Important things to know – terms and conditions

Private Health Insurance

Effective from 21 April 2016

Health cover with us

The member

You become a health member once you complete a true and proper disclosure on your application form about yourself and other people covered under your membership, which is held in your name.

We may ask you to supply evidence to support any information provided on your application form, such as identity or age.

You are not eligible for a membership with Australian Unity if you are insured under a similar hospital cover with another private health insurer.

Unless otherwise agreed by Australian Unity, you must be 15 years or older to hold a membership in your own right.

Membership types

- A single membership covers one person (the member) only.
- A couple's membership covers the member and one other adult.
- A family membership covers the member and their spouse, de facto or partner and dependent children as well as sole parents with one or more eligible dependent children.

Dependants/Students

A dependant is a child aged up to 23 years old who is unmarried. Dependants can continue to be covered under the family membership as a Student Dependant up until the age of 25 years, while they remain unmarried or not in a de facto relationship and continue to attend an Australian Unity approved full-time course of study at a school, college or university.

You can download the 'Student Dependant' guide for more details from *australianunity.com.au/downloads*

Health cover for non-residents

Australian Unity hospital and extras cover is suitable for people with full Medicare entitlements. If you are an overseas visitor with no Medicare entitlements or limited reciprocal benefits, please refer to our Overseas Visitor Health Covers for more options.

Transferring from another fund

If you are transferring from another registered Australian private health insurance fund, you need to take out health cover with us within 30 days of cancelling your policy. We'll request a Transfer Certificate from them. This lets us know what waiting periods you have already served with your previous fund. Also what claims you have already made this year as these will be calculated against your new limits until they reset on 1 January.

Waiting periods

Generally, you may claim on services received from the commencement of your membership with us, except where waiting periods apply to selected treatments as outlined in your health cover fact sheet.

Waiting periods apply when you join, upgrade your cover, reduce your excess or re-join after a break in cover.

If you upgrade your cover you can claim the higher benefits for services received, except where a waiting period applies. In this case, the benefit we will pay is equivalent to your previous cover until the waiting period on your new level of cover has been served.

Pre-existing conditions

We apply a 12 month pre-existing condition rule to protect our existing membership against claims made by new members, or those who have upgraded their cover, because they have a condition that may require treatment.

A pre-existing condition is defined as any ailment, illness, or condition where, in the opinion of a medical practitioner appointed by Australian Unity, the signs or symptoms of that illness, ailment or condition existed at any time in the period of six months, ending on the day on which you became insured under the policy. This waiting period does not apply to hospital treatments for psychiatric, rehabilitation and palliative care, which only have a waiting period of two months.

Where you have only had your current cover for less than 12 months, contact us to discuss if the pre-existing condition waiting period applies to you prior to booking your hospital procedure. We need up to five working days to carry out the pre-existing assessment, after receiving information about your condition from your first consulting medical practitioner.

Managing Your Membership

Planning your cover

You can change your level of cover at any time either over the phone or by filling out a 'Change of Membership Details' form which can be downloaded from australianunity.com.au/downloads

Upgrading your cover means increasing your level of hospital or extras benefits or reducing your excess. You may have to serve new waiting periods for services you weren't previously covered for.

A cooling off period of up to 30 days applies to changing your level of cover. Refer to the Additional Information section within this brochure for further details on the cooling off period.

Save money on your premiums by taking a higher hospital excess or by claiming the Australian Government Rebate on Private Health Insurance, if you are eligible. Waiting periods may apply if you decide to upgrade your cover at a later date.

Planning a family

Contact us if you are planning for a baby. We can check your level of hospital cover to see if it includes benefits for pregnancy and related services. This is important because there is a 12 month waiting period applied for these services.

Already have a family membership? Let us know about your newborn within 30 days of the birth and we'll add your child to your membership and no waiting periods will apply.

Still on a single membership? For your newborn to be covered, you will need to change to an appropriate family membership at least two months prior to your baby's birth so your baby can be covered immediately. 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.

Premiums
Unless otherwise offered or agreed by Australian Unity, your premiums are payable monthly, or in monthly multiples, in advance. You can lock-in your premiums for up to 12 months in advance, however if you exceed this period from the current financial date of your membership, we may not accept the payment.

Notice of premium and benefit changes
Australian Unity's rate guarantee policy ensures that your premiums paid in advance are protected against a premium change, which usually occurs on 1 April, until the next payment due date. You will also be eligible for any increase in benefits applied to your level of cover.

Making claims
The benefits, yearly limits and excesses on your hospital and extras cover are calculated from 1 January each calendar year. The conditions and benefits payable for your claims apply based on the date the service was received. When faxing, emailing or submitting a claim online, you should retain your original receipts for at least two years.

