

Care 'n' Repair (Basic Plus)

Hospital and Extras Cover

Fact Sheet effective from 1 January 2023

Hospital Tier



Basic Plus

Extras Tier



Basic

Excess options

\$500

\$750

Excess is waived for **Accidents**

Cover availability



Single



Couple



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. These documents, along with our Fund Rules are available at australianunity.com.au/importantdocuments. 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 14 December 2022 and subject to change from time to time.

Care 'n' Repair (Basic Plus)

Hospital cover

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

Excess

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

Excess

\$500 or \$750

You will only pay an excess for the first hospital admission per person per calendar year. Plus you won't pay an excess for an admission for an Accident that occurs after joining this cover.

Hospital cover limitations

Care 'n' Repair (Basic Plus) only provides hospital cover for treatment for Accidents that occur after joining this cover 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. See "Important Information" section for more details.

Additional benefits

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.

Ambulance

Unlimited Emergency Ambulance transportation to hospital provided that the transport is coded and invoiced as emergency transport by a recognised State Ambulance authority.

Two ambulance attendances per person per calendar year, where you are not taken to hospital.

Benefits are not payable if ambulance service is already covered by a State-based scheme or your ambulance subscription.

Health and wellbeing programs and services

For more information about available programs and eligibility criteria, contact us or visit australianunity.com.au/wellnessbenefits

Hospital Substitution Programs

Receive short-term support from our approved service providers 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.

Health Support Programs

Personalised support from qualified and experienced health professionals aimed at preventing or helping manage long-term health conditions such as diabetes, heart failure or mental health.

Preventative Health Services

Practical support to help you stay healthy.
No waiting period: **Doctor Health Checks, Cervical Cancer Vaccinations, Quit Smoking, Weight Loss and Personal Health Coaching**; 12 month waiting period: **Diabetes Australia Membership, Mammogram Screening, Bone Density Scans and Fitness programs**. More details available at australianunity.com.au/health-insurance/programs/services

Care 'n' Repair (Basic Plus)

Extras cover

The table(s) below must be read together with the "Important Information" section, as well as our Fund Rules and Terms and Conditions at australianunity.com.au/importantdocuments. If a provider charges less than the benefit listed, we will not pay more than cost of the service or item.

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
General Dental			No waiting period for selected diagnostic services 2 month waiting period for all other services Includes most fillings and simple tooth extractions
Root Canal, Gum Disease Treatments & Surgical Extractions			12 month waiting period

Physical Therapies and Other Health Services	What you'll get back	Yearly limit (January-December)	Waiting Period and Additional Information
Physiotherapy	\$25 per consultation	Combined maximum of \$300 per person	2 month waiting period Includes sports physiotherapy and hydrotherapy
Exercise Physiology			2 month waiting period Includes hydrotherapy
Myotherapy			2 month waiting period
Remedial Massage	\$17 per consultation	Combined maximum of \$170 per person Remedial Massage sub-limit is \$85 per person	2 month waiting period
Acupuncture			
Dietetics			
Occupational Therapy			

Health Aids	What you'll get back	Yearly limit (January-December)	Waiting Period and Additional Information
Braces and Splints	100% of the cost per item	\$150 per person	2 month waiting period
Garments			2 month waiting period When recommended by an allied health or medical practitioner and supplied by an approved provider in private practice
Wheelchairs and Crutches			2 month waiting period For hire or purchase of wheelchairs or crutches used in prevention or support post injury

Important Information

- ✓ **Covered treatments means your hospital cover will pay benefits towards:**

Except 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
- 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 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

Waiting Periods

In addition to those listed above, the following waiting periods apply

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

Health Support programs and some Preventative Health Services require 12 months membership with an eligible Australian Unity cover. For more information, please contact us or visit australianunity.com.au/wellnessbenefits

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.

Important Information

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

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.

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.

Find an agreement Private Hospital: australianunity.com.au/agreementhospitals

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 a percentage of the cost, or set benefits back on included Extras every time you claim, until you reach your yearly limit, where applicable. 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

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 without having to serve waiting periods. It's important to contact us in a timely manner as you may not be able to backdate this request. More details on managing your membership and the requirements to add a child can be found in the Member Guide, at australianunity.com.au/importantdocuments

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.

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 Australian Government Prosthesis List. We will pay up to the benefit of the prosthesis set out in the Australian Government Prosthesis List at the date of service, so you shouldn't have any out-of-pocket expenses. If the prosthesis is not in the List, you'll have to pay any cost charged by the hospital, but the hospital or doctor needs to provide you with Informed Financial Consent first.

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, coronary care, labour ward or theatre fees in a Private Hospital or private day centre. You may incur a large out-of-pocket expense.

Consultations and Telehealth Appointments

References to 'consultations' in the tables 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, Exercise Physiology, Occupational Therapy and Physiotherapy. Benefits are only payable for one consultation with a provider on the same day, for the same member.

Purchases for Garments

Benefits will only be paid for items designed to assist a medical condition and purchased within Australia.

For Garments, a recommendation is required from an approved healthcare practitioner indicating the medical condition for which the item is required. This may be a letter (no more than 6 months old) or the referral must be detailed on the account.

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.

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.



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

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