



Important things to know

Terms and conditions



Simple. Useful.

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

Changing 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.

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 will only apply if you decide to upgrade your cover at a later date.

Starting 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 to the newborn.

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.

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 becomes unfinancial 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

Where you have the right to claim damages, compensation or benefits from another source, now or at a later date, you must pursue that entitlement as we won't pay on those claims. 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 financial by at least one month in advance of the requested suspension date.

Financial hardship – If you have been a financial member with hospital cover for at least 12 continuous months and face financial hardship, you may apply to suspend your membership. 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 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.

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

Australian Unity defines an accident as any injury that occurs due to an unintentional or unexpected act, which requires timely treatment by a registered medical practitioner.

Accidents arising from surgical procedures, falling pregnant, or symptoms related to pre-existing conditions, don't fall under this definition.

Likewise, if the accident was alcohol related or brought about by drug use, an unforeseen illness or other medical condition, we won't consider that to be an accident.

Accident cover

Where a hospital cover offers this benefit, to be eligible, the accident must have occurred after you joined the level of cover and you sought timely medical attention. 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 the advice of Australian Unity's appointed medical or para-medical practitioner.

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 registered 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

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

If you haven't made a claim on your hospital or extras cover, you can get a full refund of the premiums you have paid if you change your mind and decide to cancel within 30 days of joining Australian Unity.

Refund policy

After the cooling off period, if you decide to cancel your membership with us, the request needs to be in writing. Any refund of premiums you have paid will be calculated from the date we receive your cancellation request or a later date by your request. We may charge you an administration fee to do so, but not exceeding \$50 per membership.

If you are considering cancelling your membership, please discuss this with our Customer Service team as we may be able to offer you other options.

Cancellation of a membership

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 as the member concerned and may refund any premiums paid in advance.

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 a member on 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 benefits fund set out in full 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 VIC 3205.

Private Health Insurance Ombudsman

If you believe that Australian Unity has not made reasonable attempts to address your complaint or you are not satisfied with our resolution, you have the option of contacting the Private Health Insurance Ombudsman. This independent office is appointed by the Australian Government, and its services are free to all health fund members.

The Ombudsman can be reached by:

phone: 1800 640 695 or (02) 8235 8777

email: info@phio.org.au

mail: Private Health Insurance Ombudsman
Suite 2, Level 22, 580 George St, Sydney NSW 2000

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 determine a claim)
- other reputable service providers (e.g. HICAPS, IBA HealthPoint, 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/health-insurance/privacy-policy

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

Simple.

[sim-puh'l] *adjective*

not complicated;
easily understood or done;
presenting no difficulty.

Useful.

[yoos-fuh'l] *adjective*

able to be used for a practical
purpose in several ways; able to
produce good results; efficient.



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



Australian Unity is a signatory to the Private Health Insurance Code of Conduct. For details go to privatehealth.com.au/codeofconduct

This documentation should be read carefully and retained. Please refer to Australian Unity's terms and conditions for information on your cover. Information is current as at the effective date, 1 February 2014, and is subject to change.

Australian Unity respects your wishes. If you received this by unsolicited direct mail from Australian Unity, and don't wish to receive similar product offerings in the future (including special offers and discounts), please let us know by calling 13 29 39.