



**TUH, part of the Teachers Health Group**  
**Silver + Active Choice**

Restricted Insurer

**\$541.50 / month**

(Before Rebate, Discount & Loading)

Available in TAS

You may be entitled to an Australian Government Rebate on the above premium. Your premium may also include a Lifetime Health Cover Loading, an Age-based Discount or an insurer discount. Check with your insurer for details.

**This policy covers:** Two adults & dependants (3 or more people, only 2 of whom are adults).

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

- 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: QTU/ATV/TEAK2D

Source: Private Health Information Statement (PHIS).

## Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

**This policy includes cover for**

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

**This policy does not include cover for**

- |                                  |                       |
|----------------------------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Joint replacements  |
| ✗ Cataracts                      | ✗ Pregnancy and birth |

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:** You will have to pay an excess on admission. This is limited to a maximum of \$250 per person per year.

Excess payments do not apply to hospital admissions for dependants.

**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
- 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**

Value-added services: home care after hospital, chronic disease management programs, hospital substitute programs (conditions apply). \*\*Accident cover for included service categories only. Reducing your excess is considered to be upgrading your membership. We will charge your previous excess within the first two months of the upgrade, including for adults who are upgrading their level of cover by joining/re-joining as a dependant on a family membership.

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

Policy ID: QTU/ATV/TEAK2D Source: [Private Health Information Statement \(PHIS\)](#)

## Extras Cover

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

Note, for treatments marked with \*: \*Major Dental: Crowns/Bridges/Dental Implants \$580 sub-limit; Dentures \$550 sub-limit (increase with years of membership). \*Endodontic \$300 sub-limit. \*Orthodontic \$550 annual limit \$1,650 lifetime limit (included in major dental limit). \*Optical set benefits apply for frames/lenses/repairs, 100% up to annual limit for contacts. \*Physiotherapy: limit includes Group Physiotherapy (\$150 sub-limit), Ante/Post-natal Physiotherapy (\$110 sub-limit) and Exercise Physiology (\$100 sub-limit). \*Podiatry: overall limit includes Podiatry (\$250 sub-limit), Psychology (\$250 sub-limit), Dietetics (\$150 sub-limit), Speech Therapy (\$150 sub-limit), and Occupational Therapy (\$150 sub-limit). \*Acupuncture overall limit includes Acupuncture and Chinese Medicine (\$350 sub-limit), Osteopathy (\$300 sub-limit), and Remedial Massage/Myotherapy (\$350/person, \$700/membership sub-limit).

| Treatment & waiting period (months) | Benefit limits per 12 months unless otherwise stated                                                                                                                         | Examples of maximum benefits                                                                           |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture*                      | 2<br>\$400 per person<br>combined limit for acupuncture, chinese medicine, osteopathy, remedial massage & other services<br>sub-limits apply                                 | <ul style="list-style-type: none"><li>• Initial visit: \$34</li><li>• Subsequent visit: \$29</li></ul> |
| ✓ Ante-natal/Post-natal classes*    | 2<br>\$200 per person up to \$400 per policy<br>combined limit for ante-natal/post-natal classes, health management / healthy lifestyle & other services<br>sub-limits apply | <ul style="list-style-type: none"><li>• Initial visit: 80% of charge</li></ul>                         |

|                                          |    |                                                                                                                                                                                |                                                                                                                                                                                                       |
|------------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Chinese medicine                       | 2  | <b>\$400 per person</b><br>combined limit for acupuncture, chinese medicine, osteopathy, remedial massage & other services                                                     | <ul style="list-style-type: none"> <li>Initial visit: \$34</li> <li>Subsequent visit: \$29</li> </ul>                                                                                                 |
| ✓ Chiropractic                           | 2  | <b>\$300 per person</b>                                                                                                                                                        | <ul style="list-style-type: none"> <li>Initial visit: \$34</li> <li>Subsequent visit: \$29</li> </ul>                                                                                                 |
| ✓ Dietetics/dietary advice               | 2  | <b>\$350 per person</b><br>combined limit for dietetics/dietary advice, occupational therapy, podiatry, psychology & speech therapy<br>sub-limits apply                        | <ul style="list-style-type: none"> <li>Initial visit: \$60</li> <li>Subsequent visit: \$42</li> </ul>                                                                                                 |
| ✓ Endodontic*                            | 12 | <b>\$1,000 per person</b><br>combined limit for endodontic, major dental, orthodontic & other services<br>sub-limits apply                                                     | <ul style="list-style-type: none"> <li>Filling of one root canal: \$141</li> </ul>                                                                                                                    |
| ✓ Exercise physiology                    | 2  | <b>\$600 per person</b><br>combined limit for exercise physiology, physiotherapy & other services<br>sub-limits apply                                                          | <ul style="list-style-type: none"> <li>Initial visit: \$25</li> <li>Subsequent visit: \$25</li> </ul>                                                                                                 |
| ✓ General dental                         | 2  | <b>\$600 per person</b>                                                                                                                                                        | <ul style="list-style-type: none"> <li>Fluoride treatment: \$24.15</li> <li>Scale &amp; clean: \$60.9</li> <li>Surgical tooth extraction: \$109</li> <li>Periodic oral examination: \$31.5</li> </ul> |
| ✓ Health management / Healthy lifestyle* | 2  | <b>\$200 per person up to \$400 per policy</b><br>combined limit for ante-natal/post-natal classes, health management / healthy lifestyle & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Health management: 80% of charge</li> </ul>                                                                                                                    |
| ✓ Major dental*                          | 12 | <b>\$1,000 per person</b><br>combined limit for endodontic, major dental, orthodontic & other services<br>sub-limits apply                                                     | <ul style="list-style-type: none"> <li>Full crown veneered: \$580</li> </ul>                                                                                                                          |
| ✓ Non PBS pharmaceuticals                | 2  | <b>\$400 per person</b>                                                                                                                                                        | <ul style="list-style-type: none"> <li>Per eligible prescription: \$60</li> </ul>                                                                                                                     |
| ✓ Occupational therapy                   | 2  | <b>\$350 per person</b><br>combined limit for dietetics/dietary advice, occupational therapy, podiatry, psychology & speech therapy<br>sub-limits apply                        | <ul style="list-style-type: none"> <li>Initial visit: \$37</li> <li>Subsequent visit: \$29</li> </ul>                                                                                                 |
| ✓ Optical*                               | 6  | <b>\$210 per person</b>                                                                                                                                                        | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: 100% of charge</li> <li>Single vision lenses &amp; frames: 100% of charge</li> </ul>                                          |
| ✓ Orthodontic*                           | 12 | <b>\$1,000 per person</b><br>combined limit for endodontic, major dental, orthodontic & other services<br>sub-limits apply                                                     | <ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: \$550</li> </ul>                                                               |
| ✓ Osteopathy                             | 2  | <b>\$400 per person</b><br>combined limit for acupuncture, chinese medicine, osteopathy, remedial massage & other services<br>sub-limits apply                                 | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$30</li> </ul>                                                                                                 |

