

**TUH, part of the Teachers Health Group****Basic Extras****Restricted Insurer****\$75.67 / month**  
(Before Rebate, Discount & Loading)  
Available in QLD

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:** 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.

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/BY/QDLT2D****Source: Private Health Information Statement (PHIS)**

## Extras Cover

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

Note, for treatments marked with \* : \*Optical set benefits apply for frames/lenses/repairs, 100% up to annual limit for contacts. \*Pharmaceuticals overall \$400 limit includes Physiotherapy, Group Physiotherapy, Exercise Physiology, Ante/Post Natal Physiotherapy, Chiropractic, Psychology, Counselling, Pharmaceuticals, Osteopathy and Remedial Massage.

| Treatment & waiting period (months) |   | Benefit limits per 12 months unless otherwise stated                                                                                                                               | Examples of maximum benefits                                                                                                                                                                 |
|-------------------------------------|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Chiropractic                      | 2 | <b>\$400 per person</b><br>combined limit for chiropractic, exercise physiology, non pbs pharmaceuticals, osteopathy, physiotherapy, psychology, remedial massage & other services | <ul style="list-style-type: none"><li>Initial visit: \$32</li><li>Subsequent visit: \$25</li></ul>                                                                                           |
| ✓ Exercise physiology               | 2 | <b>\$400 per person</b><br>combined limit for chiropractic, exercise physiology, non pbs pharmaceuticals, osteopathy, physiotherapy, psychology, remedial massage & other services | <ul style="list-style-type: none"><li>Initial visit: \$23</li><li>Subsequent visit: \$23</li></ul>                                                                                           |
| ✓ General dental                    | 2 | <b>\$400 per person</b>                                                                                                                                                            | <ul style="list-style-type: none"><li>Fluoride treatment: \$21</li><li>Scale &amp; clean: \$52.5</li><li>Surgical tooth extraction: \$0</li><li>Periodic oral examination: \$28.35</li></ul> |
| ✓ Non PBS pharmaceuticals*          | 2 | <b>\$400 per person</b><br>combined limit for chiropractic, exercise physiology, non pbs pharmaceuticals, osteopathy, physiotherapy, psychology, remedial massage & other services | <ul style="list-style-type: none"><li>Per eligible prescription: \$50</li></ul>                                                                                                              |

|                           |   |                                                                                                                                                                                    |                                                                                                                                                              |
|---------------------------|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ <b>Optical</b>          | 6 | <b>\$180 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> |
| ✓ <b>Osteopathy</b>       | 2 | <b>\$400 per person</b><br>combined limit for chiropractic, exercise physiology, non pbs pharmaceuticals, osteopathy, physiotherapy, psychology, remedial massage & other services | <ul style="list-style-type: none"> <li>Initial visit: \$37</li> <li>Subsequent visit: \$33</li> </ul>                                                        |
| ✓ <b>Physiotherapy</b>    | 2 | <b>\$400 per person</b><br>combined limit for chiropractic, exercise physiology, non pbs pharmaceuticals, osteopathy, physiotherapy, psychology, remedial massage & other services | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$30</li> </ul>                                                        |
| ✓ <b>Psychology</b>       | 2 | <b>\$400 per person</b><br>combined limit for chiropractic, exercise physiology, non pbs pharmaceuticals, osteopathy, physiotherapy, psychology, remedial massage & other services | <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 chiropractic, exercise physiology, non pbs pharmaceuticals, osteopathy, physiotherapy, psychology, remedial massage & other services | <ul style="list-style-type: none"> <li>Initial visit: \$33</li> <li>Subsequent visit: \$33</li> </ul>                                                        |

Also covers: Group Physiotherapy \$17 per consult. Ante/Post Natal Physiotherapy \$17 per consult. Chiropractic x-ray (one per year) \$63. Psychology group consultation \$30 per session. Counselling \$35 per initial consult, \$28 per subsequent consult. Osteopathic x-ray (one per year) \$63, Remedial Massage and Myotherapy \$33 per consult.

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

- |                                 |                                         |                                  |
|---------------------------------|-----------------------------------------|----------------------------------|
| ✗ Acupuncture                   | ✗ Endodontic                            | ✗ Occupational therapy           |
| ✗ Ante-natal/Post-natal classes | ✗ Eye therapy (orthoptics)              | ✗ Orthodontic                    |
| ✗ Audiology                     | ✗ Health management / Healthy lifestyle | ✗ Orthotics (podiatric orthoses) |
| ✗ Blood glucose monitors        | ✗ Hearing aids                          | ✗ Podiatry                       |
| ✗ Chinese medicine              | ✗ Home nursing                          | ✗ Speech therapy                 |
| ✗ Dietetics/dietary advice      | ✗ Major dental                          | ✗ Vaccinations                   |

**Other features of this general treatment cover:** 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/basic-extras>

## Ambulance cover

Ambulance cover is provided by the State government for Queensland residents (<https://www.ambulance.qld.gov.au>). This includes cover whilst interstate.

For further information about this policy see: <https://tuh.com.au/information/glossary/ambulance>

## Insurer Details

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Basic Extras

Restricted Insurer

**\$75.67 / month**  
(Before Rebate, Discount & Loading)  
Available in QLDCall now  **1300 360 701**  
Sponsor link**TUH, part of the Teachers Health Group** <https://tuh.com.au/> [enquiries@tuh.com.au](mailto:enquiries@tuh.com.au) **1300 360 701**

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