

Top Choice (Silver Plus)

Hospital and Extras Cover

Fact Sheet issued 01 July 2020

Hospital Tier



HOSPITAL
(SILVER PLUS)



EXTRAS
MID

Cover availability



SINGLE



COUPLE



SINGLE
PARENT
FAMILY



FAMILY

Excess options



EXCESS



EXCESS

Excess is waived for **Children**
Half excess for **Day surgeries**

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 12 February 2020 and subject to change from time to time.

Top Choice (Silver Plus)

Hospital Cover

180
YEARS

**Australian
Unity** 
Real Wellbeing

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

Further Benefits Provided by Australian Unity	
Service	Additional Information
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.
Emergency Ambulance	Ambulance transportation to hospital. You are covered for emergency ambulance transportation to hospital provided that the transport is coded and invoiced as emergency transport by a recognised State Ambulance authority. Some State schemes already cover ambulance services. Also includes two ambulance attendances per person per calendar year, where you are not taken to hospital.
Hospital Care at Home & Rehabilitation at Home	Receive short-term support from our approved service provider 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. Waiting periods may apply, depending on the treatment.

Top Choice (Silver Plus)

Extras Cover

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	Combined maximum of \$700 per person	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		No waiting period for selected diagnostic services 2 month waiting period Includes most fillings and simple tooth extractions
Root Canal, Gum Disease Treatments & Surgical Extractions	Set amounts per item		6 month waiting period
Crowns, Bridges & Dentures	Set amounts per item	\$1000 per person Crowns and bridges sub-limit is \$600 per person Dentures sub-limit is \$600 per person	12 month waiting period A full denture replacement is limited to once every three years

Optical	What you'll get back	Yearly limit (January - December)	Waiting Period and Additional Information
Optical	Up to 100% of the cost per item	\$250 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	\$40 per consultation	\$500 per person	2 month waiting period Includes sports physiotherapy and hydrotherapy
Chiropractic & Osteopathy	\$40 per initial consultation \$30 per subsequent consultation	Combined maximum of \$300 per person	2 month waiting period
Podiatry	\$40 per initial consultation \$30 per subsequent consultation	\$400 per person	2 month waiting period Excludes podiatric surgery

Other Health Services	What you'll get back	Yearly limit (January - December)	Waiting Period and Additional Information
Remedial Massage	\$30 per consultation	Combined maximum of \$300 per person	2 month waiting period
Myotherapy	\$30 per consultation		2 month waiting period
Acupuncture	\$30 per consultation		2 month waiting period

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, Cervical Cancer Vaccinations, Quit Smoking, Weight Loss, Lift for Life, Step into Life, Diabetes Australia Membership, Mammogram Screening, Bone Density Scan** and **Personal Health Coaching**. 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

Health Support Programs

The diagnosis of a chronic condition or illness can leave you feeling vulnerable and overwhelmed. Australian Unity at home Health Support programs are there to increase your knowledge, skills and confidence – and ultimately, help improve or sustain your health and wellbeing. Work with a team of highly qualified and experienced health consultants to develop a personalised plan that complements the care you are already receiving. We have a range of programs available, including support for Diabetes, Heart-related conditions and mental health care. This includes the **MindStep® Mental Health Program**.

To check programs available and your enrolment eligibility and any waiting periods that may apply, please contact Australian Unity. More information can be found at australianunity.com.au/wellnessbenefits

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/coronary care fees
- Medication in hospital approved by the Pharmaceutical Benefits Scheme (PBS) (excluding medication you take home)
- Allied health services directly related to your admission provided by the hospital (e.g. physiotherapy) while admitted
- Dressings and other consumables while admitted. Excludes some robotic surgery consumables.
- 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
- Private room in an agreement Private Hospital where available

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
- Private room in an agreement Private Hospital where available

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.

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.

With Top Choice (Silver Plus) you have a choice of excess:

- Top Choice (Silver Plus) \$500 excess
- Top Choice (Silver Plus) \$750 excess

On Top Choice (Silver Plus), depending on your choice of excess, Singles will pay a maximum excess of \$500/\$750 each calendar year. Couples and families will pay a maximum excess of \$1,000/\$1,500 each calendar year, but no overnight admission will cost you more than a \$500/\$750 excess. You will only have to pay half the excess for day surgeries that do not result in an overnight admission. If the applicable total excess isn't paid after your first hospital admission, you will have to pay the remaining balance of the excess on any subsequent admission(s) within the same calendar year. Plus you won't pay an excess if any children or student dependants listed on your membership are admitted to hospital.

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.

Top Choice (Silver Plus) waiting periods for the hospital services on your cover are:

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

Some waiting periods for the Extras services on your cover are listed in the Extras table. These 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.

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.

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 or coronary care, or theatre fees in a private hospital or private day centre. Therefore you may incur a large out-of-pocket expense. Contact us on 13 29 39 for more information.

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 continued

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.

To find an agreement Private Hospital please visit:
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'.

Gap Cover

To help reduce or avoid 'the gap' payment of medical bills, we've set our own Gap Cover schedule of fees, which are generally higher than the Medicare Benefits Schedule (MBS). If your doctor or specialist agrees to participate in Australian Unity's Gap Cover scheme, we can pay for some, if not all, of the gap.

If Gap Cover won't fully cover your participating doctor's fees, your doctor must tell you how much you'll have to pay in writing before treatment can begin. This is called Informed Financial Consent.

To find a Gap Cover doctor please visit: australianunity.com.au/gap-cover

Out-of-pocket cost - 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 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.

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.

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 government's Prostheses List. We will pay up to 100% of the minimum cost of the prosthesis, as required under legislation, so you shouldn't have any out-of-pocket expenses. However, if the prosthesis used is listed as a 'known gap' prosthesis, you'll have to pay any gap charged by the hospital, but the hospital or doctor needs to provide you with Informed Financial Consent first.

Important Information continued

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;
- 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.

Please note, this cover does not pay benefits for the Clinical Category Pregnancy and Birth.



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.

Any questions?



13 29 39



australianunity.com.au