We will only pay on claims you have made for products and services purchased within Australia and are limited to the insured rate or the actual amount charged, whichever is less. If your membership falls into arrears or is suspended, we will not pay your claims during that period. Remember to send your claims to us promptly as we will not pay on any claims submitted more than two years after the date of service.

Compensation
Australian Unity benefits are not payable for claims where you have the right to claim compensation, damages or benefits from another source, now or at a later date, so it is in your interest to pursue that entitlement. If we have paid on these types of claims and you have received compensation from another source, you will be required to reimburse us. Please contact our Customer Service team for advice concerning compensation claims.

Claim quality reviews
Australian Unity is committed to keeping fund premiums to a minimum, and one way of doing this is to ensure that claims for treatment or services raised by healthcare providers are charged and the benefits paid are accurate and correct. Australian Unity may undertake audits of hospital or extras claims, and may contact you to assist or seek written consent. Your details will be kept confidential at all times.

Suspension of membership
Overseas travel – If you're travelling overseas, you can suspend your membership for a minimum of two months and up to two years. You need to have at least a hospital cover and submit your application prior to your departure. Your membership must also be paid by at least one month in advance of the requested suspension date.

Financial hardship – If you have been a member with hospital cover for at least 12 continuous months and face financial hardship, you may apply to suspend your membership. Your membership must be paid up to the requested suspension date and the maximum period you can suspend is three months and documentation evidencing the reason must be supplied with the application.

While your membership is suspended, we will not pay on any claims for services or treatments that occur during that period. Any remaining waiting periods must be served on reactivation of your membership.

If you earn over the Medicare Levy Surcharge income threshold, you may have to pay this surcharge for the period the membership was suspended.

You can download the 'Health Cover Suspension' guide for more details from *australianunity.com.au/downloads*

Your hospital cover

Hospital
Your hospital cover provides benefits towards the cost of accommodation and theatre fees while you're an admitted patient at either a private or public hospital for 365 days of the year, where your medical provider certifies that you still need ongoing acute care. We will pay benefits towards the cost of in-hospital Pharmaceutical Benefits Scheme (PBS) pharmaceuticals. However, experimental and high cost non-PBS drugs are excluded. Hospital benefits are not payable for private hospital emergency department fees. It's important that you discuss the potential fees with your surgeon and hospital prior to any treatment.

Agreement private hospitals
Agreement private hospital means a private hospital or day hospital facility that has a negotiated contract agreement with Australian Unity.

Medical costs
As a private patient, you can have the choice of your own doctor at either a private or public hospital. Fees charged by your specialist, surgeon and anaesthetist for treatment received while you're in hospital will be billed to you, or sent to us directly if your practitioner participates in our Gap Cover scheme and you're on an eligible level of cover.

Gap Cover is only available on selected covers. Please check your fact sheet to find out if you're on an eligible level of cover. Gap cover only applies to the treatment of illnesses or conditions available under your health cover.

Exclusions
If you select a hospital cover that has treatments listed as 'Excluded', this means that we will not pay any benefits for the treatment you have received and this can result in you incurring large out-of-pocket expenses. Always refer to your health cover fact sheet for more details about your hospital cover entitlements.

Restricted benefits
To lower your hospital premium, some hospital treatments on your cover may be listed as 'Restricted'. This means we will pay the minimum default benefit, which is determined by the Australian Government and only covers you in a shared room of a public hospital. A treatment can be listed as a restricted benefit for a period of time on the membership, e.g. 24 months, or for the duration of your cover. Going to a private hospital for a treatment that is restricted will result in large out-of-pocket costs as we will not cover fees for private hospital theatre, labour ward or costs associated with an admission to an Intensive or Coronary Care unit. Contact us to discuss your cover prior to undergoing any hospital treatment.

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. The excess is applied in accordance with your level of cover. Please check your fact sheet to confirm how much excess you'll have to pay.

Accidents
Accident means any injury sustained as a result of unintentional, unexpected actions or events, which requires medical attention from a registered medical practitioner within seven (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.

Accident cover
Where a hospital cover offers this benefit, to be eligible, the accident must have occurred after you joined the level of cover. The provision of this benefit is at our discretion; we will ask you to complete an accident declaration and your doctor to complete a medical report. The decision will be based on supporting documentation as required by Australian Unity.

Emergency ambulance
Emergency ambulance transportation is usually defined as when you are at risk of serious morbidity or mortality and require urgent assessment, resuscitation and/or treatment.

We recommend, where available, that you purchase an Ambulance Subscription with your applicable State Ambulance provider. (VIC, SA, NT and rural WA).

