

Private Health Information Statement - General treatment policy

Comprehensive Extras

TUH, part of the Teachers Health Group

<https://tuh.com.au/>

[enquiries@tuh.com.au](mailto:enquiries@tuh.com.au)

1300 360 701

Monthly Premium

\$118.37<sup>#</sup>

(before any rebate or insurer discount)

Covers only one person

Available in Queensland

# You may be entitled to an Australian Government rebate on the above premium. Your premium may also include an insurer discount. Check with your insurer for details.

Membership of this insurer is restricted to current or former union members and their families.

General Treatment Cover

No-gap or agreed discounts at preferred optical, dental, podiatry and physiotherapy providers. See <https://tuh.com.au/information/using-your-extras/find-provider>.

This policy  includes General treatment (Extras) cover for

Note, for items marked with an asterisk \*: \*Major dental limit includes Crowns/Bridges \$750 sub-limit, Implants \$500 sub-limit, Dentures \$650 sub-limit, Endodontia \$400 sub-limit, Periodontia \$400 sub-limit, Inlays/Onlays/Facings \$400 sub-limit. \*\$1000 orthodontic annual limit during active treatment, \$2,800 maximum lifetime benefit. \*Optical set benefits apply for frames/lenses/repairs, 100% up to annual limit for contacts. \*Physiotherapy limit includes \$200 sub-limit Exercise Physiology and \$250 sub-limit Group Physiotherapy. \*Blood Glucose Monitors \$550 sub-limit included in Health Devices/Appliances limit with \$100 sub-limit for CPAP etc accessories/repair, \$200 sub-limit for other appliances, \$120 sub-limit for Health Aids. \*Orthotics \$240 sub-limit on customised/moulded orthotics under overall Orthotics limit.

| Treatment               | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                                                                  | Examples of maximum benefits                                                                                                           |
|-------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| General dental          | 2                       | No annual limit                                                                                                         | Periodic oral examination - \$39.90<br>Scale & clean - \$72.45<br>Fluoride treatment - \$31.50<br>Surgical tooth extraction - \$140.00 |
| Major dental*           | 12                      | \$3,400 per policy<br>(combined limit for major dental, endodontic & other services - <b>Sub-limits apply</b> )         | Full crown veneered - \$750.00                                                                                                         |
| Endodontic*             | 12                      |                                                                                                                         | Filling of one root canal - \$178.00                                                                                                   |
| Orthodontic*            | 12                      | \$1,000 per policy<br>\$2,800 lifetime limit for Orthodontic                                                            | Braces for upper & lower teeth, including removal plus fitting of retainer - \$1,000.00                                                |
| Optical*                | 6                       | \$260 per policy                                                                                                        | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge                                         |
| Non PBS pharmaceuticals | 2                       | \$550 per policy                                                                                                        | Per eligible prescription - \$60.00                                                                                                    |
| Physiotherapy*          | 2                       | \$700 per policy<br>(combined limit for physiotherapy, exercise physiology & other services - <b>Sub-limits apply</b> ) | Initial visit - \$62.00<br>Subsequent visit - \$52.00                                                                                  |
| Chiropractic            | 2                       | \$400 per policy                                                                                                        | Initial visit - \$44.00<br>Subsequent visit - \$35.00                                                                                  |
| Podiatry                | 2                       | \$400 per policy                                                                                                        | Initial visit - \$42.00<br>Subsequent visit - \$38.00                                                                                  |
| Psychology              | 2                       | \$400 per policy                                                                                                        | Initial visit - \$90.00<br>Subsequent visit - \$85.00                                                                                  |
| Acupuncture             | 2                       | \$400 per policy<br>(combined limit for acupuncture & chinese medicine)                                                 | Initial visit - \$42.00<br>Subsequent visit - \$37.00                                                                                  |
| Remedial massage        | 2                       | \$400 per policy<br>(combined limit for remedial massage & other services)                                              | Initial visit - \$43.00<br>Subsequent visit - \$43.00                                                                                  |

