

EFFECTIVE 1 JULY 2026

Please read this product guide in conjunction with information on our website and the Important Information Guide.

| GOLD EASY CHOICE                                                  |       |
|-------------------------------------------------------------------|-------|
| EXCESS                                                            | \$300 |
| Assisted reproductive services                                    | ✓     |
| Back, neck and spine                                              | ✓     |
| Blood                                                             | ✓     |
| Bone, joint and muscle                                            | ✓     |
| Brain and nervous system                                          | ✓     |
| Breast surgery (non-cosmetic)                                     | ✓     |
| Cataracts                                                         | ✓     |
| Chemotherapy, radiotherapy and immunotherapy for cancer           | ✓     |
| Dental surgery                                                    | ✓     |
| Diabetes management (excluding insulin pumps)                     | ✓     |
| Dialysis for chronic kidney failure                               | ✓     |
| Digestive system                                                  | ✓     |
| Ear, nose and throat                                              | ✓     |
| Eye (not cataracts)                                               | ✓     |
| Gastrointestinal endoscopy                                        | ✓     |
| Gynaecology                                                       | ✓     |
| Heart and vascular system                                         | ✓     |
| Hernia and appendix                                               | ✓     |
| Hospital psychiatric services                                     | ✓     |
| Implantation of hearing devices                                   | ✓     |
| Insulin pumps                                                     | ✓     |
| Joint reconstructions                                             | ✓     |
| Joint replacements                                                | ✓     |
| Kidney and bladder                                                | ✓     |
| Lung and chest                                                    | ✓     |
| Male reproductive system                                          | ✓     |
| Miscarriage and termination of pregnancy                          | ✓     |
| Pain management                                                   | ✓     |
| Pain management with device                                       | ✓     |
| Palliative care                                                   | ✓     |
| Plastic and reconstructive surgery (non-cosmetic)                 | ✓     |
| Podiatric surgery (provided by a registered podiatric surgeon)    | ✓     |
| Pregnancy and birth                                               | ✓     |
| Rehabilitation                                                    | ✓     |
| Skin                                                              | ✓     |
| Sleep studies                                                     | ✓     |
| Tonsils, adenoids and grommets                                    | ✓     |
| Weight loss surgery                                               | ✓     |
| Ambulance cover – refer to the Important Information Guide (p. 8) | ✓     |

## HOSPITAL COVER

This table shows whether your policy provides cover for each treatment category. Hospital cover pays benefits towards accommodation, intensive care, theatre fees and medical charges incurred as an admitted private patient where a Medicare benefit is payable. Out-of-pocket costs may arise for some procedures such as robotic surgery, high-cost pharmacy or consumable items, or the fees charged by medical professionals. We generally pay a higher accommodation benefit at Union Health-contracted hospitals. At non-contracted hospitals, we only pay the minimum accommodation benefits as determined by the government, so you may incur larger out-of-pocket costs. We may also pay benefits for alternatives to hospital treatment, as listed on our website under “home care programs”.

## DENTAL SURGERY

**Performed by a medical practitioner:** If Medicare benefits are payable, we pay a benefit towards the hospital and medical charges.

**Performed by a dentist:** we pay benefits towards hospital charges. Any dental charges may be payable under your extras cover.

## PODIATRIC SURGERY

**(performed by a registered podiatric surgeon)**

For podiatric surgery, we pay some benefits towards the hospital charges only. The surgeon's fees are not payable by Medicare or claimable under your hospital cover.

## EXCESS

Excess is applied per person, per calendar year. If you go to hospital in January and pay the excess, you won't need to pay excess again if you go back to hospital within the same year. The excess does not apply to dependants\*.

\*Note: Reducing your excess is considered to be upgrading your membership. We will charge your previous excess within the first two months of the upgrade, including for adults who are upgrading their level of cover by joining/re-joining as a dependant on a family membership.

## HOSPITAL WAITING PERIODS

If you have transferred from another fund on a comparable level of cover and have served waiting periods, you can claim straight away.

