

BRONZE+ YOUNG CHOICE

EFFECTIVE 1 JULY 2021

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

Bronze+ Young Choice	
Excess	\$250
Rehabilitation	R
Hospital psychiatric services	R
Palliative care	✓
Brain and nervous system	✓
Eye (not cataracts)	✓
Ear, nose and throat	✓
Tonsils, adenoids and grommets	✓
Bone, joint and muscle	✓
Joint reconstructions	✓
Kidney and bladder	✓
Male reproductive system	✓
Digestive system	✓
Hernia and appendix	✓
Gastrointestinal endoscopy	✓
Gynaecology	✓
Miscarriage and termination of pregnancy	✓
Chemotherapy, radiotherapy and immunotherapy for cancer	✓
Pain management	✓
Skin	✓
Breast surgery (medically necessary)	✓
Diabetes management (excluding insulin pumps)	✓
Heart and vascular system	×
Lung and chest	✓
Blood	✓
Back, neck and spine	×
Plastic and reconstructive surgery (medically necessary)	✓
Dental surgery	✓
Podiatric surgery (provided by a registered podiatric surgeon)	✓
Implantation of hearing devices	✓
Cataracts	×
Joint replacements	×
Dialysis for chronic kidney failure	×
Pregnancy and birth	×
Assisted reproductive services	×
Weight loss surgery	×
Insulin pumps	✓
Pain management with device	×
Sleep studies	✓

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”.

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.

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 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)

12 months: Pre-existing conditions

RESTRICTED SERVICES





We pay the government's default accommodation benefit toward your private hospital accommodation or the cost of shared accommodation at a public hospital. For surgically implanted prostheses, we cover the cost for no-gap items or the minimum benefit for gap-permitted items. Theatre and labour ward fees are not covered.

EXCLUDED SERVICES

No benefit is payable, including accommodation or medical fees.

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.

SERVICES	Waiting periods (months)	BENEFIT	ANNUAL LIMIT
Dental			
General	2		\$600 overall
Preventive dental		Set dental benefits depend on item number	
General dental			
Major	12		
Endodontia			\$300
Optical	6	Set benefits apply	\$190
Frames only		\$110	
Complete set of glasses		100% (Up to annual limit)	
Single vision lenses		\$99	
Bi-focal lenses		\$95	
Tri-focal lenses		\$80	
Graduated/progressive lenses		\$110	
Repairs to frames		\$40	
Contact lenses—hard/soft toric		\$135	
Contact lenses—hard/soft spherical		\$90	
Disposable contact lenses (single/pair)		\$22/\$44	
Therapies	2		\$450 overall
Acupuncture (initial/subsequent)		\$30/\$25	\$200/person \$400/membership
Myotherapy		\$35	
Massage therapy		\$35	
Chiropractic			\$200
Initial/subsequent consultations		\$28/\$25	
X-rays (one per year)		\$45	
Osteopathy			\$200
Initial/subsequent consultations		\$29/\$24	
X-rays (one per year)		\$45	
Psychology (incl. hypnotherapy)			\$250
Initial/subsequent consultations 		\$70/\$55	
Group consultations (psychology only) 		\$30	
Physiotherapy			\$200
Initial/subsequent consultations 		\$35/\$33	
Exercise physiology 		\$23	\$80
Group physiotherapy/exercise physiology (includes hydrotherapy)		\$17	
Health management (see next page)	2	80%	\$150/single \$300/family
Ambulance emergency transport	1 day	Refer to the Important Information Guide	

Dental items are as defined by the Australian Dental Association (ADA) schedule and at Union Health's discretion. Contact Union Health when you have obtained an itemised treatment plan from your dentist for information on actual benefits payable.

The surgical removal of teeth (including wisdom teeth) is included in general dental.

No benefit for additional lens treatments (eg. tinting/hardcoating/transitional).

Provider must be registered with the Australian Regional Health Group.

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.

Benefit only paid for a registered psychologist. No benefit paid for counsellors.

LOOK OUT FOR:

INITIAL CONSULTATION

Limit of one per year.



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

HEALTH MANAGEMENT

Please contact us for details of approved programs. Due to legislation, benefits are only payable if not claimable through Medicare.

FAIRER TOGETHER

union health

SERVICES

	Benefit	Annual limit
Health management		\$150/single \$300/family
Health screenings 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	80%	\$85/person
Health management programs Nicotine replacement products (where not covered under the PBS), illness related association memberships, health education classes, lithotripsy, medical alert bracelets/subscriptions	80%	\$80/person
Healthy lifestyle programs Weight loss, exercise and health programs as recommended by your practitioner	80%	\$120/person

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.

HIGHLIGHTED ITEMS

These services are to assist people in the management of their chronic health condition. We will only pay a benefit for these items when there is a health management plan recommended or provided by your health provider.

You can apply by submitting a Health Management Program Approval form (completed by your health provider prior to commencing a program/service), along with valid receipts. Please visit our website unionhealth.com.au or contact us on 1300 661 283 for the form. Benefits are only payable when not claimable through another benefit category.