

**TUH, part of the Teachers Health Group**
Mid Range Extras**Restricted Insurer****\$176.29 / 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, including non-student dependants (3 or more people, only 2 of whom are adults).

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/MR/SDTQ2Y**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 and Implants \$580 sub-limit, Denture \$550 sub-limit, Endodontia \$300 sub-limit, Anti-snore device \$300 sub-limit and Orthodontic \$550 annual sub-limit (maximum lifetime benefit \$1650). *Optical set benefits apply for frames/lenses/repairs, 100% up to annual limit for contacts. *Physiotherapy limit includes Exercise Physiology \$100 sub-limit, Group Physiotherapy \$150 sub-limit and Ante/post-natal physiotherapy. *Podiatry (\$250 sub-limit) limit includes Psychology \$250 sub-limit, Dietetics \$150 sub-limit, Speech Therapy \$150 sub-limit and Occupational Therapy \$150 sub-limit. *Remedial Massage limit includes Osteopathy \$300 sub-limit, Acupuncture and Chinese Medicine \$350 sub-limit, and Massage/Myotherapy \$350/person \$700/membership sub-limit.

Treatment & waiting period (months)		Benefit limits per 12 months unless otherwise stated	Examples of maximum benefits
✓ Acupuncture	2	\$400 per person combined limit for acupuncture, chinese medicine, osteopathy, remedial massage & other services sub-limits apply	<ul style="list-style-type: none">Initial visit: \$36Subsequent visit: \$31
✓ Ante-natal/Post-natal classes*	2	\$200 per person up to \$400 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 chargeSubsequent visit: 80% of charge
✓ Chinese medicine	2	\$400 per person combined limit for acupuncture, chinese medicine, osteopathy, remedial massage & other services	<ul style="list-style-type: none">Initial visit: \$36Subsequent visit: \$31

✓ Chiropractic	2	\$300 per person	<ul style="list-style-type: none"> Initial visit: \$34 Subsequent visit: \$28
✓ Dietetics/dietary advice	2	\$350 per person combined limit for dietetics/dietary advice, occupational therapy, podiatry, psychology, speech therapy & other services sub-limits apply	<ul style="list-style-type: none"> Initial visit: \$60 Subsequent visit: \$42
✓ Endodontic	12	\$1,000 per person combined limit for endodontic, major dental, orthodontic & other services sub-limits apply	<ul style="list-style-type: none"> Filling of one root canal: \$141
✓ Exercise physiology	2	\$600 per person combined limit for exercise physiology, physiotherapy & other services sub-limits apply	<ul style="list-style-type: none"> Initial visit: \$25 Subsequent visit: \$25
✓ General dental	2	\$600 per person sub-limits apply	<ul style="list-style-type: none"> Fluoride treatment: \$24.15 Scale & clean: \$60.9 Surgical tooth extraction: \$109 Periodic oral examination: \$31.5
✓ Health management / Healthy lifestyle*	0	\$200 per person up to \$400 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
✓ Major dental*	12	\$1,000 per person combined limit for endodontic, major dental, orthodontic & other services sub-limits apply	<ul style="list-style-type: none"> Full crown veneered: \$580
✓ Non PBS pharmaceuticals	2	\$400 per person	<ul style="list-style-type: none"> Per eligible prescription: \$60
✓ Occupational therapy	2	\$350 per person combined limit for dietetics/dietary advice, occupational therapy, podiatry, psychology, speech therapy & other services sub-limits apply	<ul style="list-style-type: none"> Initial visit: \$37 Subsequent visit: \$29
✓ Optical*	6	\$230 per person	<ul style="list-style-type: none"> Multi-focal lenses & frames: 100% of charge Single vision lenses & frames: 100% of charge
✓ Orthodontic*	12	\$1,000 per person 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: \$550
✓ Osteopathy	2	\$400 per person combined limit for acupuncture, chinese medicine, osteopathy, remedial massage & other services sub-limits apply	<ul style="list-style-type: none"> Initial visit: \$33 Subsequent visit: \$28

✓ Physiotherapy*	2	\$600 per person combined limit for exercise physiology, physiotherapy & other services sub-limits apply	<ul style="list-style-type: none"> Initial visit: \$42 Subsequent visit: \$37
✓ Podiatry*	2	\$350 per person combined limit for dietetics/dietary advice, occupational therapy, podiatry, psychology, speech therapy & other services sub-limits apply	<ul style="list-style-type: none"> Initial visit: \$37 Subsequent visit: \$31
✓ Psychology	2	\$350 per person combined limit for dietetics/dietary advice, occupational therapy, podiatry, psychology, speech therapy & other services sub-limits apply	<ul style="list-style-type: none"> Initial visit: \$75 Subsequent visit: \$60
✓ Remedial massage*	2	\$400 per person combined limit for acupuncture, chinese medicine, osteopathy, remedial massage & other services sub-limits apply	<ul style="list-style-type: none"> Initial visit: \$35 Subsequent visit: \$35
✓ Speech therapy	0	\$350 per person combined limit for dietetics/dietary advice, occupational therapy, podiatry, psychology, speech therapy & other services sub-limits apply	<ul style="list-style-type: none"> Initial visit: \$55 Subsequent visit: \$30

Other services: Anti-snore device \$300 sub-limit included in Major Dental overall limit. Group Physiotherapy \$17 per consult up to \$150 sub-limit. Ante/post-natal Physiotherapy \$17 per consult up to \$110 sub-limit. Chiropractic x-ray (one per year) \$50 included in Chiropractic limit. Group Psychology \$30 per consult and Counselling \$38 per initial consult, \$30 per subsequent consult included in \$250 Psychology sub-limit. Osteopathic x-ray (one per year) \$50 included in Osteopathy sub-limit. Myotherapy \$35 per consult included in Remedial Massage sub-limit. Biogait Analysis (one per year) \$31 included in the \$250 Podiatry sub-limit. Group Speech Therapy \$12 per consult up to \$150 Speech Therapy sub-limit. Group Occupational Therapy \$17.50 per consult up to \$150 Occupational Therapy sub-limit. *Health Management overall limit includes Health Screenings 80% of charge up to \$90 sub-limit, Wellbeing Programs 80% up to \$110 sub-limit, Weight Loss and Fitness Programs 80% up to \$120 sub-limit and Ante/post Natal Classes 80% up to \$160 sub-limit. Active Health Bonus \$40/person \$80/membership (conditions apply).

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

- | | | |
|----------------------------|----------------------------------|----------------|
| ✗ Audiology | ✗ Hearing aids | ✗ Vaccinations |
| ✗ Blood glucose monitors | ✗ Home nursing | |
| ✗ Eye therapy (orthoptics) | ✗ Orthotics (podiatric orthoses) | |

Other features of this general treatment cover: Online and mobile access, claims via smart phone app. Some major dental sub-limits increase with years of membership. Extended dependant option only available with selected hospital products, contact us for further details.

For further information about this policy see: <http://tuh.com.au/extras/mid-range-extras>

Ambulance cover

In SA 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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Mid Range Extras

Restricted Insurer

\$176.29 / month

(Before Rebate, Discount & Loading)

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Call now 1300 360 701
Sponsor link

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