



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

Restricted Insurer

\$431.66 / 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 a Lifetime Health Cover Loading, an Age-based Discount or an insurer discount. Check with your insurer for details.

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

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/WDZZ1D

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

Hospital Cover

 Covered 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 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, and podiatry providers. See <https://tuh.com.au/information/using-your-extras/find-provider>.

Policy ID: QTU/ATV/WDZZ1D 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 \$400 per person combined limit for acupuncture, chinese medicine, osteopathy, remedial massage & other services sub-limits apply	<ul style="list-style-type: none">• Initial visit: \$34• Subsequent visit: \$29
✓ Ante-natal/Post-natal classes*	2 \$200 per person up to \$400 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

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

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

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

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

enquiries@tuh.com.au

1300 360 701

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