Ambulance benefits are only payable in accordance with your level of cover and when the account is coded and invoiced as an emergency transportation by a recognised State Ambulance authority. Benefits won't be payable if you are covered by a third party subscription scheme or a resident of a state (QLD, TAS) that provides a state based scheme.

If you live in NSW or ACT, your ambulance cover is included in your hospital cover premium. If you receive an account, send it to us to be endorsed so it can be sent back to the applicable ambulance transport scheme.

Your extras cover

What's covered

Your extras cover provides benefits towards services that aren't claimable from Medicare, such as Dental, Physiotherapy, Optical, Remedial Massage and Acupuncture.

You can claim for these types of services where it is offered under the level of cover you have chosen and the treatment was given by a recognised provider in private practice. The benefits you can claim are outlined in your health cover fact sheet and the criteria are set out in our Fund Rules.

What's not covered

Extras benefits will not be payable:

- where treatment is provided by a practitioner not in private practice
- where a provider is not recognised by us
- when provided in a public hospital
- where Medicare, a Government body or third party provide a benefit
- where services are delivered online or over the telephone, unless part of an approved Australian Unity chronic disease or health management program
- where more than one treatment or consultation has been charged per patient, per practitioner, per day
- where you have reached your yearly maximum limit, including lifetime limits and benefit replacement periods.

Benefit replacement periods

For claims on artificial aids or devices, we apply a set period of time that you have to wait until you can claim further benefits on the purchase of a replacement. We believe these appliances should last for a reasonable period of time with the right amount of care and any faults with the aid or device should be under warranty.

Recognised providers

Providers must be in private practice and recognition is subject to change without notice. If a provider is not recognised by us or has been de-listed, benefits will not be payable for their services. Recognition by Australian Unity is for benefit payment purposes only and should not be taken or construed in any way as sponsorship, approval of, or any recommendation as to the qualifications and skills of, or services provided by, a practitioner or therapist. Before commencing treatment, find out if your provider is recognised by calling us on *13 29 39*.

Additional information

Changes to your cover

We may at any time make changes to your benefits and will provide you with reasonable notice prior to these changes taking effect, in accordance with the Private Health Insurance Act 2007 and Private Health Insurance Code of Conduct.

Membership arrears

Keeping your health cover active is important, therefore your premium payments should always be paid in advance. If you don't make a payment and your membership falls into arrears for a period of more than 60 days, your cover will be cancelled and all entitlement to benefits will cease.

30 day cooling off period

We will allow any member who has not yet made a claim to cancel their membership and receive a full refund of any premiums paid within a period of 30 days from the commencement of their membership. When you change level of cover, we will also allow you 30 days to change your mind and switch back to your previous level of cover if you have not yet made any claims.

Cancellation of a membership

You have the right to cancel your membership at any time. If you are considering cancelling your membership, please contact our Customer Service team as we may able to offer you other options.

Where, in the opinion of the fund there are sufficient grounds to do so, Australian Unity may terminate or suspend your membership at any time by giving you written notice, and may refund any premiums you have paid beyond the cancellation date.

Refund policy

If you cancel your membership after the cooling off period, we will refund any premiums you have paid beyond the cancellation date. If you decide to cancel, we may charge you an administration fee of up to $50 per membership.

Becoming a member of Australian Unity

As a member of the Australian Unity health benefit fund, you may be eligible to become a member of Australian Unity Limited ABN 23 087 648 888 after completing two years of continuous membership.

If you are an Australian Unity health benefit fund member through a corporate group membership or you have purchased an Overseas Visitors Cover, you are generally ineligible to become a member of Australian Unity Limited.

Summary of Fund Rules

This important information contains only a summary of the Fund Rules. The complete rules of the health fund are set out in full within the terms and conditions of membership and liability under the fund. These rules are available for inspection at Australian Unity, 114 Albert Road, South Melbourne.

Direct Debit Request Service Agreement

Our commitment to you

This document sets out your rights, our commitment to you and your responsibilities to us, together with where you should go for assistance in respect of your direct debit arrangement with Australian Unity.

Initial terms of the arrangement

In terms of the Direct Debit Request (DDR) arrangement made between us and authorised by you, we undertake to periodically debit your nominated account in accordance with your authority to direct debit.

Drawing arrangements

If any drawing falls due on a non-business day, it will be debited to your account on the next business day following the scheduled drawing date.

We will give you at least 14 days notice when we intend to make changes to the initial terms of the arrangement.

Your rights. Changes to the arrangement

If you want to make changes to the drawing arrangement, please notify us in writing at least four business days prior to your next scheduled drawing date. These changes may include:

- deferring the drawing; or
- altering the schedule; or
- stopping an individual debit; or
- suspending the DDR; or
- cancelling the DDR completely.

