

Comprehensive Extras

Extras Cover - E2

Fact Sheet effective from 01 July 2021

Product 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. 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.

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	To reward our members' loyalty, we increase Dental benefit limits for the first 6 years of membership \$800 per person, first year \$1,600 per family, first year	No waiting period 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.
General Dental	Set amounts per item	\$800 per person, second year \$1,600 per family, second year \$900 per person, third year \$1,800 per family, third year \$900 per person, fourth year \$1,800 per family, fourth year	No waiting period for selected diagnostic services 2 month waiting period includes most fillings and simple tooth extractions 12 month waiting period includes treatment for gum disease, root canal, and surgical extraction of teeth
Crowns, Bridges & Dentures	Set amounts per item	\$1,000 per person, fifth year \$2,000 per family, fifth year \$1,200 per person, sixth year \$2,400 per family, sixth year	12 month waiting period A full denture replacement is limited to once every three years
Orthodontics	Up to 100% of the cost per item A lifetime maximum of \$2400 per person applies	Family limits are shared between all people on the membership but no one person can claim more than the per person limit If you were previously uninsured or not covered you will need to serve your relevant waiting period after which you will be entitled to the benefit expressed in the first year. Where annual limits increased it will increase on 1 January, up to the maximum limit.	12 month waiting period

Optical	What you'll get back	Yearly limit (January - December)	Waiting Period and Additional Information
Optical	Up to 100% of the cost per item	\$200 per person	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, Myotherapy & Exercise Physiology	70% of the consultation fee	Combined maximum of \$500 per person	2 month waiting period Includes ante-natal classes conducted by a private midwife or physiotherapist Physiotherapy includes sports physiotherapy Physiotherapy and exercise physiology includes hydrotherapy
Chiropractic & Osteopathy	\$35 per initial consultation \$24 per subsequent consultation \$30 for a chiropractic x-ray	Combined maximum of \$500 per person, \$1,000 per family Limit of one chiropractic x-ray per person Family limits are shared between all people on the membership but no one person can claim more than the per person limit	2 month waiting period
Podiatry	\$30 per initial consultation \$27 per subsequent consultation	\$350 per person	2 month waiting period Excludes podiatric surgery
Orthotics, Splints & Braces	75% of the cost	Combined maximum of \$300 per person	12 month waiting period Orthotics must be recommended by a podiatrist or medical practitioner and supplied by an approved provider in a private practice Braces and splints must be recommended by a podiatrist, physiotherapist or medical practitioner and supplied by an approved provider in a private practice

Other Health Services	What you'll get back	Yearly limit (January - December)	Waiting Period and Additional Information
Remedial Massage	\$25 per consultation	\$150 per person \$300 per family	2 month waiting period
Acupuncture	\$27 per consultation	\$350 per person	2 month waiting period
Dietetics	\$35 per initial consultation \$30 per subsequent consultation	\$350 per person	2 month waiting period
Psychology	\$50 initial consultation \$30 subsequent consultation	\$400 per person \$800 per family	2 month waiting period
Speech, Eye & Occupational Therapy	\$35 per consultation	Combined maximum of \$350 per person	2 month waiting period

Medicines	What you'll get back	Yearly limit (January - December)	Waiting Period and Additional Information
Pharmacy	Up to \$30 per script	\$500 per person	2 month waiting period For non-PBS prescription pharmaceuticals only, after you pay a sum equal to the current Pharmaceutical Benefits Scheme (PBS) charge. Excludes vitamins, minerals and supplements.
Travel Vaccinations	Up to 100% of the cost	\$150 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 & Aids	What you'll get back	Yearly limit (January - December)	Waiting Period and Additional Information
Asthma Pumps & Peak Flow Meters	Up to 100% of the cost	Combined maximum of \$110 per person	12 month waiting period Benefit for each item is payable every 2 calendar years
Blood Glucose Monitors & Blood Pressure Monitors	Up to 100% of the cost	Combined maximum of \$220 per person	12 month waiting period Benefit for each item is payable every 2 calendar years
Hearing Aids	Up to 100% of the cost	\$550 per person	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)
Non-Surgical Prostheses	75% 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 (does not apply to wigs)
Sickness Travel & Accommodation	\$30 per day for travel expenses \$50 per night for accommodation cost	\$120 per membership for travel \$250 per membership for accommodation	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

Devices and Aids

For a benefit to be paid on some aids and devices, a letter is required (no more than 6 months old) from your treating doctor or health 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 and if a letter is required.

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, 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.

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**, **Quit Smoking** and **Weight Loss**. 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

Where an Extras cover is taken with Hospital cover, benefits are payable under the Hospital cover only.

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 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', '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 on Comprehensive Extras covered under a Couple, Family or Single Parent Family policy, for all services that have family limits the family limits are the maximum amounts that can be claimed in a calendar year and are shared between all people on the membership but no one person can claim more than the per person limit each calendar year.

Planning a family

Please contact us if you're planning a family to make sure this cover is appropriate for you and your 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.

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; and
- 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.

Benefits for the Clinical Category Pregnancy and Birth are only paid under selected Hospital covers. Please refer to your Hospital Fact Sheet or contact us for more information.



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

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.

Please note: 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 as waiting periods for other services may apply.

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.

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.



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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