

**TUH, part of the Teachers Health Group**  
**Mid Range Extras****Restricted Insurer****\$129.41 / month**

(Before Rebate, Discount &amp; 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/MR/VDUB20**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 | <b>\$400 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: \$36</li><li>Subsequent visit: \$31</li></ul>                   |
| ✓ Ante-natal/Post-natal classes*    | 2 | <b>\$200 per person up to \$400 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>Initial visit: 80% of charge</li><li>Subsequent visit: 80% of charge</li></ul> |
| ✓ Chinese medicine                  | 2 | <b>\$400 per person</b><br>combined limit for acupuncture, chinese medicine, osteopathy, remedial massage & other services                                                     | <ul style="list-style-type: none"><li>Initial visit: \$36</li><li>Subsequent visit: \$31</li></ul>                   |
| ✓ Chiropractic                      | 2 | <b>\$300 per person</b>                                                                                                                                                        | <ul style="list-style-type: none"><li>Initial visit: \$34</li><li>Subsequent visit: \$28</li></ul>                   |

|                                          |    |                                                                                                                                                                                |                                                                                                                                                                                                       |
|------------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Dietetics/dietary advice               | 2  | <b>\$350 per person</b><br>combined limit for dietetics/dietary advice, occupational therapy, podiatry, psychology, speech therapy & other services<br>sub-limits apply        | <ul style="list-style-type: none"> <li>Initial visit: \$60</li> <li>Subsequent visit: \$42</li> </ul>                                                                                                 |
| ✓ Endodontic                             | 12 | <b>\$1,000 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: \$141</li> </ul>                                                                                                                    |
| ✓ Exercise physiology                    | 2  | <b>\$600 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: \$25</li> <li>Subsequent visit: \$25</li> </ul>                                                                                                 |
| ✓ General dental                         | 2  | <b>\$600 per person</b><br>sub-limits apply                                                                                                                                    | <ul style="list-style-type: none"> <li>Fluoride treatment: \$24.15</li> <li>Scale &amp; clean: \$60.9</li> <li>Surgical tooth extraction: \$109</li> <li>Periodic oral examination: \$31.5</li> </ul> |
| ✓ Health management / Healthy lifestyle* | 0  | <b>\$200 per person up to \$400 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>                                                                                                                    |
| ✓ Major dental*                          | 12 | <b>\$1,000 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: \$580</li> </ul>                                                                                                                          |
| ✓ Non PBS pharmaceuticals                | 2  | <b>\$400 per person</b>                                                                                                                                                        | <ul style="list-style-type: none"> <li>Per eligible prescription: \$60</li> </ul>                                                                                                                     |
| ✓ Occupational therapy                   | 2  | <b>\$350 per person</b><br>combined limit for dietetics/dietary advice, occupational therapy, podiatry, psychology, speech therapy & other services<br>sub-limits apply        | <ul style="list-style-type: none"> <li>Initial visit: \$37</li> <li>Subsequent visit: \$29</li> </ul>                                                                                                 |
| ✓ Optical*                               | 6  | <b>\$230 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>\$1,000 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: \$550</li> </ul>                                                               |
| ✓ Osteopathy                             | 2  | <b>\$400 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: \$33</li> <li>Subsequent visit: \$28</li> </ul>                                                                                                 |
| ✓ Physiotherapy*                         | 2  | <b>\$600 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: \$42</li> <li>Subsequent visit: \$37</li> </ul>                                                                                                 |

|                            |   |                                                                                                                                                                         |                                                                                                       |
|----------------------------|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| ✓ <b>Podiatry*</b>         | 2 | <b>\$350 per person</b><br>combined limit for dietetics/dietary advice, occupational therapy, podiatry, psychology, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$37</li> <li>Subsequent visit: \$31</li> </ul> |
| ✓ <b>Psychology</b>        | 2 | <b>\$350 per person</b><br>combined limit for dietetics/dietary advice, occupational therapy, podiatry, psychology, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$75</li> <li>Subsequent visit: \$60</li> </ul> |
| ✓ <b>Remedial massage*</b> | 2 | <b>\$400 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: \$35</li> <li>Subsequent visit: \$35</li> </ul> |
| ✓ <b>Speech therapy</b>    | 0 | <b>\$350 per person</b><br>combined limit for dietetics/dietary advice, occupational therapy, podiatry, psychology, speech therapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$55</li> <li>Subsequent visit: \$30</li> </ul> |

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 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



**TUH, part of the Teachers Health Group**  
Mid Range Extras

Restricted Insurer

**\$129.41 / month**

(Before Rebate, Discount & Loading)

Available in VIC

Call now **1300 360 701**  
Sponsor link

**TUH, part of the Teachers Health Group**

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

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**1300 360 701**

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