|                                        |    |                                                                                                                                                           |                                                                   |
|----------------------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Hearing aids                           | 12 | \$2000 overall \$1000 limit per ear, \$800 sub-limit for repairs. Limits apply over 3-year period from date supply.                                       | Hearing aid - \$1,000.00                                          |
| Blood glucose monitors*                | 12 | \$620 per policy<br>(combined limit for blood glucose monitors & other services - <b>Sub-limits apply</b> )                                               | Per monitor - 85% of charge                                       |
| Audiology                              | 2  | \$200 per policy                                                                                                                                          | Initial visit - \$75.00<br>Subsequent visit - \$75.00             |
| Ante-natal/Post-natal classes          | 2  | \$270 per policy<br>(combined limit for ante-natal/post-natal classes, health management / healthy lifestyle & other services - <b>Sub-limits apply</b> ) | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge |
| Chinese medicine                       | 2  | Combined limit - see Acupuncture                                                                                                                          | Initial visit - \$42.00<br>Subsequent visit - \$37.00             |
| Dietetics/dietary advice               | 2  | \$400 per policy                                                                                                                                          | Initial visit - \$60.00<br>Subsequent visit - \$42.00             |
| Exercise physiology                    | 2  | Combined limit - see Physiotherapy                                                                                                                        | Initial visit - \$26.00<br>Subsequent visit - \$26.00             |
| Eye therapy (orthoptics)               | 2  | \$200 per policy                                                                                                                                          | Initial visit - \$42.00<br>Subsequent visit - \$42.00             |
| Health management / Healthy lifestyle* | 2  | Combined limit - see Ante-natal/Post-natal classes                                                                                                        | Health management - 80% of charge                                 |
| Home nursing                           | 2  | \$600 per policy                                                                                                                                          | Initial visit - \$80.00<br>Subsequent visit - \$80.00             |
| Occupational therapy                   | 2  | \$400 per policy                                                                                                                                          | Initial visit - \$57.00<br>Subsequent visit - \$42.00             |
| Orthotics (podiatric orthoses)*        | 12 | \$300 per policy<br>(combined limit for orthotics (podiatric orthoses) & other services - <b>Sub-limits apply</b> )                                       | Orthotics supply & fit - 85% of charge                            |
| Osteopathy                             | 2  | \$400 per policy                                                                                                                                          | Initial visit - \$44.00<br>Subsequent visit - \$39.00             |
| Speech therapy                         | 2  | \$400 per policy                                                                                                                                          | Initial visit - \$70.00<br>Subsequent visit - \$44.00             |

Other services: Anti snore device \$500 sub-limit included in Major Dental overall limit. Hydrotherapy \$25 per consult included in Physiotherapy limit. Group Physiotherapy \$20 per consult up to \$250 sub-limit. Ante/post natal Physiotherapy \$17 per consult up to \$140 limit. Chiropractic x-ray (one per year) \$63 included in Chiropractic limit. Group Psychology \$35 per consult, Psychometric assessments \$116, Counselling \$43 per initial consult, \$41 per subsequent consult, included in \$400 Psychology limit. Osteopathic x-ray (one per year) \$63 included in Osteopathy limit. Myotherapy \$43 per consult included in Remedial Massage limit. Podiatric Surgery 85% and Biogait Analysis \$37 (one per year) up to \$400 Podiatry limit. Orthotic Repairs 85% up to \$100 sub-limit. Group Speech Therapy \$17 per consult and Paediatric Assessment (one per year) \$90 up to \$400 Speech Therapy limit. Group Occupational Therapy \$22.50 per consult and Paediatric Assessment (one per year) \$71 up to \$400 Occupational Therapy limit. \*Health Management overall limit includes \$110 sub-limit Health Screenings, and \$140 sub-limits on Health Management Programs and Healthy Lifestyle Programs. Health Devices/Appliances overall \$620 limit, 85% up to relevant sub-limit includes compression garments up to \$300 sub-limit. Non-surgically implanted prostheses e.g. breast prostheses and wigs 85% up to \$1,500 limit. Lactation nursing \$50 daily included in \$600 Home Nursing limit. Travel and Accommodation \$50 per night and up to \$100 travel up to \$100 limit (conditions apply). Active Health Bonus \$75/person \$150/membership (conditions apply).

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

**X** Other treatments - check with your insurer

### Other features of this general treatment cover

Annual limits for most services increase with years of membership. Online and mobile access, claims via smart phone app. Extended dependant option only available with selected hospital products.

For further information about this policy see

<https://tuh.com.au/extras/comprehensive-extras>

## Ambulance cover

Ambulance cover is provided by the State government for Queensland residents (<https://www.ambulance.qld.gov.au/>). This includes cover whilst interstate.

#### [Other features of this ambulance cover](#)

All permanent Queensland residents are covered under the State scheme delivered by Queensland Ambulance Service (QAS), including interstate travel, therefore no additional benefit is payable. Benefits may be payable for state-owned air ambulance services where charges are not payable by QAS (\$6,000 per person per annum limit applies).

For further information about this policy see

<https://tuh.com.au/information/glossary/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.