Waiting periods apply if you are new to private health, have not had cover for more than 60 days or have upgraded or increased your cover.

**Immediate cover:** Accidents (where the condition is included in your cover) and hospital psychiatric services where the Lifetime Mental Health Waiver is exercised.

**2 months:** Rehabilitation, palliative care, hospital psychiatric services, and all other services (unless specified).

**9 months:** Pregnancy and birth

**12 months:** Pre-existing conditions

## EXTRAS COVER

Limits are per person, per calendar year, unless otherwise stated. Replacement and other assessment rules can apply to some services. Benefits are only payable up to the annual limit.

union health

### SERVICES

| SERVICES                                                                                                                                                                                                                                                   |    | Waiting periods (months)                  | BENEFIT                                  | ANNUAL LIMIT |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------------------------------|------------------------------------------|--------------|
| <b>Dental</b><br><i>Dental items are as defined by the Australian Dental Association (ADA) schedule and at our discretion. For information on actual benefits payable, contact us when you have obtained an itemised treatment plan from your dentist.</i> |    |                                           |                                          |              |
| <b>General</b><br><i>Includes the surgical removal of teeth (including wisdom teeth).</i>                                                                                                                                                                  | 2  |                                           |                                          |              |
| General dental                                                                                                                                                                                                                                             |    | Set dental benefits depend on item number | \$1,000                                  |              |
| Preventative dental                                                                                                                                                                                                                                        |    |                                           | No limits apply                          |              |
| <b>Major</b><br><i>The plus (+) icon indicates services where limits increase with years of membership. See page 4 for details.</i>                                                                                                                        | 12 |                                           | <b>\$2,000 overall</b>                   |              |
| Anti-snore device<br><i>Replacement every 3 years from date of previous supply.</i>                                                                                                                                                                        |    | Set dental benefits depend on item number | \$500                                    |              |
| Crowns and bridges                                                                                                                                                                                                                                         |    |                                           | \$670+                                   |              |
| Dental implants                                                                                                                                                                                                                                            |    |                                           | \$350+                                   |              |
| Dentures                                                                                                                                                                                                                                                   |    |                                           | \$600+                                   |              |
| Endodontia                                                                                                                                                                                                                                                 |    |                                           | \$350+                                   |              |
| Inlays, onlays, facings                                                                                                                                                                                                                                    |    |                                           | \$350+                                   |              |
| Orthodontia<br><i>The lifetime limit is \$2,640. See the Important Information Guide for details.</i>                                                                                                                                                      |    |                                           | \$880                                    |              |
| Periodontia                                                                                                                                                                                                                                                |    |                                           | \$350+                                   |              |
| <b>Optical</b>                                                                                                                                                                                                                                             | 6  |                                           | <b>\$260</b>                             |              |
| <i>Highlighted items: No benefit for additional lens treatments (eg. tinting/hardcoating/transitional).</i>                                                                                                                                                |    |                                           |                                          |              |
| Complete set of glasses                                                                                                                                                                                                                                    |    | 100%<br>(Up to annual limit)              |                                          |              |
| Single vision lenses                                                                                                                                                                                                                                       |    | \$123                                     |                                          |              |
| Bi-focal lenses                                                                                                                                                                                                                                            |    | \$117                                     |                                          |              |
| Graduated/progressive lenses                                                                                                                                                                                                                               |    | \$138                                     |                                          |              |
| Tri-focal lenses                                                                                                                                                                                                                                           |    | \$100                                     |                                          |              |
| Contact lenses – disposable (single/pair)                                                                                                                                                                                                                  |    | 100%<br>(Up to annual limit)              |                                          |              |
| Contact lenses – hard/soft spherical                                                                                                                                                                                                                       |    |                                           |                                          |              |
| Contact lenses – hard/soft toric                                                                                                                                                                                                                           |    |                                           |                                          |              |
| Frames only <i>Payable when prescription lenses are added.</i>                                                                                                                                                                                             |    | \$150                                     |                                          |              |
| Repairs to frames                                                                                                                                                                                                                                          |    | \$60                                      |                                          |              |
| <b>Physiotherapy</b>                                                                                                                                                                                                                                       | 2  |                                           | <b>\$700 overall</b>                     |              |
| Consultations – initial/subsequent                                                                                                                                                                                                                         |    | \$52/\$42                                 |                                          |              |
| Exercise physiology                                                                                                                                                     |    | \$26                                      | \$140                                    |              |
| Group physiotherapy/exercise physiology (includes hydrotherapy) <br><i>Must be provided as part of a treatment plan.</i>                                                |    | \$20                                      | \$190                                    |              |
| Postnatal/Antenatal                                                                                                                                                                                                                                        |    | \$17                                      | \$125                                    |              |
| <b>Other services</b>                                                                                                                                                                                                                                      |    |                                           |                                          |              |
| <b>Active Health Bonus</b><br><i>Participation in online Health-e-Profile required every 12 months.</i>                                                                                                                                                    | 6  | 100%                                      | <b>\$75/single<br/>\$150/family</b>      |              |
| <b>Natural therapies</b>                                                                                                                                                                                                                                   | 2  |                                           | <b>\$500 overall</b>                     |              |
| <b>Acupuncture, Chinese herbal medicine, western herbal medicine and naturopathy</b> (initial/subsequent consultations)<br><i>Provider must be registered with the Australian Regional Health Group.</i>                                                   |    | \$36/\$31                                 | <b>\$400</b>                             |              |
| <b>Remedial massage, shiatsu, Alexander Technique and myotherapy</b><br><i>Provider must be registered with the Australian Regional Health Group.</i>                                                                                                      |    | \$40                                      | <b>\$400/person<br/>\$800/membership</b> |              |
| <b>Osteopathy</b>                                                                                                                                                                                                                                          |    |                                           | <b>\$400</b>                             |              |
| Consultations – initial/subsequent                                                                                                                                                                                                                         |    | \$38/\$33                                 |                                          |              |
| X-rays – one per year                                                                                                                                                                                                                                      |    | \$63                                      |                                          |              |

