



**TUH, part of the Teachers Health Group**  
**Everyday Extras**

Restricted Insurer

**\$174.76 / month**  
(Before Rebate, Discount & Loading)  
Available in SA

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/EE/SEZG2D

**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 \$650 sub-limit, Implants \$450 sub-limit, Dentures \$600 sub-limit, Endodontia \$450 sub-limit, Periodontia \$450 sub-limit, Inlays Onlays and Facings \$450 sub-limit, Anti-snore device \$500 sub-limit and Orthodontics \$700 annual sub-limit (maximum lifetime benefit \$2,100). \*Optical set benefits apply for frames/lenses/repairs, 100% up to annual limit for contacts. \*Physiotherapy limit includes Exercise Physiology and Group Physiotherapy \$250 sub-limit, and Ante/post-natal physiotherapy.

| Treatment & waiting period (months) |    | Benefit limits per 12 months unless otherwise stated                                                                       | Examples of maximum benefits                                                                                                                                                                     |
|-------------------------------------|----|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Endodontic                        | 12 | <b>\$2,000 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: \$161</li></ul>                                                                                                                 |
| ✓ Exercise physiology*              | 2  | <b>\$700 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: \$30</li><li>Subsequent visit: \$30</li></ul>                                                                                               |
| ✓ General dental                    | 2  | <b>No annual limit</b>                                                                                                     | <ul style="list-style-type: none"><li>Fluoride treatment: \$30.45</li><li>Scale &amp; clean: \$67.2</li><li>Surgical tooth extraction: \$125</li><li>Periodic oral examination: \$35.7</li></ul> |
| ✓ Major dental*                     | 12 | <b>\$2,000 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: \$650</li></ul>                                                                                                                       |

|                           |    |                                                                                                                            |                                                                                                                                                              |
|---------------------------|----|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ <b>Optical*</b>         | 6  | <b>\$260 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>Orthodontic*</b>     | 12 | <b>\$2,000 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: \$700</li> </ul>                      |
| ✓ <b>Physiotherapy*</b>   | 2  | <b>\$700 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: \$60</li> <li>Subsequent visit: \$50</li> </ul>                                                        |
| ✓ <b>Psychology</b>       | 2  | <b>\$400 per person</b>                                                                                                    | <ul style="list-style-type: none"> <li>Initial visit: \$80</li> <li>Subsequent visit: \$70</li> </ul>                                                        |
| ✓ <b>Remedial massage</b> | 2  | <b>\$400 per person</b>                                                                                                    | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>                                                        |

Other services: Anti snore device \$500 sub-limit included in Major Dental overall limit. Group Physiotherapy \$20 per consult up to \$250 sub-limit. Ante/post natal Physiotherapy \$17 per consult. Group Psychology \$35 per consult, Psychometric assessments \$116 and Counselling \$38 per initial consult, \$32 per subsequent consult, included within \$400 Psychology limit. Myotherapy \$40 per consult included in Remedial Massage sub-limit. Active Health Bonus \$40/person \$80/membership ( conditions apply).

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

- |                                 |                                         |                                  |
|---------------------------------|-----------------------------------------|----------------------------------|
| ✗ Acupuncture                   | ✗ Dietetics/dietary advice              | ✗ Occupational therapy           |
| ✗ Ante-natal/Post-natal classes | ✗ Eye therapy (orthoptics)              | ✗ Orthotics (podiatric orthoses) |
| ✗ Audiology                     | ✗ Health management / Healthy lifestyle | ✗ Osteopathy                     |
| ✗ Blood glucose monitors        | ✗ Hearing aids                          | ✗ Podiatry                       |
| ✗ Chinese medicine              | ✗ Home nursing                          | ✗ Speech therapy                 |
| ✗ Chiropractic                  | ✗ Non PBS pharmaceuticals               | ✗ 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, contact us for further details.

**For further information about this policy see:** <https://tuh.com.au/extras/everyday-extras>

## Ambulance cover

South Australia has a subscription service to cover ambulance within the state, with an additional fee to cover interstate travel (<http://www.saambulance.com.au/ProductsServices/AmbulanceCover.aspx>).

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

## Insurer Details

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Everyday Extras

Restricted Insurer

**\$174.76 / month**  
(Before Rebate, Discount & Loading)  
Available in SACall 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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