



TUH, part of the Teachers Health Group
Comprehensive Extras

Restricted Insurer

\$242.30 / month

(Before Rebate, Discount & Loading)

Available in WA

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: 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 child of the primary member or their partner who is between the ages of 18 and 20 and does not themselves have a partner.

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

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

Policy ID: QTU/AN/WDQB1Y

Source: Private Health Information Statement (PHIS)

Extras Cover

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

Note, for treatments marked with *: *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
✓ Acupuncture	2	\$400 per person combined limit for acupuncture & chinese medicine	<ul style="list-style-type: none"> Initial visit: \$42 Subsequent visit: \$37
✓ 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	<ul style="list-style-type: none"> Initial visit: 80% of charge Subsequent visit: 80% of charge
✓ Audiology	2	\$200 per person	<ul style="list-style-type: none"> Initial visit: \$75 Subsequent visit: \$75
✓ Blood glucose monitors*	12	\$620 per person sub-limits apply	<ul style="list-style-type: none"> Per monitor: 85% of charge

✓ Chinese medicine	2	\$400 per person combined limit for acupuncture & chinese medicine	<ul style="list-style-type: none"> Initial visit: \$42 Subsequent visit: \$37
✓ Chiropractic	2	\$400 per person	<ul style="list-style-type: none"> Initial visit: \$44 Subsequent visit: \$35
✓ Dietetics/dietary advice	2	\$400 per person	<ul style="list-style-type: none"> Initial visit: \$60 Subsequent visit: \$42
✓ Endodontic*	12	\$3,400 per person combined limit for endodontic, major dental & other services sub-limits apply	<ul style="list-style-type: none"> Filling of one root canal: \$178
✓ Exercise physiology	2	\$700 per person combined limit for exercise physiology, physiotherapy & other services sub-limits apply	<ul style="list-style-type: none"> Initial visit: \$26 Subsequent visit: \$26
✓ Eye therapy (orthoptics)	2	\$200 per person	<ul style="list-style-type: none"> Initial visit: \$42 Subsequent visit: \$42
✓ General dental	2	No annual limit	<ul style="list-style-type: none"> Fluoride treatment: \$31.5 Scale & clean: \$72.45 Surgical tooth extraction: \$140 Periodic oral examination: \$39.9
✓ Health management / Healthy lifestyle*	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	<ul style="list-style-type: none"> Health management: 80% of charge
✓ Hearing aids	12	\$2000 overall \$1000 limit per ear, \$800 sub-limit for repairs. Limits apply over 3-year period from date supply.	<ul style="list-style-type: none"> Hearing aid: \$1000
✓ Home nursing	2	\$600 per person	<ul style="list-style-type: none"> Initial visit: \$80 Subsequent visit: \$80
✓ Major dental*	12	\$3,400 per person combined limit for endodontic, major dental & other services sub-limits apply	<ul style="list-style-type: none"> Full crown veneered: \$750
✓ Non PBS pharmaceuticals	2	\$550 per person	<ul style="list-style-type: none"> Per eligible prescription: \$60
✓ Occupational therapy	2	\$400 per person	<ul style="list-style-type: none"> Initial visit: \$57 Subsequent visit: \$42
✓ Optical*	6	\$260 per person	<ul style="list-style-type: none"> Multi-focal lenses & frames: 100% of charge Single vision lenses & frames: 100% of charge
✓ Orthodontic*	12	\$1,000 per person \$2,800 lifetime limit	<ul style="list-style-type: none"> Braces for upper & lower teeth, including removal plus fitting of retainer: \$1000
✓ Orthotics (podiatric orthoses)*	12	\$300 per person sub-limits apply	<ul style="list-style-type: none"> Orthotics supply & fit: 85% of charge

✓ Osteopathy	2	\$400 per person	<ul style="list-style-type: none"> Initial visit: \$44 Subsequent visit: \$39
✓ Physiotherapy*	2	\$700 per person combined limit for exercise physiology, physiotherapy & other services sub-limits apply	<ul style="list-style-type: none"> Initial visit: \$62 Subsequent visit: \$52
✓ Podiatry	2	\$400 per person	<ul style="list-style-type: none"> Initial visit: \$42 Subsequent visit: \$38
✓ Psychology	2	\$400 per person	<ul style="list-style-type: none"> Initial visit: \$90 Subsequent visit: \$85
✓ Remedial massage	2	\$400 per person up to \$800 per policy	<ul style="list-style-type: none"> Initial visit: \$43 Subsequent visit: \$43
✓ Speech therapy	2	\$400 per person	<ul style="list-style-type: none"> Initial visit: \$70 Subsequent visit: \$44

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

- ✗ Vaccinations

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 WA 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 regional 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>

Insurer Details



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Call now **1300 360 701**
Sponsor link

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