TUH, part of the Teachers Health Group
Family Extras
Restricted Insurer

$212.13 / 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: One adult & dependants, including non-student dependants (2 or more people, only one of whom is an adult).

Children (0 - 17), non-classified* dependant (18 - 20), students (21 - 31) and non-students (21 to 31), as well as persons with a disability who qualify as a child, non-classified* dependant, student and non-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/FAM/VDXN1Y

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 person** combined limit for acupuncture, chinese medicine, osteopathy, remedial massage & other services	• Initial visit: $50 • Subsequent visit: $40
✓ **Ante-natal/Post-natal classes***	2	**$240 per person up to $480 per policy** combined limit for ante-natal/post-natal classes, health management / healthy lifestyle & other services sub-limits apply	• Initial visit: 80% of charge • Subsequent visit: 80% of charge
✓ **Audiology**	2	**$200 per person**	• Initial visit: $75 • Subsequent visit: $70
✓ **Blood glucose monitors***	12	**$600 per person** sub-limits apply	• Per monitor: 85% of charge

✓ **Chinese medicine**	2	**$600 per person** combined limit for acupuncture, chinese medicine, osteopathy, remedial massage & other services	• Initial visit: $50 • Subsequent visit: $40
✓ **Chiropractic**	2	**$400 per person up to $1,000 per policy**	• Initial visit: $52 • Subsequent visit: $42
✓ **Dietetics/dietary advice**	2	**$300 per person**	• Initial visit: $60 • Subsequent visit: $42
✓ **Endodontic**	12	**$2,000 per person** combined limit for endodontic, major dental, orthodontic & other services sub-limits apply	• Filling of one root canal: $161
✓ **Exercise physiology**	2	**$700 per person** combined limit for exercise physiology, physiotherapy & other services sub-limits apply	• Initial visit: $30 • Subsequent visit: $30
✓ **Eye therapy (orthoptics)**	2	**$200 per person**	• Initial visit: $42 • Subsequent visit: $42
✓ **General dental**	2	**No annual limit**	• Fluoride treatment: $30.45 • Scale & clean: $67.2 • Surgical tooth extraction: $125 • Periodic oral examination: $35.7
✓ **Health management / Healthy lifestyle***	2	**$240 per person up to $480 per policy** combined limit for ante-natal/post-natal classes, health management / healthy lifestyle & other services sub-limits apply	• Health management: 80% of charge
✓ **Hearing aids**	12	**$1500 limit overall $750 per ear $550 sub-limit on repairs. Limits apply over 3-year period from first supply.**	• Hearing aid: $750
✓ **Home nursing***	2	**$500 per person**	• Initial visit: $80 • Subsequent visit: $80
✓ **Major dental***	12	**$2,000 per person** combined limit for endodontic, major dental, orthodontic & other services sub-limits apply	• Full crown veneered: $650
✓ **Non PBS pharmaceuticals**	2	**$500 per person**	• Per eligible prescription: $70
✓ **Occupational therapy**	2	**$300 per person**	• Initial visit: $52 • Subsequent visit: $37
✓ **Optical***	6	**$260 per person**	• Multi-focal lenses & frames: 100% of charge • Single vision lenses & frames: 100% of charge
✓ **Orthodontic***	12	**$2,000 per person** combined limit for endodontic, major dental, orthodontic & other services sub-limits apply	• Braces for upper & lower teeth, including removal plus fitting of retainer: $850

✓ **Orthotics (podiatric orthoses)**	12	**$300 per person** combined limit for orthotics (podiatric orthoses), podiatry & other services sub-limits apply	• Orthotics supply & fit: 80% of charge
✓ **Osteopathy**	2	**$600 per person** combined limit for acupuncture, chinese medicine, osteopathy, remedial massage & other services	• Initial visit: $52 • Subsequent visit: $42
✓ **Physiotherapy***	2	**$700 per person** combined limit for exercise physiology, physiotherapy & other services	• Initial visit: $62 • Subsequent visit: $52
✓ **Podiatry***	2	**$300 per person** combined limit for orthotics (podiatric orthoses), podiatry & other services	• Initial visit: $40 • Subsequent visit: $35
✓ **Psychology**	2	**$400 per person**	• Initial visit: $80 • Subsequent visit: $70
✓ **Remedial massage***	2	**$600 per person** combined limit for acupuncture, chinese medicine, osteopathy, remedial massage & other services sub-limits apply	• Initial visit: $40 • Subsequent visit: $40
✓ **Speech therapy**	2	**$400 per person**	• 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 is 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
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