

Private Health Information Statement - Combined policy

Union Health Gold Ultimate Choice

Union Health

<https://unionhealth.com.au>

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1300 661 283

Underwritten by TUH, part of the Teachers Health Group

Monthly Premium

\$816.02[#]

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)

Available in Tasmania

Closed to new members

[#] 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 current or former 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

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

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 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
- 9 months for pregnancy and birth (obstetrics)
- 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

Superior health cover you and your family deserve. Excellent range of value-added services: home care after hospital, chronic disease management programs, hospital substitute programs (conditions apply).

General Treatment Cover

No-gap or agreed discounts at preferred optical, dental, podiatry and physiotherapy providers. See <https://unionhealth.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 \$800 sub-limit, Implants \$500 sub-limit, Dentures \$750 sub-limit, Endodontia \$500 sub-limit, Periodontia \$500 sub-limit, Inlays/Onlays/Facings \$500 sub-limit and Anti-snore device \$500 sub-limit. *Orthodontic \$1,000 annual sub-limit (maximum lifetime benefit \$2,800). *Optical set benefits apply for frames/lenses/repairs, 100% up to annual limit for contacts. *Physiotherapy limit includes Exercise Physiology \$250 sub-limit and Group Physiotherapy \$300 sub-limit. Orthotics (customised and moulded) \$360 sub-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 - \$44.10 Scale & clean - \$80.85 Fluoride treatment - \$32.55 Surgical tooth extraction - \$156.00
Major dental*	12	\$3,800 per person (combined limit for major dental, endodontic & other services - Sub-limits apply)	Full crown veneered - \$800.00
Endodontic	12		Filling of one root canal - \$195.00
Orthodontic*	12	\$1,000 per person \$2,800 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - \$1,000.00
Optical*	6	\$270 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals	2	\$600 per person	Per eligible prescription - \$60.00
Physiotherapy*	2	\$750 per person (combined limit for physiotherapy, exercise physiology & other services - Sub-limits apply)	Initial visit - \$62.00 Subsequent visit - \$52.00
Chiropractic	2	\$450 per person	Initial visit - \$44.00 Subsequent visit - \$35.00

Podiatry	2	\$450 per person	Initial visit - \$42.00 Subsequent visit - \$39.00
Psychology	2	\$450 per person	Initial visit - \$95.00 Subsequent visit - \$83.00
Acupuncture	2	\$450 per person (combined limit for acupuncture & chinese medicine)	Initial visit - \$45.00 Subsequent visit - \$40.00
Remedial massage	2	\$450 per person up to \$900 per policy (combined limit for remedial massage & other services)	Initial visit - \$45.00 Subsequent visit - \$45.00
Hearing aids	12	\$2200 limit overall \$1100 per ear \$800 sub-limit on repair. Limits apply over 3-year period from date of first supply.	Hearing aid - \$1,100.00
Blood glucose monitors*	12	\$690 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 - \$70.00
Ante-natal/Post-natal classes	2	\$300 per person up to \$600 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 - \$45.00 Subsequent visit - \$40.00
Dietetics/dietary advice	2	\$450 per person	Initial visit - \$60.00 Subsequent visit - \$42.00
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - \$35.00 Subsequent visit - \$35.00
Eye therapy (orthoptics)	2	\$450 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 (combined limit for home nursing & other services)	Initial visit - \$80.00 Subsequent visit - \$80.00
Occupational therapy	2	\$450 per person	Initial visit - \$59.00 Subsequent visit - \$45.00
Orthotics (podiatric orthoses)	12	\$450 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 - \$49.00 Subsequent visit - \$42.00
Speech therapy	2	\$450 per person	Initial visit - \$77.00 Subsequent visit - \$47.00

Other services: Anti snore device \$500 sub-limit included in Major Dental overall limit. Hydrotherapy \$25 per consult included in Physiotherapy limit. Group Physiotherapy \$25 per consult up to \$300 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 \$42 per consult, Psychometric assessments \$116 and Counselling \$45 per initial consult, \$41 per subsequent consult included within the \$450 Psychology limit. Osteopathic x-ray (one per year) \$63 included in Osteopathy limit. Myotherapy, Shiatsu, Alexander Technique \$45 per consult included in Remedial Massage limit. Western Herbal Medicine, Naturopathy \$45/\$40 per consult included in Acupuncture limit. Outpatient Podiatric Surgery 85% and Biogait Analysis \$37 (one per year) included in \$450 Podiatry limit. Orthotic Repairs 85% up to \$100 sub-limit. Group Speech Therapy \$21 per consult and Paediatric Assessment (one per year) \$100 up to \$450 Speech Therapy limit. Group Occupational Therapy \$28.50 per consult and Paediatric Assessment (one per year) \$71 up to \$450 Occupational Therapy limit. Health Management overall limit includes \$120 sub-limit Health Screenings, \$150 sub-limit on Health Management Programs, \$160 sub-limit on Healthy Lifestyle Programs and \$225 sub-limit on Ante/post-natal classes. *Blood Glucose Monitors \$550 sub-limit included in Health Devices/Appliances overall \$690 limit. All services in Health Devices/Appliances limit payable at 85% of cost including CPAP etc machines, \$100 sub-limit on accessories/repair, \$200 sub-limit on other appliances, \$300 sub-limit on compression garments, and \$120 sub-limit on Health Aids. \$1,500 limit on Non-surgically implanted prostheses e.g. breast prostheses and wigs, payable at 85% of cost. Lactation nursing \$50 daily included in \$600 Home Nursing limit. Home Nursing benefits apply daily. Travel and Accommodation \$55 per night and up to \$110 travel up to \$110 limit (conditions apply). Active Health Bonus \$125/person \$250/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

PrivateHealth.gov.au

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Online and mobile access, claims via smart phone app. Most extras annual limits increase with years of membership.

Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - https://www.health.tas.gov.au/ambulance/fees_and_accounts.

Other features of this ambulance cover

Tasmanian residents are covered under the State scheme within Tasmania & all States & Territories except SA & Qld. Tasmanian residents who have COMBINED HOSPITAL AND EXTRAS COVER are entitled to full cover for emergency road ambulance services required whilst travelling in Qld or SA only. No annual limit will apply to emergency road ambulance services. This benefit is not available for stand-alone extras cover. Benefits may be payable for state-owned air ambulance transportation services where charges are not payable under the State scheme (\$6,000 per person per annum limit applies).

For further information about this policy see

<https://unionhealth.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.