

Smart Start

Hospital and Extras Cover

Effective from 01 April 2019

Cover availability



SINGLE



COUPLE

Excess options



EXCESS

Excess is waived for **Accident**
Excess is waived for **Day Surgeries**

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.

Smart Start Hospital Cover



Smart Start pays benefits for day procedures for all other Medicare recognised services not listed as Excluded on this cover. If your admission is a result of an Accident, any services listed as Restricted will be Covered. Should you have any questions, please don't hesitate to talk to us on 13 29 39. Please also see the Important Information - Planned and Unplanned Overnight Stays 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 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 | ✔ Covered for day procedures | ✔ Covered | Reconstructions to repair ligament tears and remove loose tissue. Includes procedures such as arthroscopy and meniscectomy. |
| | Hip & Knee Replacement & Revisions | Please see Important Information section for details on how overnight stays affect your cover for day procedures | ✔ Covered | |
| | Other Joint Replacements & Revisions (excludes hip & knee replacement) | | ✔ Covered | |
| | Spinal Surgery | | ✔ Covered | Includes surgery for scoliosis |
| Minor Medical Procedures | Eye Procedures | | ✔ Covered | Only applies to cataracts and lens procedures. Excludes procedures such as laser eye surgery. |
| Vital Organs | Renal Dialysis | 🔒 Restricted for overnight stays, planned and unplanned, and any subsequent days & nights of your admission | ✔ Covered | |
| Surgical Implants & Attachments | Cochlear Implants & Insulin Pumps | | ✔ 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. |
| Vital Organs | Heart-Related Services | | ✔ Covered | The medical or surgical treatment of heart conditions such as heart attacks, heart disease, irregular heart rhythms and congenital defects. Cover applies to open heart and bypass surgery, insertion of stents, pacemakers or defibrillators, and other procedures such as repairing heart valve defects. |
| Surgical Weight Management | Gastric Reduction, Obesity Procedures & Revisions | | ✔ Covered | |
| Post Operative Care | In Hospital Rehabilitation | | ✔ Covered | Does not include drug & alcohol rehabilitation |
| Mental Health | In Hospital Psychiatric Treatment | | ✔ Covered | Includes diagnosed disorders or addictions requiring hospital-based intervention |
| Other Procedures | Over 2,500 other Hospital Treatments | | ✔ Covered | Other In-hospital services recognised by Medicare but not listed above (or restricted/limited/excluded below) are also covered. |
| Post Operative Care | In Hospital Palliative Care | 🔒 Restricted | ✔ Covered | |
| Other Procedures | Hospital Treatment not Eligible under Medicare | 🔒 Limited | 🔒 Limited | Hospital services where Medicare does not pay a benefit. (eg. Cosmetic and Podiatric Surgery) Limited to medical bed fee only |

| Excluded | Service | Agreement Private Hospital | Public Hospital, shared room | Additional Information |
|----------------------------------|------------------------------------------------|----------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |

Smart Start

Extras Cover

| Dental | What you'll get back | Yearly limit (January - December) | Waiting Period and Additional Information |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Preventative Dental, including No Gap Dental Network | Set amounts per item or 100% of the cost for selected services at our No Gap Dental Network | <p>To reward our members' loyalty, we increase Dental benefit limits for the first 5 years of membership</p> <p>\$600 per person, first year \$600 per person, second year \$700 per person, third year \$700 per person, fourth year \$800 per person, fifth year</p> | <p>No waiting period</p> <p>No Gap Dental covers selected services such as scale and clean, fluoride treatment and mouthguards. Please note: No Gap Dental providers are not available in all states and territories.</p> |
| General Dental | Set amounts per item | | <p>No waiting period for selected diagnostic services</p> <p>2 month waiting period includes most fillings and simple tooth extractions</p> <p>6 month waiting period includes treatment of gum disease, root canal, and surgical extraction of teeth</p> |

| Optical | What you'll get back | Yearly limit (January - December) | Waiting Period and Additional Information |
|----------------|----------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Optical | Up to 100% of the cost per item | \$150 per person | <p>6 month waiting period</p> <p>For prescription glasses, contact lenses or repairs supplied by an optometrist in private practice. Excludes non-prescription sunglasses, contact lenses and optical consultations.</p> |

| Physical Therapies & Other Services | What you'll get back | Yearly limit (January - December) | Waiting Period and Additional Information |
|---------------------------------------|------------------------------|---------------------------------------------|-------------------------------------------|
| Physiotherapy & Myotherapy | \$25 per consultation | Combined maximum of \$400 per person | 2 month waiting period |
| Chiropractic & Osteopathy | | | 2 month waiting period |
| Acupuncture | | | 2 month waiting period |

| Medicines | What you'll get back | Yearly limit (January - December) | Waiting Period and Additional Information |
|----------------------------|-------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Travel Vaccinations | Up to 100% of the cost | \$150 per person | <p>No waiting period</p> <p>For approved travel vaccines, supplied and administered in Australia prior to departure and for the purpose of overseas travel</p> |

[Important information on next page >](#)

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 (Accident only) 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 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
- Private room in an agreement Private Hospital where available

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 Smart Start you have an excess of \$100. 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 and for day surgery procedures.

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.

Smart Start 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.

Important Information continued

Planned and Unplanned Overnight Stays

When you are admitted to an agreement private hospital for a day procedure, you are Covered. If the day procedure results in an overnight stay, either planned or unplanned, benefits for your entire stay will be paid on a Restricted basis including for the day procedure. Benefits for all subsequent days and nights of your admission will also be paid on a Restricted basis. As a result you will incur large out-of-pocket costs for the whole admission, in addition to any excess payable. Please ensure your specialist and admissions nurse is aware of this when planning your procedure and/or post-operative care.

Please note: If your admission is as a result of an Accident, the above does not apply and you will be Covered for treatment in a private hospital for both planned and unplanned overnight stays.

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'.

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.

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.



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

Changes to your cover

We may 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.

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?



13 29 39



australianunity.com.au