


**TUH, part of the Teachers Health Group**  
**Family Extras**
**Restricted Insurer**
**\$191.91 / month**  
 (Before Rebate, Discount & Loading)  
 Available in VIC

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 (and no-one else).

**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/VDXJ20

**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  | <b>\$600 per person</b><br>combined limit for acupuncture, chinese medicine, osteopathy, remedial massage & other services                                                  | <ul style="list-style-type: none"> <li>Initial visit: \$50</li> <li>Subsequent visit: \$40</li> </ul>                   |
| ✓ Ante-natal/Post-natal classes*    | 2  | <b>\$240 per person up to \$480 per policy</b><br>combined limit for ante-natal/post-natal classes, health management / healthy lifestyle & other services sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: 80% of charge</li> <li>Subsequent visit: 80% of charge</li> </ul> |
| ✓ Audiology                         | 2  | <b>\$200 per person</b>                                                                                                                                                     | <ul style="list-style-type: none"> <li>Initial visit: \$75</li> <li>Subsequent visit: \$70</li> </ul>                   |
| ✓ Blood glucose monitors*           | 12 | <b>\$600 per person</b><br>sub-limits apply                                                                                                                                 | <ul style="list-style-type: none"> <li>Per monitor: 85% of charge</li> </ul>                                            |
| ✓ Chinese medicine                  | 2  | <b>\$600 per person</b><br>combined limit for acupuncture, chinese medicine, osteopathy, remedial massage & other services                                                  | <ul style="list-style-type: none"> <li>Initial visit: \$50</li> <li>Subsequent visit: \$40</li> </ul>                   |
| ✓ Chiropractic                      | 2  | <b>\$400 per person up to \$1,000 per policy</b>                                                                                                                            | <ul style="list-style-type: none"> <li>Initial visit: \$52</li> <li>Subsequent visit: \$42</li> </ul>                   |

|                                          |    |                                                                                                                                                                                |                                                                                                                                                                                                       |
|------------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Dietetics/dietary advice               | 2  | <b>\$300 per person</b>                                                                                                                                                        | <ul style="list-style-type: none"> <li>Initial visit: \$60</li> <li>Subsequent visit: \$42</li> </ul>                                                                                                 |
| ✓ 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>                                                                                                 |
| ✓ Eye therapy (orthoptics)               | 2  | <b>\$200 per person</b>                                                                                                                                                        | <ul style="list-style-type: none"> <li>Initial visit: \$42</li> <li>Subsequent visit: \$42</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> |
| ✓ Health management / Healthy lifestyle* | 2  | <b>\$240 per person up to \$480 per policy</b><br>combined limit for ante-natal/post-natal classes, health management / healthy lifestyle & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Health management: 80% of charge</li> </ul>                                                                                                                    |
| ✓ Hearing aids                           | 12 | <b>\$1500 limit overall \$750 per ear \$550 sub-limit on repairs. Limits apply over 3-year period from first supply.</b>                                                       | <ul style="list-style-type: none"> <li>Hearing aid: \$750</li> </ul>                                                                                                                                  |
| ✓ Home nursing*                          | 2  | <b>\$500 per person</b>                                                                                                                                                        | <ul style="list-style-type: none"> <li>Initial visit: \$80</li> <li>Subsequent visit: \$80</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>                                                                                                                          |
| ✓ Non PBS pharmaceuticals                | 2  | <b>\$500 per person</b>                                                                                                                                                        | <ul style="list-style-type: none"> <li>Per eligible prescription: \$70</li> </ul>                                                                                                                     |
| ✓ Occupational therapy                   | 2  | <b>\$300 per person</b>                                                                                                                                                        | <ul style="list-style-type: none"> <li>Initial visit: \$52</li> <li>Subsequent visit: \$37</li> </ul>                                                                                                 |
| ✓ Optical*                               | 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>                                          |
| ✓ Orthodontic*                           | 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: \$850</li> </ul>                                                               |
| ✓ Orthotics (podiatric orthoses)         | 12 | <b>\$300 per person</b><br>combined limit for orthotics (podiatric orthoses), podiatry & other services<br>sub-limits apply                                                    | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 80% of charge</li> </ul>                                                                                                           |
| ✓ Osteopathy                             | 2  | <b>\$600 per person</b><br>combined limit for acupuncture, chinese medicine, osteopathy, remedial massage & other services                                                     | <ul style="list-style-type: none"> <li>Initial visit: \$52</li> <li>Subsequent visit: \$42</li> </ul>                                                                                                 |

|                            |   |                                                                                                                                                |                                                                                                        |
|----------------------------|---|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| ✓ <b>Physiotherapy*</b>    | 2 | <b>\$700 per person</b><br>combined limit for exercise physiology, physiotherapy & other services                                              | <ul style="list-style-type: none"> <li>Initial visit: \$62</li> <li>Subsequent visit: \$52</li> </ul>  |
| ✓ <b>Podiatry*</b>         | 2 | <b>\$300 per person</b><br>combined limit for orthotics (podiatric orthoses), podiatry & other services                                        | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$35</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>\$600 per person</b><br>combined limit for acupuncture, chinese medicine, osteopathy, remedial massage & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>  |
| ✓ <b>Speech therapy</b>    | 2 | <b>\$400 per person</b>                                                                                                                        | <ul style="list-style-type: none"> <li>Initial visit: \$102</li> <li>Subsequent visit: \$55</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. 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

In VIC 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 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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Family Extras

Restricted Insurer

**\$191.91 / month**

(Before Rebate, Discount & Loading)

Available in VIC

Call now **1300 360 701**  
Sponsor link

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

[enquiries@tuh.com.au](mailto:enquiries@tuh.com.au)

**1300 360 701**

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