

**TUH, part of the Teachers Health Group**
Gold Easy Choice

Restricted Insurer

Corporate Policy

\$347.79 / month
(Before Rebate, Discount & Loading)
Available in NSW & ACT

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

This policy covers: Only one person.

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

Corporate policy: This is a corporate policy only available to new members who qualify under TUH's Fund Rules.

- 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/EZC/NEHY10**Source:** Private Health Information Statement (PHIS)

Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

This policy includes cover for

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

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 \$300 per person per year.

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
- 9 months for pregnancy and birth (obstetrics)
- 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

Top hospital cover when you need it. Excellent range of value-added services: hospital substitute treatment, hospital substitute programs, chronic disease management programs and care coordination (conditions apply). An excess is applied once per adult per calendar year. The hospital excess is waived for dependants. 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.

For further information about this policy see: <https://tuh.com.au/package/gold-easy-choice>

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/EZC/NEHY10 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 \$670 sub-limit, Implants \$350 sub-limit, Dentures \$600 sub-limit, Endodontia \$350 sub-limit, Periodontia \$350 sub-limit, Inlays/Onlays/Facings \$350 sub-limit. *Orthodontic \$880 sub-limit maximum lifetime benefit \$2,640. Optical set benefits apply for frames/lenses/repairs, 100% up to annual limit for contacts. *Physiotherapy limit includes Exercise Physiology \$140 sub-limit and Group Physiotherapy \$190 sub-limit. *Acupuncture limit includes \$400 sub-limit Acupuncture and Chinese Medicine, \$400 sub-limit Osteopathy and \$400/person \$800/membership Remedial Massage and Myotherapy sub-limit. *Podiatry (other therapies) limit includes Podiatry and Orthotics \$400 sub-limit, Dietetics \$400 sub-limit, Speech Therapy \$400 sub-limit, Occupational Therapy \$400 sub-limit and Orthoptics \$400 sub-limit.

Treatment & waiting period (months)

Benefit limits per 12 months unless otherwise stated

Examples of maximum benefits

✓ Acupuncture*

2

\$500 per policy

combined limit for acupuncture, chinese medicine, osteopathy, remedial massage & other services
sub-limits apply

- Initial visit: \$36
- Subsequent visit: \$31

| | | | |
|---|----|---|---|
| ✓ Ante-natal/Post-natal classes | 2 | \$240 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 policy | <ul style="list-style-type: none"> Initial visit: \$70 Subsequent visit: \$60 |
| ✓ Blood glucose monitors | 12 | \$400 per policy sub-limits apply | <ul style="list-style-type: none"> Per monitor: 85% of charge |
| ✓ Chinese medicine | 2 | \$500 per policy combined limit for acupuncture, chinese medicine, osteopathy, remedial massage & other services | <ul style="list-style-type: none"> Initial visit: \$36 Subsequent visit: \$31 |
| ✓ Chiropractic | 2 | \$400 per policy | <ul style="list-style-type: none"> Initial visit: \$37 Subsequent visit: \$33 |
| ✓ Dietetics/dietary advice | 2 | \$1,000 per policy combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry, speech therapy & other services sub-limits apply | <ul style="list-style-type: none"> Initial visit: \$60 Subsequent visit: \$42 |
| ✓ Endodontic | 12 | \$2,000 per policy combined limit for endodontic, major dental, orthodontic & other services sub-limits apply | <ul style="list-style-type: none"> Filling of one root canal: \$161 |
| ✓ Exercise physiology | 2 | \$700 per policy 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 | \$1,000 per policy combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry, speech therapy & other services sub-limits apply | <ul style="list-style-type: none"> Initial visit: \$42 Subsequent visit: \$42 |
| ✓ General dental | 2 | \$1,000 per policy | <ul style="list-style-type: none"> Fluoride treatment: \$30.45 Scale & clean: \$67.2 Surgical tooth extraction: \$125 Periodic oral examination: \$35.7 |
| ✓ Health management / Healthy lifestyle | 2 | \$240 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 | \$1800 overall limit \$900 per ear \$650 sub-limit on repairs. Limits apply over 3-year period from date of first supply. | <ul style="list-style-type: none"> Hearing aid: \$900 |
| ✓ Major dental* | 12 | \$2,000 per policy combined limit for endodontic, major dental, orthodontic & other services sub-limits apply | <ul style="list-style-type: none"> Full crown veneered: \$670 |
| ✓ Non PBS pharmaceuticals | 2 | \$500 per policy | <ul style="list-style-type: none"> Per eligible prescription: \$60 |

