



TUH, part of the Teachers Health Group

Family Extras

Restricted Insurer

\$97.51 / 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 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.

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/FAM/TDXG10

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 \$850 annual sub-limit (maximum lifetime benefit \$2,550). *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. *Podiatry limit includes Orthotics (customised and moulded \$200 sub-limit) (repairs \$100 sub-limit).

*Acupuncture limit includes \$400 sub-limit Massage/Myotherapy. *Home nursing benefits apply per day.

Treatment & waiting period (months)	Benefit limits per 12 months unless otherwise stated	Examples of maximum benefits
✓ Acupuncture	2 \$600 per policy combined limit for acupuncture, chinese medicine, osteopathy, remedial massage & other services	<ul style="list-style-type: none"> Initial visit: \$50 Subsequent visit: \$40
✓ 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: \$75 Subsequent visit: \$70
✓ Blood glucose monitors*	12 \$600 per policy sub-limits apply	<ul style="list-style-type: none"> Per monitor: 85% of charge
✓ Chinese medicine	2 \$600 per policy combined limit for acupuncture, chinese medicine, osteopathy, remedial massage & other services	<ul style="list-style-type: none"> Initial visit: \$50 Subsequent visit: \$40
✓ Chiropractic	2 \$400 per policy	<ul style="list-style-type: none"> Initial visit: \$52 Subsequent visit: \$42

✓ Dietetics/dietary advice	2	\$300 per policy	<ul style="list-style-type: none"> Initial visit: \$60 Subsequent visit: \$42
✓ Endodontic	12	\$2,000 per policy	<ul style="list-style-type: none"> Filling of one root canal: \$161 <p>combined limit for endodontic, major dental, orthodontic & other services sub-limits apply</p>
✓ Exercise physiology	2	\$700 per policy	<ul style="list-style-type: none"> Initial visit: \$30 Subsequent visit: \$30 <p>combined limit for exercise physiology, physiotherapy & other services sub-limits apply</p>
✓ Eye therapy (orthoptics)	2	\$200 per policy	<ul style="list-style-type: none"> Initial visit: \$42 Subsequent visit: \$42
✓ General dental	2	No annual limit	<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	<ul style="list-style-type: none"> Health management: 80% of charge <p>combined limit for ante-natal/post-natal classes, health management / healthy lifestyle & other services sub-limits apply</p>
✓ Hearing aids	12	\$1500 limit overall \$750 per ear \$550 sub-limit on repairs. Limits apply over 3-year period from first supply.	<ul style="list-style-type: none"> Hearing aid: \$750
✓ Home nursing*	2	\$500 per policy	<ul style="list-style-type: none"> Initial visit: \$80 Subsequent visit: \$80
✓ Major dental*	12	\$2,000 per policy	<ul style="list-style-type: none"> Full crown veneered: \$650 <p>combined limit for endodontic, major dental, orthodontic & other services sub-limits apply</p>
✓ Non PBS pharmaceuticals	2	\$500 per policy	<ul style="list-style-type: none"> Per eligible prescription: \$70
✓ Occupational therapy	2	\$300 per policy	<ul style="list-style-type: none"> Initial visit: \$52 Subsequent visit: \$37
✓ 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	<ul style="list-style-type: none"> Braces for upper & lower teeth, including removal plus fitting of retainer: \$850 <p>combined limit for endodontic, major dental, orthodontic & other services sub-limits apply</p>
✓ Orthotics (podiatric orthoses)	12	\$300 per policy	<ul style="list-style-type: none"> Orthotics supply & fit: 80% of charge <p>combined limit for orthotics (podiatric orthoses), podiatry & other services sub-limits apply</p>

✓ Osteopathy	2	\$600 per policy combined limit for acupuncture, chinese medicine, osteopathy, remedial massage & other services	<ul style="list-style-type: none"> Initial visit: \$52 Subsequent visit: \$42
✓ Physiotherapy*	2	\$700 per policy combined limit for exercise physiology, physiotherapy & other services	<ul style="list-style-type: none"> Initial visit: \$62 Subsequent visit: \$52
✓ Podiatry*	2	\$300 per policy combined limit for orthotics (podiatric orthoses), podiatry & other services	<ul style="list-style-type: none"> Initial visit: \$40 Subsequent visit: \$35
✓ Psychology	2	\$400 per policy	<ul style="list-style-type: none"> Initial visit: \$80 Subsequent visit: \$70
✓ Remedial massage*	2	\$600 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	\$400 per policy	<ul style="list-style-type: none"> Initial visit: \$102 Subsequent visit: \$55

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. Chiropractic x-ray (one per year) \$70 included in Chiropractic limit. Group Psychology \$35 per consult, Psychometric assessments \$116 and Counselling \$38 initial per initial consult, \$32 per subsequent consult, included in \$400 Psychology limit. Osteopathic x-ray (one per year) \$63 included in Osteopathy limit. Myotherapy \$40 per consult included in Remedial Massage sub-limit. Podiatric Surgery 85% and Biogait Analysis (one per year) \$35, included within the \$300 Podiatry limit. Orthotic Repairs 85% up to \$100 sub-limit. Group Speech Therapy \$40 per consult and Paediatric Assessment (one per year) \$150 included in Speech Therapy limit. Group Occupational Therapy \$17.50 per consult and Paediatric Assessment (one per year) \$60 included in Occupational Therapy limit. Health Management overall limit includes \$120 sub-limits on Health Screenings, Health Management Programs and Healthy Lifestyle Programs. *Blood Glucose Monitors \$400 sub-limit included in Health Devices/Appliances overall \$600 limit. All services in Health Devices/Appliances limit payable at 85% of cost including \$600 sub-limit on CPAP etc machines, \$100 sub-limit on accessories/repair, \$300 limit on compression garments, and \$500 sub-limit for Non-surgically implanted prostheses e.g. breast prostheses and wigs. Blood Glucose Monitors \$400 sub-limit includes \$200 sub-limit for other appliances and \$120 sub-limit for Health Aids. Lactation nursing \$50 daily included in \$500 Home Nursing limit. Travel and Accommodation \$45 per night and up to \$100 travel up to \$100 limit (conditions apply). Active Health Bonus \$40/person \$80/membership (conditions apply).

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

✗ 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/family-extras>

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.

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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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**

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