|                           |   |                                                                                                                                                         |                                                                                                       |
|---------------------------|---|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| ✓ <b>Physiotherapy*</b>   | 2 | <b>\$600 per person</b><br>combined limit for exercise physiology, physiotherapy & other services<br>sub-limits apply                                   | <ul style="list-style-type: none"> <li>Initial visit: \$42</li> <li>Subsequent visit: \$37</li> </ul> |
| ✓ <b>Podiatry*</b>        | 2 | <b>\$350 per person</b><br>combined limit for dietetics/dietary advice, occupational therapy, podiatry, psychology & speech therapy<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$36</li> <li>Subsequent visit: \$30</li> </ul> |
| ✓ <b>Psychology</b>       | 2 | <b>\$350 per person</b><br>combined limit for dietetics/dietary advice, occupational therapy, podiatry, psychology & speech therapy<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$75</li> <li>Subsequent visit: \$60</li> </ul> |
| ✓ <b>Remedial massage</b> | 2 | <b>\$400 per person</b><br>combined limit for acupuncture, chinese medicine, osteopathy, remedial massage & other services<br>sub-limits apply          | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$35</li> </ul> |
| ✓ <b>Speech therapy</b>   | 2 | <b>\$350 per person</b><br>combined limit for dietetics/dietary advice, occupational therapy, podiatry, psychology & speech therapy<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$52</li> <li>Subsequent visit: \$27</li> </ul> |

Also covers: Anti snore device \$300 sub-limit included in major dental overall limit. Group Physiotherapy & Ante/post-natal Physiotherapy \$17 per consult up to sub-limits. Group Psychology \$30 per consult and Counselling \$35 per initial consult, \$28 per subsequent consult, up to \$250 sub-limit. Chiropractic x-ray (one per year) \$50, Osteopathic x-ray (one per year) \$50 included in sub-limits. Myotherapy \$35 per consult included in remedial massage sub-limit. Biogait Analysis (one per year) \$30 included with the \$250 Podiatry sub limit. Speech Therapy group consult \$12 included in Speech Therapy sub-limit. Occupational Therapy group consult \$17.50 included in Occupational Therapy sub-limit. \*Health Management overall limit includes Health Screenings 80% of charge up to \$90 sub-limit, Wellbeing Programs 80% up to \$110 sub-limit, Weight Loss and Fitness Programs 80% up to \$120 sub-limit and Ante/post Natal Classes 80% up to \$160 sub-limit. Active Health Bonus \$20/person \$40/Membership (conditions apply). Remote travel and accommodation is provided as a fixed benefit of 15 cents per kilometre for trips exceeding 100 kilometres one way (or 200 kilometres return) calculated directly from the home address (conditions apply).

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

- |                            |                                  |                |
|----------------------------|----------------------------------|----------------|
| ✗ Audiology                | ✗ Hearing aids                   | ✗ Vaccinations |
| ✗ Blood glucose monitors   | ✗ Home nursing                   |                |
| ✗ Eye therapy (orthoptics) | ✗ Orthotics (podiatric orthoses) |                |

**Other features of this general treatment cover:** Online and mobile access, claims via smart phone app. Some major dental sub-limits increase with year 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](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://tuh.com.au/information/glossary/ambulance>

#### Insurer Details



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Restricted Insurer

**\$541.50 / month**

(Before Rebate, Discount & Loading)

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Call now  1300 360 701 [Sponsor link](#)

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 <https://tuh.com.au/>

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 1300 360 701

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