| SERVICES (cont.)                                                                                                                                                                                                                                                  | Waiting periods (months) | BENEFIT          | ANNUAL LIMIT                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------|--------------------------------------|
| <b>Audiology (initial/subsequent)</b>                                                                                                                                                                                                                             | 2                        | <b>\$70/\$60</b> | <b>\$200</b>                         |
| <b>Chiropractic</b>                                                                                                                                                                                                                                               | 2                        |                  | <b>\$400</b>                         |
| Consultations – initial/subsequent                                                                                                                                                                                                                                |                          | \$37/\$33        |                                      |
| X-rays (one per year)                                                                                                                                                                                                                                             |                          | \$63             |                                      |
| <b>Health devices/appliances</b><br><i>Must be ordered by a medical practitioner and the written order must be provided to UH.</i>                                                                                                                                |                          |                  | <b>\$620 overall</b>                 |
| <b>Blood glucose/blood pressure monitors/nebuliser</b>                                                                                                                                                                                                            | 12                       | 85%              | <b>\$400</b>                         |
|                                                                                                                                                                                                                                                                   |                          |                  | \$400                                |
| <b>Health aids</b><br><i>Must be custom-made or customised and prescribed and fitted by a qualified medical practitioner.</i>                                                                                                                                     | 12                       |                  | \$120                                |
| <b>Mechanical health appliances</b>                                                                                                                                                                                                                               | 12                       |                  | \$200                                |
| <b>Compression garments</b>                                                                                                                                                                                                                                       | 2                        |                  | \$300                                |
| <b>CPAP/APAP/BiPAP machine</b><br><i>Claimable every 3 years from date of previous supply.</i>                                                                                                                                                                    | 12                       |                  | \$620                                |
| <b>CPAP accessories and repairs</b><br><i>Servicing of machine is not claimable.</i>                                                                                                                                                                              | 12                       |                  | \$100                                |
| <b>Prostheses (custom-made)</b><br><i>Two per year for wigs and breast prostheses. One per year for all other items. For non-implanted, TUH-approved prosthetic appliances when ordered by a medical practitioner.</i>                                            | 12                       |                  | \$500                                |
| <b>Health management</b><br><i>Please contact us for details of approved programs. Due to legislation, benefits are only payable if not claimable through Medicare.</i>                                                                                           | 2                        |                  | <b>\$240/single<br/>\$480/family</b> |
| <b>Menopause Support with UnPause</b>                                                                                                                                                                                                                             |                          | \$25             | \$180/person                         |
| <b>Antenatal/postnatal classes</b><br><i>Childbirth education class, when conducted by a doctor, hospital, or midwife (one per membership)</i>                                                                                                                    |                          | 80%              |                                      |
| <b>Health management programs</b><br><i>Nicotine replacement products (where not covered under the PBS), illness related association memberships, health education classes, lithotripsy, medical alert bracelets/subscriptions.</i>                               |                          | 80%              | \$130/person                         |
| <b>Health screenings</b><br><i>Mammogram, pap smear (Thin Prep), ambulatory blood pressure monitoring, bone density screening, coronary CT, MRI, health checks (heart health checks and medical tests prior to fitness training programs), foetal screenings.</i> |                          | 80%              | \$100/person                         |
| <b>Healthy lifestyle programs</b><br><i>For management of a chronic health condition. Claims require a health management form completed by your medical provider and valid receipts. The form is available from our website.</i>                                  |                          | 80%              | \$140/person                         |
| <b>Hearing aids</b><br><i>Replacement every 3 years from date of previous supply.</i>                                                                                                                                                                             | 12                       | <b>\$900/ear</b> | <b>\$1,800</b>                       |
| Hearing aid repairs and chargers                                                                                                                                                                                                                                  |                          | <b>\$650</b>     |                                      |
| <b>Other therapies</b>                                                                                                                                                                                                                                            |                          |                  | <b>\$1000 overall</b>                |
| <b>Dietetics (initial/subsequent)</b>                                                                                                                                          | 2                        | <b>\$60/\$42</b> | <b>\$400</b>                         |
| <b>Occupational therapy</b>                                                                                                                                                                                                                                       | 2                        |                  | <b>\$400</b>                         |
| Consultations – initial/subsequent                                                                                                                                             |                          | \$49/\$35        |                                      |
| Group consultations                                                                                                                                                                                                                                               |                          | \$22.50          |                                      |
| <b>Orthoptics—eye therapy (initial/subsequent)</b>                                                                                                                                                                                                                | 2                        | <b>\$42</b>      | <b>\$400</b>                         |
| <b>Podiatry/Orthotics</b>                                                                                                                                                                                                                                         |                          |                  | <b>\$400 overall</b>                 |
| Consultations – initial/subsequent                                                                                                                                                                                                                                | 2                        | \$40/\$34        |                                      |
| Bio-mechanical gait analysis (one per year)                                                                                                                                                                                                                       |                          | \$34             |                                      |
| Custom-made orthopaedic shoes or orthotics<br><i>Made or prescribed by a podiatrist or orthopaedic surgeon. Limit of one pair per person per visit.</i>                                                                                                           | 12                       | 85%              | \$250                                |
| Customised/moulded orthotics<br><i>Made or prescribed by a podiatrist, orthopaedic surgeon or physiotherapist. Limit of one pair per person per visit.</i>                                                                                                        | 12                       | 85%              | \$200                                |
| Orthotic repair                                                                                                                                                                                                                                                   | 2                        | 85%              | \$100                                |
| Podiatric surgery (outpatient)<br><i>HICAPS item numbers 119, 440, 445, 474, 475, 541, 546, 547 &amp; 561 when performed in rooms.</i>                                                                                                                            | 2                        | 85%              |                                      |