Enquiries

If you have any enquiries, they should be directed to Australian Unity rather than to your financial institution. All information relating to the DDR held by us will remain confidential except for information that may be provided to our financial institution to initiate the drawing to your nominated account or information disclosed to a third party as required by law. Information may also be provided to Australian Unity Limited or any of its wholly-owned subsidiaries to enable this DDR to be effected.

Disputes

- If you believe that a drawing has been initiated incorrectly, you should raise the matter directly with Australian Unity.
- If you do not receive a satisfactory response from us to your dispute, contact your financial institution who will respond to you with an answer to your claims in accordance with their dispute resolution procedures. Note: Your financial institution will ask you to contact us to resolve your disputed drawing prior to involving them.

Your commitment to us

It is your responsibility to ensure that:

- your nominated account can accept direct debits (your financial institution can confirm this); and
- on the drawing date there are sufficient cleared funds in the nominated account; and
- you advise us if the nominated account is transferred or closed; and
- you give us your updated expiry date when you are issued a new credit card if applicable.

If your drawing is returned or dishonoured by your financial institution, we will notify you in writing. Any transaction fees payable by us in respect of the above may be passed on to you.

Consecutive returns or dishonours may result in the direct debit facility being withdrawn.

We welcome your feedback

We are committed to resolving complaints in a fair and efficient manner and view feedback as a vital opportunity to improve our services, products and policies. If you are dissatisfied with any aspect of Australian Unity's service, your health cover or feel that our service has failed to meet your expectations, we would appreciate hearing from you.

To ensure you have the best possible customer experience, please make sure that you gather all supporting documents and information relating to your complaint, think about any questions you need answered that will help us resolve the issue more efficiently, and contact us as soon as possible.

To commend us on our service or to lodge a complaint, contact our customer service team via one of the options below.

Phone: 13 29 39, Monday - Friday 8.30am - 8.00pm EST

Email: customerservice@australianunity.com.au

Mail: Australian Unity
114 Albert Road,
South Melbourne, VIC 3205

We also have escalation procedures in place to address your complaint. If you have a complaint, Australian Unity will endeavour to acknowledge your complaint within 48 hours of receipt of your complaint.

If I have a complaint, how will it be handled?

Australian Unity is committed to resolving your complaint the first time you contact us. We understand that it is important to listen to you and address each of your concerns.

We encourage you to discuss your complaint with the first Customer Service Representative you speak with, however if you are not satisfied with their response, your complaint will be escalated to their manager to review and resolve. We are confident that in most cases, our Customer Service staff will address your concerns to your satisfaction.

If you are not satisfied that your complaint has been fully resolved, you have the option of escalating service and product related matters to a case manager within Australian Unity's Customer Relations department.

The case manager will investigate your complaint and attempt to resolve your complaint within five business days upon receipt of your complaint.

What if I am not entirely satisfied with the handling or resolution of my complaint?

Where possible we like to resolve the issue directly with you. If you believe that Australian Unity has not made reasonable attempts to address your complaint or you are not satisfied with our resolution and your complaint relates to a private health insurance policy, you can contact the Private Health Insurance Ombudsman.

This organisation is an independent office, appointed by the Federal Government, whose services are free to all health fund members. The Private Health Insurance Ombudsman handles enquiries, suggestions and complaints and will assist you in resolving a dispute. For more information on this service visit *phio.org.au*

If you wish to contact this service you may do so via any of the following channels:

Phone: 1800 640 695

Email: *info@phio.org.au*

Mail: Private Health Insurance Ombudsman
Office of the Commonwealth Ombudsman
GPO Box 442, Canberra ACT 2601

How we protect your privacy

The security of your personal information is important to us and we take strict measures to ensure it is handled responsibly.

Your information is collected for the purpose of processing your application and fulfilling our obligation to develop and inform you of new products, services and special discount offers.

However, you have a right to stop receiving any direct marketing material at any time. To opt out, call *13 29 39* or send an email to *customerservice@australianunity.com.au*

Please note information may be disclosed to:

- intermediaries through which you deal with Australian Unity (e.g. agent, financial adviser, employer or industry association)
- claims assessment participants (for instance a medical referee used to assess a claim)
- other reputable service providers (e.g. HICAPS, CSC, hospitals, doctors and Australian Unity selected mailing houses).

You have rights to access your personal information held by Australian Unity in accordance with our privacy policy, which can be found at *australianunity.com.au/privacy*

Our privacy policy also contains information on how to complain about a privacy breach.

You acknowledge and understand that Australian Unity utilises call recording for audit, quality and training purposes.

Australian Unity Health Limited - ABN 13 078 722 568

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Australian Unity

Any Questions? Talk to us on 13 29 39

114 Albert Road, South Melbourne Victoria 3205
australianunity.com.au