

Top Extras

Extras Cover

Fact Sheet effective from 30 June 2025

Extras Tier



Top

Cover availability



Single



Couple



Single Parent
Family



Family



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 22 May 2025 and subject to change from time to time.

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
Access to our No Gap Dental Network	100% of the cost for selected services at our No Gap Dental Network	Benefits claimed as No Gap Dental do not count towards the yearly limit	No waiting period No Gap Dental covers selected services such as scale and clean, fluoride treatment and mouthguards. No Gap Dental providers are not available in all states.
Preventative Dental	Set amounts per item	Combined maximum of \$1000 per person, \$2000 per family	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	Set amounts per item	Combined maximum of \$1000 per person, \$2000 per family	12 month waiting period
Crowns, Bridges & Dentures			12 month waiting period A full denture replacement is limited to once every three years
Orthodontics	100% of the cost per item A lifetime maximum of \$3,200 per person applies	\$800 per person	12 month waiting period

Optical	What you'll get back	Yearly limit (January-December)	Waiting Period and Additional Information
Optical	100% of the cost per item	\$300 per person, \$600 per family	6 month waiting period For prescription glasses, contact lenses or repairs supplied by an optometrist in private practice. Excludes non-prescription sunglasses and contact lenses, and optical consultations

Physical Therapies	What you'll get back	Yearly limit (January-December)	Waiting Period and Additional Information
Physiotherapy	\$70 per consultation	Combined maximum of \$600 per person	2 month waiting period Includes sports physiotherapy and hydrotherapy
Exercise Physiology			2 month waiting period Includes hydrotherapy
Chiropractic and Osteopathy	\$50 per consultation \$50 for a chiropractic x-ray	Combined maximum of \$400 per person Limit of one chiropractic x-ray per person	2 month waiting period
Acupuncture	\$50 per consultation	Combined maximum of \$400 per person	2 month waiting period
Remedial massage			
Myotherapy			
Podiatry	\$50 per consultation	Combined maximum of \$400 per person	2 month waiting period Excludes podiatric surgery
Orthotics	80% of the cost per item		12 month waiting period When recommended by a podiatrist/orthotist or medical practitioner and supplied by an approved provider in a private practice
Braces and Splints			12 month waiting period
Garments			12 month waiting period When recommended by an allied health or medical practitioner and supplied by an approved provider in private practice

Other Health Services	What you'll get back	Yearly limit (January-December)	Waiting Period and Additional Information
Dietetics	\$50 per consultation	\$500 per person	2 month waiting period
Audiology, Speech, Eye and Occupational Therapy	\$80 per consultation	\$400 per person	
Psychology	\$100 per consultation	\$600 per person	

Medicines	What you'll get back	Yearly limit (January-December)	Waiting Period and Additional Information
Pharmacy	Up to \$50 per script	\$500 per person	2 month waiting period For non-PBS prescription pharmaceuticals prescribed for the indication approved by the Therapeutic Goods Administration (TGA) only, after you pay a sum equal to the current Pharmaceutical Benefits Scheme (PBS) patient contribution. Excludes vitamins, minerals and supplements
Travel Vaccinations	\$50 per script	\$250 per person	No waiting period For approved travel vaccines, supplied and administered in Australia prior to departure and for the purpose of overseas travel

Devices and Aids	What you'll get back	Yearly limit (January-December)	Waiting Period and Additional Information
Asthma Pumps and Peak Flow Meters	80% of the cost per item	Combined maximum of \$500 per person	12 month waiting period Benefit for each item is payable every 2 calendar years
Blood Glucose Monitors and Blood Pressure Monitors			
C-PAP Devices and TENS Machines			12 month waiting period Includes C-PAP/B-PAP, TENS Machines must be recommended by a physiotherapist or medical practitioner and supplied by an approved provider in private practice Benefit for each item is payable every 2 calendar years
Wheelchairs and Crutches			2 month waiting period For hire or purchase of wheelchairs or crutches used in prevention or support post injury
Non-Surgical Prostheses	80% of the cost per item	\$1,000 per person	12 month waiting period Benefit for each item is payable every 2 calendar years (does not apply to wigs)
Hearing Aids			12 month waiting period for items 2 month waiting period for repairs Includes hearing aid appliance, replacement and repairs. Benefit for each item is payable every 3 calendar years (does not apply to repairs).

Health Support	What you'll get back	Yearly limit (January-December)	Waiting Period and Additional Information
Sickness Travel and Accommodation	80% of the cost	Combined maximum of \$300 per membership	2 month waiting period Where the minimum return distance is 200km and treatment is certified as necessary by a medical practitioner. Valid receipts must be submitted for payment of benefits
School Accident Top- Up Benefit	Up to \$200 of the out-of-pocket cost	\$200 per Child Dependant	No waiting period A top-up benefit to pay for out-of-pocket costs for services covered on your Extras cover if your child needs general treatment as a result of an incident at school, on the way to-or-from school or at a school activity. Benefit applies to covered items and services under your Extras cover (subject to waiting periods), and provided the service was received within 12 months from the date of the incident at school. Incident must have taken place after product is purchased. Claim must be accompanied by a description of the accident from the (recognised) school. E.g. A report on the school's letterhead or the notification from the school's electronic notification system.

Ambulance	What you'll get back	Yearly limit (January-December)	Waiting Period and Additional Information
Emergency Ambulance	100% of the cost	Unlimited	No waiting period Unlimited Emergency Ambulance transportation provided that the transport is coded and invoiced as emergency transport by a recognised State Ambulance authority. Benefits are not payable if ambulance service is already covered by a State-based scheme or your ambulance subscription
Ambulance Attendance where you are not taken to hospital		2 attendances per person	

Other benefits	Waiting period and Additional Information
Preventative Health Programs	No waiting period Preventative Health Services can offer practical support to help bring about positive change. The following are offered under your cover: <ul style="list-style-type: none">• Doctor Health Checks• Quit Smoking• Weight Loss To check your eligibility, which providers and programs you are able to use, please contact Australian Unity. More information can be found at australianunity.com.au/wellnessbenefits

Important Information

Out-of-pocket costs

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.

Family Limits

For members covered under a family policy, the family limits detailed in the yearly limit tables above are the maximum amounts that can be claimed in a calendar year. The family limit is shared between all people on the membership and no person can claim more than the per person limit each calendar year.

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

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.

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, Physiotherapy, Psychology and Speech Therapy. Benefits are only payable for one consultation with a provider on the same day, for the same member.

Purchases for Devices, Aids, Orthotics and Garments

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

For TENS Machines, Orthotics and 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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