

BRONZE+ YOUNG CHOICE

EFFECTIVE 1 JANUARY 2025

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

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

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 Medical Devices and Human Tissue Products, 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			
Dental <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>	2		\$600 overall
General and preventative <i>Includes the surgical removal of teeth (including wisdom teeth).</i>		Set dental benefits depend on item number	
Major	12		
Endodontia		Set dental benefits depend on item number	\$300
Optical	6		\$200
<i>Highlighted items: No benefit for additional lens treatments (eg. tinting/hardcoating/transitional).</i>			
Complete set of glasses		100% (Up to annual limit)	
Single vision lenses		\$99	
Bi-focal lenses		\$95	
Graduated/progressive lenses		\$110	
Tri-focal lenses		\$80	
Contact lenses—disposable (single/pair)		100% (Up to annual limit)	
Contact lenses—hard/soft spherical			
Contact lenses—hard/soft toric			
Frames only <i>Payable when prescription lenses are added.</i>		\$110	
Repairs to frames		\$40	
Active Health Bonus <i>Participation in online Health-e-Profile required every 12 months.</i>	6	100%	\$20/single \$40/family
Other services	2		\$450 overall
Chiropractic			
Consultations – initial/subsequent		\$30/\$27	
X-rays (one per year)		\$45	
Osteopathy			
Consultations – initial/subsequent		\$33/\$28	
X-rays (one per year)		\$45	
Physiotherapy			
Consultations – initial/subsequent		\$42/\$37	
Exercise physiology		\$23	
Group physiotherapy/exercise physiology (includes hydrotherapy) <i>Must be provided as part of a treatment plan.</i>		\$17	
Psychology and hypnotherapy <i>Psychology/hypnotherapy benefit only paid for a Medicare registered psychologist. Counsellors/Mental Health Social Workers must be registered with the Australian Regional Health Group.</i>			
Consultations – initial/subsequent		\$75/\$60	
Group consultations (psychology only)		\$30	
Counselling/Mental Health Social Worker consultations – initial/subsequent		\$35/\$28	
Acupuncture, massage therapy, myotherapy and Chinese herbalism <i>Provider must be registered with the Australian Regional Health Group.</i>			Sublimit \$200/person \$400/membership
Acupuncture and Chinese herbalism – initial/subsequent consultations		\$32/\$27	
Massage therapy and myotherapy consultations		\$35	

SERVICES	Waiting periods (months)	Benefit	Annual limit
Health management Please contact us for details of approved programs. Due to legislation, benefits are only payable if not claimable through Medicare.	2	80%	\$150/single \$300/family
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
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.			\$85/person
Healthy lifestyle programs 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.			\$120/person

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 31, for an additional premium loading.

Visit 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.