Private Health Information Statement - General treatment policy

Comprehensive Extras

TUH, part of the Teachers Health Group	*Monthly Premium*	Covers one adult & dependants, including non-student dependants (2 or more people, only one of whom is an adult)
https://tuh.com.au/ enquiries@tuh.com.au 1300 360 701	*$239.60 #* (before any rebate or insurer discount)	Available in South Australia

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.

This policy covers children, students up to and including the age of 31 and non-students up to and including the age of 31, as well as persons with a disability who qualify as a child, student or non-student in these age ranges.

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 Scale & clean - $72.45 Fluoride treatment - $31.50 Surgical tooth extraction - $140.00
Major dental*	12	$3,400 per person (combined limit for major dental, endodontic & other services - **Sub-limits apply**)	Full crown veneered - $750.00
Endodontic*	12		Filling of one root canal - $178.00
Orthodontic*	12	$1,000 per person $2,800 lifetime limit for Orthodontic	Braces for upper & lower teeth, including removal plus fitting of retainer - $1,000.00
Optical*	6	$260 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals	2	$550 per person	Per eligible prescription - $60.00
Physiotherapy*	2	$700 per person (combined limit for physiotherapy, exercise physiology & other services - **Sub-limits apply**)	Initial visit - $62.00 Subsequent visit - $52.00
Chiropractic	2	$400 per person	Initial visit - $44.00 Subsequent visit - $35.00
Podiatry	2	$400 per person	Initial visit - $42.00 Subsequent visit - $38.00
Psychology	2	$400 per person	Initial visit - $90.00 Subsequent visit - $85.00
Acupuncture	2	$400 per person (combined limit for acupuncture & chinese medicine)	Initial visit - $42.00 Subsequent visit - $37.00

Remedial massage	2	$400 per person up to $800 per policy (combined limit for remedial massage & other services)	Initial visit - $43.00 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 person (combined limit for blood glucose monitors & other services - **Sub-limits apply**)	Per monitor - 85% of charge
Audiology	2	$200 per person	Initial visit - $75.00 Subsequent visit - $75.00
Ante-natal/Post-natal classes	2	$270 per person up to $540 per policy (combined limit for ante-natal/post-natal classes, health management / healthy lifestyle & other services - **Sub-limits apply**)	Initial visit - 80% of charge Subsequent visit - 80% of charge
Chinese medicine	2	Combined limit - see Acupuncture	Initial visit - $42.00 Subsequent visit - $37.00
Dietetics/dietary advice	2	$400 per person	Initial visit - $60.00 Subsequent visit - $42.00
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - $26.00 Subsequent visit - $26.00
Eye therapy (orthoptics)	2	$200 per person	Initial visit - $42.00 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 person	Initial visit - $80.00 Subsequent visit - $80.00
Occupational therapy	2	$400 per person	Initial visit - $57.00 Subsequent visit - $42.00
Orthotics (podiatric orthoses)*	12	$300 per person (combined limit for orthotics (podiatric orthoses) & other services - **Sub-limits apply**)	Orthotics supply & fit - 85% of charge
Osteopathy	2	$400 per person	Initial visit - $44.00 Subsequent visit - $39.00
Speech therapy	2	$400 per person	Initial visit - $70.00 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 ✗ **does not include** General treatment (Extras) cover for

✗ 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

In South Australia this policy provides:

Emergency: Unlimited with a waiting period of 1 day.

Non-emergency: Unlimited transport with a waiting period of 1 day, or 1 day for pre-existing conditions.

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

Other features of this ambulance cover

Members who have COMBINED HOSPITAL AND EXTRAS COVER are entitled to emergency ambulance services benefits. No annual limit will apply to emergency road ambulance services. State-owned air ambulance transportation services are covered up to $6,000 per person per annum. From 1 Jan 2022, members who have eligible stand-alone extras cover may claim the cost of a third-party ambulance subscription fee from the Health Program benefit category (sub-limits apply).

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.