



Super Extras

Extras Cover

Effective from 1 April 2013

Want our very best extras cover and high yearly limits so you can claim more?

With Super Extras you can get money back on popular extras like general and major dental.

The cover can also be used for optical, psychology, physio, acupuncture, chiro and remedial massage – to name but a few. You can even use it for supports like hearing aids, wheelchairs and braces.

Super Extras lets you get up to 80% back on most extras, which can amount to over \$5,000 per person each year. You can also use our preventative health benefits like for travel vaccinations and doctor health checks.

At a glance

Extras features

- ✓ General dental
- ✓ Major dental and orthodontics
- ✓ Physiotherapy
- ✓ Natural therapies
- ✓ Chiropractic
- ✓ Optical
- ✓ Podiatry
- ✓ Pharmacy
- ✓ Psychology
- ✓ Acupuncture
- ✓ Speech therapy
- ✓ Occupational therapy
- ✓ Remedial massage
- ✓ Dietetics
- ✓ Hearing aids
- ✓ Wheelchairs or crutches
- ✓ Braces or splints

Preventative health benefits

Keeping happy and healthy is important. To make staying healthy simple, we provide some useful preventative health benefits for our members:

- Doctor health checks
- Weight loss program
- Quit smoking program

For detailed information on benefit limits, waiting periods and program approvals, please refer to your Member Guide or visit australianunity.com.au/wellnessbenefits

Level of Cover

| | Basic | Mid | Premium |
|----------|-------------|-------------|-------------|
| Hospital | <div></div> | <div></div> | <div></div> |
| Extras | <div></div> | <div></div> | <div></div> |

Simple. Useful.

