



Teachers Health  
Top Hospital (Gold) & Top Extras

Restricted Insurer

**\$809.28 / month**  
(Before Rebate, Discount & Loading)  
Available in VIC

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.

**This policy covers:** One adult & dependants, including non-student dependants (2 or more people, only one of whom is an adult).

Children (0 - 17), non-classified\* dependant (18 - 20), students (21 - 31) and non-students (21 to 31), as well as persons with a disability who qualify as a child, non-classified\* dependant, student and non-student in these age ranges.

\*Non-classified dependant: A non-classified dependant is a dependent child over the age of 17 and under the age of 21.

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

- This policy exempts you from the Medicare Levy Surcharge.
- This policy provides accident cover - check with insurer for details.
- This policy does not provide benefits for travel or accommodation outside of hospital.

Policy ID: NTF/H1/VAQ01Y

Source: [Private Health Information Statement \(PHIS\)](#)

## Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

This policy **includes** cover for

- |                                                           |                                   |                                                                  |
|-----------------------------------------------------------|-----------------------------------|------------------------------------------------------------------|
| ✓ Assisted reproductive services                          | ✓ Ear, nose and throat            | ✓ Miscarriage and termination of pregnancy                       |
| ✓ Back, neck and spine                                    | ✓ Eye (not cataracts)             | ✓ Pain management                                                |
| ✓ Blood                                                   | ✓ Gastrointestinal endoscopy      | ✓ Pain management with device                                    |
| ✓ Bone, joint and muscle                                  | ✓ Gynaecology                     | ✓ Palliative care                                                |
| ✓ Brain and nervous system                                | ✓ Heart and vascular system       | ✓ Plastic and reconstructive surgery (medically necessary)       |
| ✓ Breast surgery (medically necessary)                    | ✓ Hernia and appendix             | ✓ Podiatric surgery (provided by a registered podiatric surgeon) |
| ✓ Cataracts                                               | ✓ Hospital psychiatric services   | ✓ Pregnancy and birth                                            |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Implantation of hearing devices | ✓ Rehabilitation                                                 |
| ✓ Dental surgery                                          | ✓ Insulin pumps                   | ✓ Skin                                                           |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Joint reconstructions           | ✓ Sleep studies                                                  |
| ✓ Dialysis for chronic kidney failure                     | ✓ Joint replacements              | ✓ Tonsils, adenoids and grommets                                 |
| ✓ Digestive system                                        | ✓ Kidney and bladder              | ✓ Weight loss surgery                                            |
|                                                           | ✓ Lung and chest                  |                                                                  |
|                                                           | ✓ 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](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
- 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 (<https://www.health.gov.au/resources/apps-and-tools/medical-costs-finder>) lets you find out more about the cost of specialist medical services.

**Other features of this hospital 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, having a baby, or managing their physical and/or mental health.

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/>

Policy ID: NTF/H1/VAQ01Y Source: [Private Health Information Statement \(PHIS\)](#)

## Extras Cover

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

Note, for treatments marked with \*: Benefits for major dental and hearing aids have increasing annual limits based on years of continuous membership on our Top Extras cover. Benefits for speech therapy are \$80 for the first visit, \$70 for visits 2-6 and \$45 for subsequent visits. Childbirth education classes must be provided by a registered nurse or midwife.

| Treatment & waiting period (months) |   | Benefit limits per 12 months unless otherwise stated                                                           | Examples of maximum benefits                                                                           |
|-------------------------------------|---|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                       | 2 | <b>\$600 per person</b><br>combined limit for acupuncture, chinese medicine, remedial massage & other services | <ul style="list-style-type: none"><li>• Initial visit: \$38</li><li>• Subsequent visit: \$38</li></ul> |
| ✓ Ante-natal/Post-natal classes     | 2 | <b>\$300 per person</b>                                                                                        | <ul style="list-style-type: none"><li>• Initial visit: \$300</li></ul>                                 |