| SERVICES (cont.)                                                                                                                                                                                                                                                                                                                                                          | Waiting periods (months) | BENEFIT    | ANNUAL LIMIT |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|--------------|
| <b>Speech therapy</b>                                                                                                                                                                                                                                                                                                                                                     | 2                        |            | <b>\$400</b> |
| Consultations – initial/subsequent                                                                                                                                                                                                                                                       |                          | \$67/\$41  |              |
| Family/group consultations                                                                                                                                                                                                                                                               |                          | \$17       |              |
| Paediatric assessment (one per year)                                                                                                                                                                                                                                                                                                                                      |                          | \$80       |              |
| <b>Pharmaceuticals (approved only)</b><br><i>Payable for medications costing over the Pharmaceutical Benefits Scheme (PBS) rate.<br/>Flu Vaccination sublimit of \$30/person.</i>                                                                                                                                                                                         | 2                        | \$60       | <b>\$500</b> |
| <b>Psychology and hypnotherapy</b><br><i>Psychology/hypnotherapy benefit only paid for a Medicare registered psychologist.<br/>Counsellors/Mental Health Social Workers must be registered with the Australian Regional Health Group.</i>                                                                                                                                 | 2                        |            | <b>\$400</b> |
| Consultations – initial/subsequent                                                                                                                                                                                                                                                       |                          | \$85/\$75  |              |
| Group consultations (psychology only)                                                                                                                                                                                                                                                    |                          | \$35       |              |
| Digital Mental Health Support with THIS WAY UP                                                                                                                                                                                                                                                                                                                            |                          | \$59       | \$118        |
| Counselling/Mental Health Social Worker consultations – initial/subsequent                                                                                                                                                                                                               |                          | \$40/\$35  |              |
| <b>Remote travel and accommodation</b><br><i>Benefits are payable towards the cost of travel and/or accommodation for the provision of hospital, medical and extras that cannot be obtained within 200 kilometres return travel directly from the home address (or 300km return travel to the Health Hub). Refer to the Important Information Guide for more details.</i> | 2                        |            | <b>\$100</b> |
| Accommodation                                                                                                                                                                                                                                                                                                                                                             |                          | \$45/night |              |
| Return travel over 200 kilometres                                                                                                                                                                                                                                                                                                                                         |                          | 15c/km     |              |

