# **Private Health Information Statement - General treatment policy**

# **Everyday Extras**

## **TUH Health Fund**

https://tuh.com.au/ enquiries@tuh.com.au 1300 360 701

# Monthly Premium \$177.39 #

(before any rebate or insurer discount)

Covers two adults & dependants (3 or more people, only 2 of whom are adults)

**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 and other dependants up to and including the age of 20, students up to and including the age of 30, as well as persons with a disability who qualify as a child or other dependant or 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 <a href="https://tuh.com.au/information/using-your-extras/find-provider">https://tuh.com.au/information/using-your-extras/find-provider</a>.

## This policy **✓ includes** General treatment (Extras) cover for

Note, for items marked with an asterisk \*: \*Major Dental limit includes Crowns/Bridges \$650 sub-limit, Implants \$450 sub-limit, Dentures \$600 sub-limit, Endodontia \$450 sub-limit, Periodontia \$450 sub-limit, Inlays Onlays and Facings \$450 sub-limit, Anti-snore device \$500 sub-limit and Orthodontics \$700 annual sub-limit (maximum lifetime benefit \$2,100). \*Optical set benefits apply for frames/lenses/repairs, 100% up to annual limit for contacts. \*Physiotherapy limit includes Exercise Physiology and Group Physiotherapy \$250 sub-limit, and Ante/post-natal physiotherapy.

| Treatment            | Waiting period<br>(months) | Benefit limits (per 12 months unless otherwise stated)  | Examples of maximum benefits   |
|----------------------|----------------------------|---|--|
| General dental       | 2                          | No annual limit<br>(no limit on preventative dental)  | Periodic oral examination - \$35.70<br>Scale & clean - \$67.20<br>Fluoride treatment - \$30.45<br>Surgical tooth extraction - \$125.00 |
| Major dental*        | 12                         | \$2,000 per person<br>(combined limit for major dental, endodontic,<br>orthodontic & other services - <b>Sub-limits apply</b> ) | Full crown veneered - \$650.00   |
| Endodontic           | 12                         |   | Filling of one root canal - \$161.00   |
| Orthodontic*         | 12                         |   | Braces for upper & lower teeth, including removal plus fitting of retainer - \$700.00  |
| Optical*             | 6                          | \$260 per person  | Single vision lenses & frames - 100% of charge<br>Multi-focal lenses & frames - 100% of charge   |
| Physiotherapy*       | 2                          | \$700 per person<br>(combined limit for physiotherapy, exercise physiology<br>& other services - <b>Sub-limits apply</b> )      | Initial visit - \$60.00<br>Subsequent visit - \$50.00  |
| Psychology           | 2                          | \$400 per person  | Initial visit - \$80.00<br>Subsequent visit - \$70.00  |
| Remedial massage     | 2                          | \$400 per person<br>(combined limit for remedial massage & other<br>services)   | Initial visit - \$40.00<br>Subsequent visit - \$40.00  |
| Exercise physiology* | 2                          | Combined limit - see Physiotherapy  | Initial visit - \$30.00<br>Subsequent visit - \$30.00  |

Other services: Anti snore device \$500 sub-limit included in Major Dental overall limit. Group Physiotherapy \$20 per consult up to \$250 sub-limit. Ante/post natal Physiotherapy \$17 per consult. Group Psychology \$35 per consult, Psychometric assessments \$116 and Counselling \$38 per initial consult, \$32 per subsequent consult, included within \$400 Psychology limit. Myotherapy \$40 per consult included in Remedial Massage sub-limit. Active Health Bonus \$40/person \$80/membership ( conditions apply).

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

| X Acupuncture            | X Hearing aids            | X Other treatments - check with your insurer |
|--------------------------|---------------------------|--|
| X Blood glucose monitors | X Non PBS pharmaceuticals |  |
| X Chiropractic           | X Podiatry                |  |

#### Other features of this general treatment cover

Online and mobile access, claims via smart phone app. Extended dependant option only available with selected hospital products, contact us for further details.

For further information about this policy see <a href="https://tuh.com.au/extras/everyday-extras">https://tuh.com.au/extras/everyday-extras</a>

## **Ambulance cover**

South Australia has a subscription service to cover ambulance within the state, with an additional fee to cover interstate travel (http://www.saambulance.com.au/ProductsServices/AmbulanceCover.aspx).

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

<u>PrivateHealth.gov.au</u> PolicyID: QTU/EE/SEZG2D