per calendar year. |
| Hospital Care at Home & Rehabilitation at Home | 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, depending on the treatment. |

Simple Saver (Basic Plus)

Extras Cover

| Service | What you'll get back | Yearly limit (January - December) | Waiting Period and Additional Information |
|---------------------------|-----------------------------|---|--|
| Preventative Dental | 60% of the cost per item | Combined maximum of \$1,100 per person in extras claims per year across covered services Sub-limits apply per person Preventative & General Dental Combined maximum of \$300 Physiotherapy \$300 Chiropractic & Osteopathy Combined maximum of \$300 Podiatry \$250 Acupuncture, Remedial Massage and Myotherapy Combined maximum of \$300 Dietetics \$250 | No waiting period Covers selected services such as scale and clean, fluoride treatment and mouthguards |
| General Dental | 60% of the cost per item | | No waiting period for selected diagnostic services 2 month waiting period includes most fillings and simple tooth extractions 12 month waiting period for gum disease, root canal, and surgical extraction of teeth |
| Physiotherapy | 60% of the consultation fee | | 2 month waiting period Includes sports physiotherapy and hydrotherapy |
| Chiropractic & Osteopathy | 60% of the consultation fee | | 2 month waiting period |
| Podiatry | 60% of the consultation fee | | 2 month waiting period Excludes podiatric surgery |
| Remedial Massage | 60% of the consultation fee | | 2 month waiting period |
| Myotherapy | 60% of the consultation fee | | 2 month waiting period |
| Acupuncture | 60% of the consultation fee | | 2 month waiting period |
| Dietetics | 60% of the consultation fee | | 2 month waiting period |

Consultations and Telehealth Appointments

References to 'consultations' in the table above are to in-person consultations. The following treatments are also eligible for benefits where the consultation can be appropriately delivered as a telehealth appointment: Dietetics and Physiotherapy. Benefits are only payable for one consultation with a provider on the same day, for the same member.

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

Health Support Programs

The diagnosis of a chronic condition or illness can leave you feeling vulnerable and overwhelmed. Australian Unity at home Health Support programs are there to increase your knowledge, skills and confidence – and ultimately, help improve or sustain your health and wellbeing. Work with a team of highly qualified and experienced health consultants to develop a personalised plan that complements the care you are already receiving. We have a range of programs available, including support for Diabetes, Heart-related conditions and mental health care. This includes the **MindStep® Mental Health Program**.

To check programs available and your enrolment eligibility 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 directly related to your admission provided by the hospital (e.g. physiotherapy) while admitted
- Dressings and other consumables while admitted. Excludes robotic surgery consumables unless otherwise covered for your treatment by the agreement between Australian Unity and the hospital. Please contact your hospital about any out-of-pocket costs.
- 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
- Private room in an agreement Private Hospital where available

Under our Accident Cover - For the Clinical Category Podiatric Surgery (Provided by a Registered Podiatric Surgeon):

- 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
- 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
- Private room in an agreement Private Hospital where available

Hospital Cover Limitations

This product only provides hospital cover for Accidents occurring after joining this cover and the selected services listed as Covered in the hospital table. The additional benefits you'll receive under this cover, compared to what you'll receive as a public (Medicare) patient in a public hospital, are choice of doctor and bypassing the public waiting list by accessing agreement Private Hospitals for services listed as Covered in the hospital table.

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 Simple Saver (Basic Plus) you have a choice of excess:

- Simple Saver (Basic Plus) \$500 excess
- Simple Saver (Basic Plus) \$750 excess

Singles will only pay one excess for the first hospital admission each calendar year. Couples will only pay one excess for the first hospital admission per adult each calendar year. We will waive the excess for hospital admissions for an injury sustained during an Accident that occurred after joining this cover.

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'.

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.

Simple Saver (Basic Plus) waiting periods are:

- 2 months: Psychiatric, Rehabilitation and Palliative Care
- 12 months: all pre-existing conditions except Psychiatric, Rehabilitation and Palliative Care
- No waiting period for Emergency Ambulance, or hospital treatment required for an injury sustained during an Accident that occurs after joining this cover
- 2 months: all other treatments included on your cover

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

Pre-existing conditions

A pre-existing condition is an ailment, illness or condition that in the opinion of a medical practitioner appointed by Australian Unity (not your own doctor), the signs or symptoms of that ailment, illness or condition existed at any time in the period of six months ending on the day on which 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 joining or upgrading your cover, we will ask you to get your consulting doctors or other practitioner (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.

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

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.

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

If you are admitted to a non-agreement private hospital, or to a private room of a public 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

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 a percentage of the cost back 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', 'Periodontics') and may indicate that a certain dental item number can't be charged by a provider with another service during the same visit. Some limited services may also not be payable under our assessment rules. Where possible, you should always contact us to determine the benefits you can expect to receive.

Planning a family

Please contact us if you're planning a family as this product is not available as a Family or Single Parent Family membership.

There's no happier time than starting or growing your family, and we want to ensure your new addition is covered straight away on your policy.

Family, Single Parent Family or Couple memberships

It is important that you notify us within 12 months of your baby's birth and add them to your policy effective from their date of birth, for waiting periods to be waived.

Please note that Couple memberships will also need to change to a Family membership and back pay any difference in premium (if applicable)

Single memberships

To avoid your baby serving waiting periods, it is important that within 30 days of the birth you:

- Upgrade to a Family or Single Parent Family cover;
- Add your baby to the policy

These changes will be made effective from the baby's date of birth and you will be required to back pay any difference in premium.

Please note, this cover does not pay benefits for the Clinical Category Pregnancy and Birth.

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.



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



TM 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.

Contact us

13 29 39
australianunity.com.au