## MAJOR DENTAL ANNUAL LIMITS

Limits are per person, per calendar year, unless otherwise stated.

| SERVICES                | Limits |       |       |       |       |       |       |       |
|-------------------------|--------|-------|-------|-------|-------|-------|-------|-------|
| Years of membership     | 1      | 2     | 3     | 4     | 5     | 6     | 7     | 8     |
| Crowns and bridges      | \$670  | \$670 | \$715 | \$715 | \$780 | \$780 | \$850 | \$850 |
| Dentures                | \$600  | \$600 | \$665 | \$665 | \$730 | \$730 | \$800 | \$800 |
| Endodontia              | \$350  | \$400 | \$450 | \$500 | \$550 | \$600 | \$650 | \$700 |
| Periodontia             | \$350  | \$400 | \$450 | \$500 | \$550 | \$600 | \$650 | \$700 |
| Dental implants         | \$350  | \$400 | \$450 | \$500 | \$550 | \$600 | \$650 | \$700 |
| Inlays, onlays, facings | \$350  | \$400 | \$450 | \$500 | \$550 | \$600 | \$650 | \$700 |

## THINGS TO LOOK OUT FOR

### Per single/family cover

An individual on a single cover can only claim up to the single limit, whereas persons under a family, single parent, or couple cover can claim up to the family limit.

### Per person/membership

An individual within a family, single parent, or couple cover can claim up to the per person limit, provided the membership limit has not been exceeded.

### Initial consultation

Limit of one per year for each service type.



Telehealth options available.  
See Important Information Guide for conditions and how to claim.

## EXTENDED DEPENDANT COVER

Young adults who are single and not covered as student dependants can remain on their parents' policy until they turn 32, for an additional premium loading.

Visit [unionhealth.com.au](https://unionhealth.com.au) or contact us on 1300 661 283 for more information about products and services, government initiatives, our privacy policy, the complaints process, and fund rules.