

Starter 60%

Extras Cover

Fact Sheet effective from 01 July 2021

Product Tier



Basic

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	60% of the cost per item	Combined maximum of \$600 per person	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

Optical	What you'll get back	Yearly limit (January - December)	Waiting Period and Additional Information
Optical	60% of the cost per item	\$150 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	60% of the consultation fee	\$300 per person	2 month waiting period Includes sports physiotherapy and hydrotherapy

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: 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, 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 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.

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.

Important Information

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.

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.

Closed Covers

Please note this cover is no longer available to new members.



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



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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australianunity.com.au