|                                         |    |                                                                                                                             |                                                                                                                                                      |
|-----------------------------------------|----|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Audiology                             | 2  | No annual limit                                                                                                             | <ul style="list-style-type: none"> <li>Initial visit: \$45</li> <li>Subsequent visit: \$45</li> </ul>                                                |
| ✓ Blood glucose monitors                | 2  | \$160 per person                                                                                                            | <ul style="list-style-type: none"> <li>Per monitor: \$160</li> </ul>                                                                                 |
| ✓ Chinese medicine                      | 2  | <b>\$600 per person</b><br>combined limit for acupuncture, chinese medicine, remedial massage & other services              | <ul style="list-style-type: none"> <li>Initial visit: \$38</li> <li>Subsequent visit: \$38</li> </ul>                                                |
| ✓ Chiropractic                          | 2  | <b>\$480 per person</b><br>combined limit for chiropractic, osteopathy & other services<br>sub-limits apply                 | <ul style="list-style-type: none"> <li>Initial visit: \$55</li> <li>Subsequent visit: \$40</li> </ul>                                                |
| ✓ Dietetics/dietary advice              | 2  | <b>\$400 per person</b>                                                                                                     | <ul style="list-style-type: none"> <li>Initial visit: \$60</li> <li>Subsequent visit: \$40</li> </ul>                                                |
| ✓ Endodontic*                           | 12 | <b>\$1,300 per person</b><br>combined limit for endodontic & major dental                                                   | <ul style="list-style-type: none"> <li>Filling of one root canal: \$160</li> </ul>                                                                   |
| ✓ Exercise physiology                   | 2  | <b>\$800 per person</b><br>combined limit for exercise physiology, eye therapy (orthoptics), physiotherapy & other services | <ul style="list-style-type: none"> <li>Initial visit: \$55</li> <li>Subsequent visit: \$40</li> </ul>                                                |
| ✓ Eye therapy (orthoptics)              | 2  | <b>\$800 per person</b><br>combined limit for exercise physiology, eye therapy (orthoptics), physiotherapy & other services | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$35</li> </ul>                                                |
| ✓ General dental                        | 2  | <b>No annual limit</b><br>sub-limits apply                                                                                  | <ul style="list-style-type: none"> <li>Fluoride treatment: \$27</li> <li>Scale &amp; clean: \$70</li> <li>Periodic oral examination: \$40</li> </ul> |
| ✓ Health management / Healthy lifestyle | 6  | <b>\$250 per person</b><br>sub-limits apply                                                                                 | <ul style="list-style-type: none"> <li>Health management: \$250</li> </ul>                                                                           |
| ✓ Hearing aids*                         | 12 | <b>\$1,200 per person</b>                                                                                                   | <ul style="list-style-type: none"> <li>Hearing aid: \$600</li> </ul>                                                                                 |
| ✓ Home nursing                          | 2  | <b>\$800 per person</b>                                                                                                     | <ul style="list-style-type: none"> <li>Initial visit: \$95</li> <li>Subsequent visit: \$33</li> </ul>                                                |
| ✓ Major dental*                         | 12 | <b>\$1,300 per person</b><br>combined limit for endodontic & major dental                                                   | <ul style="list-style-type: none"> <li>Surgical tooth extraction: \$135</li> <li>Full crown veneered: \$750</li> </ul>                               |
| ✓ Non PBS pharmaceuticals               | 2  | <b>\$800 per person</b><br>combined limit for non pbs pharmaceuticals & vaccinations<br>sub-limits apply                    | <ul style="list-style-type: none"> <li>Per eligible prescription: \$60</li> </ul>                                                                    |
| ✓ Occupational therapy                  | 2  | <b>\$500 per person</b><br>sub-limits apply                                                                                 | <ul style="list-style-type: none"> <li>Initial visit: \$70</li> <li>Subsequent visit: \$44</li> </ul>                                                |
| ✓ Optical                               | 6  | <b>\$260 per person</b>                                                                                                     | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: \$260</li> <li>Single vision lenses &amp; frames: \$260</li> </ul>           |
| ✓ Orthodontic*                          | 12 | <b>\$2,500 per person</b><br>\$2,500 lifetime limit                                                                         | <ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: \$2500</li> </ul>             |

|                                  |   |                                                                                                                                                 |                                                                                                        |
|----------------------------------|---|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| ✓ Orthotics (podiatric orthoses) | 2 | <b>\$200 per person</b>                                                                                                                         | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: \$100</li> </ul>                    |
| ✓ Osteopathy                     | 2 | <b>\$480 per person</b><br>combined limit for chiropractic, osteopathy & other services                                                         | <ul style="list-style-type: none"> <li>Initial visit: \$55</li> <li>Subsequent visit: \$40</li> </ul>  |
| ✓ Physiotherapy                  | 2 | <b>\$800 per person</b><br>combined limit for exercise physiology, eye therapy (orthoptics), physiotherapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$55</li> <li>Subsequent visit: \$40</li> </ul>  |
| ✓ Podiatry                       | 2 | <b>\$400 per person</b><br>sub-limits apply                                                                                                     | <ul style="list-style-type: none"> <li>Initial visit: \$55</li> <li>Subsequent visit: \$40</li> </ul>  |
| ✓ Psychology                     | 2 | <b>\$600 per person</b>                                                                                                                         | <ul style="list-style-type: none"> <li>Initial visit: \$100</li> <li>Subsequent visit: \$72</li> </ul> |
| ✓ Remedial massage               | 2 | <b>\$600 per person</b><br>combined limit for acupuncture, chinese medicine, remedial massage & other services                                  | <ul style="list-style-type: none"> <li>Initial visit: \$38</li> <li>Subsequent visit: \$38</li> </ul>  |
| ✓ Speech therapy                 | 2 | <b>\$600 per person</b>                                                                                                                         | <ul style="list-style-type: none"> <li>Initial visit: \$80</li> <li>Subsequent visit: \$45</li> </ul>  |
| ✓ Vaccinations                   | 2 | <b>\$800 per person</b><br>combined limit for non pbs pharmaceuticals & vaccinations                                                            | <ul style="list-style-type: none"> <li>Per service: \$60</li> </ul>                                    |

## Ambulance cover

In VIC 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/>

## Insurer Details



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

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 1300 728 188

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