

## Private Health Information Statement - Combined policy

### StarterPak (Basic Plus)

#### Teachers Health

<http://www.teachershealth.com.au>

[info@teachershealth.com.au](mailto:info@teachershealth.com.au)

1300 728 188

#### Monthly Premium

**\$311.06<sup>#</sup>**

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)

Available in South Australia

<sup>#</sup> You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading or an insurer discount. Check with your insurer for details.

Membership of this insurer is restricted to education union members and their families

### Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides accident cover - check with your insurer for details.

This policy does not provide benefits for travel or accommodation (outside of hospital).

#### ✓ Covered

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>

#### R Restricted

Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

#### ✗ Not Covered

These categories are not covered by this policy.

This policy ✓ includes cover for

|                                        |                                                           |                                                                                     |
|----------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------|
| ✓ Dental surgery                       | R Chemotherapy, radiotherapy and immunotherapy for cancer | R Male reproductive system                                                          |
| ✓ Hernia and appendix                  | R Diabetes management (excluding insulin pumps)           | R Pain management                                                                   |
| ✓ Joint reconstructions                | R Digestive system                                        | R Pain management with device                                                       |
| ✓ Tonsils, adenoids and grommets       | R Ear, nose and throat                                    | R Palliative care                                                                   |
| R Back, neck and spine                 | R Eye (not cataracts)                                     | R Plastic and reconstructive surgery (medically necessary)                          |
| R Blood                                | R Gastrointestinal endoscopy                              | R Podiatric surgery (provided by a registered podiatric surgeon - limited benefits) |
| R Bone, joint and muscle               | R Gynaecology                                             | R Rehabilitation                                                                    |
| R Brain and nervous system             | R Hospital psychiatric services                           | R Skin                                                                              |
| R Breast surgery (medically necessary) | R Implantation of hearing devices                         | R Sleep studies                                                                     |
| R Cataracts                            | R Kidney and bladder                                      | R Weight loss surgery                                                               |

This policy ✗ does not include cover for

|                                       |                      |                                            |
|---------------------------------------|----------------------|--------------------------------------------|
| ✗ Assisted reproductive services      | ✗ Insulin pumps      | ✗ Miscarriage and termination of pregnancy |
| ✗ Dialysis for chronic kidney failure | ✗ Joint replacements | ✗ Pregnancy and birth                      |
| ✗ Heart and vascular system           | ✗ Lung and chest     |                                            |

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on [privatehealth.gov.au](https://privatehealth.gov.au) for which hospitals have arrangements with your insurer – <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

The following payments may also apply for hospital admissions

**Excess:** No excess

**Co-payments:** No co-payments

The following waiting periods for hospital admissions apply to new or upgrading members

**Waiting periods:**

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 2 months for all other treatments

### Gap Cover

This provider offers '[known gap](#)' or '[no gap](#)' cover for medical bills for this product.

The [Medical Costs Finder](#) lets you find out more about the cost of specialist medical services.

### Other features of this hospital cover

Includes accident cover. If your doctor or specialist participates in our Access Gap Cover scheme, you may be able to reduce or eliminate your out-of-pocket medical costs. In addition, through Teachers Healthcare Services eligible members can connect with dedicated care coordinators to support them with hospital treatment, or managing their physical and/or mental health.

## General Treatment Cover

We've partnered with a network of optical and dental providers Australia-wide to give members greater access to high quality treatment and exclusive discounts, including 'no gap' offers. See

<https://www.teachershealth.com.au/members/find-a-provider/member-wellbeing-network/>.

This policy  includes General treatment (Extras) cover for

| Note, for items marked with an asterisk *: Major dental only covers removal of wisdom teeth, with a benefit of \$150 for item 324. |                         |                                                                                                                                                       |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Treatment                                                                                                                          | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                                                                                                | Examples of maximum benefits                                                                   |
| General dental*                                                                                                                    | 2                       | \$500 per person up to \$1,000 per policy                                                                                                             | Periodic oral examination - \$40.00<br>Scale & clean - \$70.00<br>Fluoride treatment - \$27.00 |
| Major dental*                                                                                                                      | 12                      | \$500 per person up to \$1,000 per policy                                                                                                             | Surgical tooth extraction - n/a<br>Full crown veneered - n/a                                   |
| Optical                                                                                                                            | 6                       | \$180 per person up to \$360 per policy                                                                                                               | Single vision lenses & frames - \$180.00<br>Multi-focal lenses & frames - \$180.00             |
| Non PBS pharmaceuticals                                                                                                            | 2                       | \$400 per person up to \$800 per policy (combined limit for non pbs pharmaceuticals & vaccinations)                                                   | Per eligible prescription - \$60.00                                                            |
| Physiotherapy                                                                                                                      | 2                       | \$400 per person up to \$800 per policy (combined limit for physiotherapy, chiropractic, exercise physiology & osteopathy - <b>Sub-limits apply</b> ) | Initial visit - \$40.00<br>Subsequent visit - \$40.00                                          |
| Chiropractic                                                                                                                       | 2                       |                                                                                                                                                       | Initial visit - \$40.00<br>Subsequent visit - \$40.00                                          |
| Psychology                                                                                                                         | 2                       | \$300 per person up to \$600 per policy ( <b>Sub-limits apply</b> )                                                                                   | Initial visit - \$72.00<br>Subsequent visit - \$72.00                                          |
| Acupuncture                                                                                                                        | 2                       | \$200 per person up to \$400 per policy (combined limit for acupuncture, remedial massage & chinese medicine)                                         | Initial visit - \$38.00<br>Subsequent visit - \$38.00                                          |

|                                       |   |                                                               |                                                       |
|---------------------------------------|---|---------------------------------------------------------------|-------------------------------------------------------|
| Remedial massage                      | 2 |                                                               | Initial visit - \$38.00<br>Subsequent visit - \$38.00 |
| Chinese medicine                      | 2 |                                                               | Initial visit - \$38.00<br>Subsequent visit - \$38.00 |
| Exercise physiology                   | 2 | Combined limit - see Physiotherapy                            | Initial visit - \$40.00<br>Subsequent visit - \$40.00 |
| Health management / Healthy lifestyle | 6 | \$150 per person up to \$300 per policy<br>(Sub-limits apply) | Health management - \$150.00                          |
| Osteopathy                            | 2 | Combined limit - see Physiotherapy                            | Initial visit - \$40.00<br>Subsequent visit - \$40.00 |
| Vaccinations                          | 2 | Combined limit - see Non PBS pharmaceuticals                  | Per service - \$60.00                                 |

This policy **X** does not include General treatment (Extras) cover for

|                                 |                       |                                                     |
|---------------------------------|-----------------------|-----------------------------------------------------|
| <b>X</b> Blood glucose monitors | <b>X</b> Hearing aids | <b>X</b> Podiatry                                   |
| <b>X</b> Endodontic             | <b>X</b> Orthodontic  | <b>X</b> Other treatments - check with your insurer |

## Ambulance cover

In South Australia this policy provides:

**Emergency:** Unlimited with a waiting period of 1 day.

**Non-emergency:** transport with a waiting period of 1 day, or 1 day for pre-existing conditions, limited to \$3,000 per person per year.

**Call-out fees:** will be paid for each attendance, including emergency treatment without transport to hospital.

For further information about this policy see

<https://www.teachershealth.com.au/health-insurance/our-products/emergency-ambulance/>

## Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.