| | | | |
|---|----|---|--|
| ✓ Occupational therapy | 2 | \$1,000 per policy combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry, speech therapy & other services sub-limits apply | <ul style="list-style-type: none"> Initial visit: \$49 Subsequent visit: \$35 |
| ✓ Optical* | 6 | \$260 per policy | <ul style="list-style-type: none"> Multi-focal lenses & frames: 100% of charge Single vision lenses & frames: 100% of charge |
| ✓ Orthodontic* | 12 | \$2,000 per policy 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: \$880 |
| ✓ Orthotics (podiatric orthoses) | 12 | \$1,000 per policy combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry, speech therapy & other services sub-limits apply | <ul style="list-style-type: none"> Orthotics supply & fit: 85% of charge |
| ✓ Osteopathy | 2 | \$500 per policy combined limit for acupuncture, chinese medicine, osteopathy, remedial massage & other services sub-limits apply | <ul style="list-style-type: none"> Initial visit: \$38 Subsequent visit: \$33 |
| ✓ Physiotherapy* | 2 | \$700 per policy combined limit for exercise physiology, physiotherapy & other services | <ul style="list-style-type: none"> Initial visit: \$52 Subsequent visit: \$42 |
| ✓ Podiatry* | 2 | \$1,000 per policy combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry, speech therapy & other services sub-limits apply | <ul style="list-style-type: none"> Initial visit: \$40 Subsequent visit: \$34 |
| ✓ Psychology | 2 | \$400 per policy | <ul style="list-style-type: none"> Initial visit: \$85 Subsequent visit: \$75 |
| ✓ Remedial massage | 2 | \$500 per policy combined limit for acupuncture, chinese medicine, osteopathy, remedial massage & other services sub-limits apply | <ul style="list-style-type: none"> Initial visit: \$40 Subsequent visit: \$40 |
| ✓ Speech therapy | 2 | \$1,000 per policy combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, orthotics (podiatric orthoses), podiatry, speech therapy & other services sub-limits apply | <ul style="list-style-type: none"> Initial visit: \$67 Subsequent visit: \$41 |

Anti snore device \$500 sub-limit included in Major Dental overall limit. Group Physiotherapy \$20 per consult up to \$190 sub-limit. Ante/post natal Physiotherapy \$17 per consult up to \$125 sub-limit. Chiropractic x-ray (one per year) \$63 included in Chiropractic limit. Group Psychology \$35 per consult and Counselling \$40 per initial consult, \$35 per subsequent consult included in \$400 Psychology limit. Osteopathic x-ray (one per year) \$63 included in Osteopathy sub-limit. Myotherapy \$40 per consult included in Remedial Massage sub-limit. Podiatric Surgery 85% and Biogait Analysis (one per year) \$34, included in \$400 Podiatry and Orthotic sub-limit, this sub-limit also includes Orthotic Repairs 85% up to \$100 and customised/moulded orthotics 85% up to \$200. Group Speech Therapy \$17 per consult and Paediatric Assessment (one per year) \$80 up to \$400 Speech Therapy sub-limit. Group Occupational Therapy \$22.50 per consult up to \$400 Occupational Therapy sub-limit. Health Management overall limit includes \$100 sub-limit Health Screenings, \$130 sub-limit on Health Management Programs, \$140 sub-limit on Healthy Lifestyle Programs and \$180 sub-limit on Ante/post-natal classes, all payable at 80% of cost. *Blood Glucose Monitors \$400 sub-limit included in Health Devices/Appliances overall limit of \$620. All services in Health Devices/Appliances limit payable at 85% of cost including \$620 sub-limit on CPAP etc machines, \$300 sub-limit on compression garments, \$100 sub-limit on accessories/repair, 500 sub-limit on Non-surgically implanted prostheses e.g. breast prostheses and wigs. Blood Glucose Monitors \$400 sub-limit also includes \$200 sub-limit on other appliances and \$120 sub-limit on Health Aids. Travel and Accommodation \$45 per night and up to \$100 travel up to \$100 limit. Active Health Bonus \$75/person \$150/membership.

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

✗ Home nursing

✗ Vaccinations

Other features of this general treatment cover: Annual major dental sub-limits increase with years of membership. Online and mobile access, claims via smart phone app.

For further information about this policy see: <https://tuh.com.au/package/gold-easy-choice>

Ambulance cover

In NSW & ACT 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: We pay an ambulance levy for ACT and NSW permanent residents as part of their hospital or combined hospital with extras cover. This covers emergency road ambulance transportation or attendance. No annual limit will apply to emergency road ambulance services. Conditions apply. Benefits may be payable for state-owned air ambulance services (\$6,000 per person per annum limit applies). NEITHER THIS LEVY NOR ANY AMBULANCE SERVICE BENEFIT IS PAYABLE ON STAND-ALONE EXTRAS COVER.

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

Insurer Details



TUH, part of the Teachers Health Group

Gold Easy Choice

Restricted Insurer Corporate Policy


\$347.79 / month

(Before Rebate, Discount & Loading)


Available in NSW & ACT

Call now  1300 360 701 Sponsor link

TUH, part of the Teachers Health Group

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

 enquiries@tuh.com.au

 1300 360 701

Disclaimer: This document is not a Private Health Information Statement (PHIS), and it is not intended to replace that document. The details contained in the **healthslips.com.au Policy Information** was provided by the insurer to the Australian Government. It is intended as general information. It may not take into account your circumstances. For further information contact the insurer. Information used is Licensed from the Commonwealth of Australia under a Creative Commons 3.0 licence. Private Health Information Statement is available from the Private Health Insurance Ombudsman website at <https://privatehealth.gov.au/dynamic/Premium/PHIS/QTU/EZC/NEHY10>