114 Albert Road, South Melbourne Victoria 3205
Call 13 29 39 or visit www.australianunity.com.au



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Extras Cover

| | Service <i>Must be provided by a recognised provider in private practice.</i> | Benefits | Yearly Limit <i>From January to December each year.</i> | Waiting Period | | | | | | | | | | | | | | | | | | |
|--|---|--|---|--|------------|--------------|-------|---------|---------|--------|---------|---------|-------|---------|---------|--------|---------|---------|-------|---------|---------|--|
| DENTAL | General dental <i>Covers periodic examinations, fillings, teeth extractions and periodontics.</i> | 75% up to a set benefit amount per item | To reward members' loyalty, we increase benefit limits for the first 5 years of membership. <table><tr><th>Years of Membership</th><th>Per Person</th><th>Family Cover</th></tr><tr><td>First</td><td>\$1,000</td><td>\$2,000</td></tr><tr><td>Second</td><td>\$1,100</td><td>\$2,200</td></tr><tr><td>Third</td><td>\$1,300</td><td>\$2,600</td></tr><tr><td>Fourth</td><td>\$1,400</td><td>\$2,800</td></tr><tr><td>Fifth</td><td>\$1,600</td><td>\$3,200</td></tr></table> | Years of Membership | Per Person | Family Cover | First | \$1,000 | \$2,000 | Second | \$1,100 | \$2,200 | Third | \$1,300 | \$2,600 | Fourth | \$1,400 | \$2,800 | Fifth | \$1,600 | \$3,200 | 2 months for general dental 6 months for surgical extraction of wisdom teeth, endodontic and periodontics |
| | Years of Membership | Per Person | Family Cover | | | | | | | | | | | | | | | | | | | |
| | First | \$1,000 | \$2,000 | | | | | | | | | | | | | | | | | | | |
| | Second | \$1,100 | \$2,200 | | | | | | | | | | | | | | | | | | | |
| | Third | \$1,300 | \$2,600 | | | | | | | | | | | | | | | | | | | |
| Fourth | \$1,400 | \$2,800 | | | | | | | | | | | | | | | | | | | | |
| Fifth | \$1,600 | \$3,200 | | | | | | | | | | | | | | | | | | | | |
| Preventative dental <i>Covers selected services such as scale and clean, fluoride treatment and mouthguards.</i> | 100% of the fee charged for selected services at our No-Gap Dental Network | | None | | | | | | | | | | | | | | | | | | | |
| Major dental <i>Covers crowns, endodontic, dentures, implants and prosthetic devices.</i> | 80% up to a set benefit amount per item Benefits for replacement of complete dentures is limited to one set every three calendar years | Time served with another health fund will count towards your years of loyalty benefit. An orthodontic lifetime maximum of \$2,800 per person applies. | 12 months | | | | | | | | | | | | | | | | | | | |
| Orthodontics | 80% up to a set benefit amount per item | | 12 months | | | | | | | | | | | | | | | | | | | |
| OPTICAL | Optical <i>For prescription glasses, contact lenses or repairs prescribed by a recognised optometrist in private practice.</i> | 80% of the cost Non-prescription sunglasses and non-prescription contact lenses are excluded | \$250 per person \$500 per family | 6 months | | | | | | | | | | | | | | | | | | |
| REMEDIES | Travel vaccinations <i>If supplied and administered in Australia.</i> | Up to 80% of the cost | \$150 per person \$300 per family | None | | | | | | | | | | | | | | | | | | |
| | Pharmacy <i>Non-PBS prescriptions. Vitamins, minerals or supplements are excluded.</i> | Up to \$55 per script after an equivalent of the current Pharmaceutical Benefits Scheme (PBS) contribution is paid | \$300 per person \$600 per family | 2 months | | | | | | | | | | | | | | | | | | |
| PHYSICAL THERAPIES | Physiotherapy and myotherapy <i>Includes exercise physiology and ante-natal classes conducted by a private midwife or recognised physiotherapist.</i> | 80% of the fee charged | Combined maximum of \$600 per person \$1,200 per family | 2 months | | | | | | | | | | | | | | | | | | |
| | Chiropractic and osteopathy | 80% of the fee charged Including chiropractic x-ray (one x-ray per person per year) | Combined maximum of \$600 per person \$1,200 per family | 2 months | | | | | | | | | | | | | | | | | | |
| | Podiatry and foot orthotics <i>Excludes surgical podiatry. Includes approved appliances recommended and supplied by a podiatrist or medical practitioner in private practice.</i> | 80% of the fee charged | Combined maximum of \$400 per person \$800 per family | 2 months for podiatry 12 months for orthotics | | | | | | | | | | | | | | | | | | |
| NATURAL THERAPIES | Psychology, speech therapy, eye therapy and occupational therapy | 80% of the fee charged | Combined maximum of \$400 per person \$800 per family | 2 months | | | | | | | | | | | | | | | | | | |
| | Acupuncture, naturopathy and dietetics | 80% of the fee charged | Combined maximum of \$400 per person \$800 per family | 2 months | | | | | | | | | | | | | | | | | | |
| | Remedial massage | \$25 per consultation | Remedial massage sub-limit is \$150 per person \$300 per family | | | | | | | | | | | | | | | | | | | |
| DEVICES & AIDS | Asthma pumps, blood glucose monitors or blood pressure monitors | 80% of the cost One appliance every two years | Combined maximum of \$400 per person \$800 per family | 12 months | | | | | | | | | | | | | | | | | | |
| | TENS machines, C-PAP devices or oral appliances for sleep apnoea <i>Excludes circulation boosters.</i> | 80% of the cost One appliance every five years | | 12 months | | | | | | | | | | | | | | | | | | |
| | Wheelchairs or crutches | 80% of the cost For the purchase or hire. | \$100 per person | 2 months | | | | | | | | | | | | | | | | | | |
| | Braces or splints <i>When recommended by a health care practitioner.</i> | 80% of the cost | Combined maximum of \$300 per person \$600 per family | 12 months | | | | | | | | | | | | | | | | | | |
| | Non-surgical prostheses or hearing aids | 80% of the cost One appliance every three years | Combined maximum of \$1,000 per person \$2,000 per family | 12 months | | | | | | | | | | | | | | | | | | |



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Any Questions? Talk to us on 13 29 39

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