



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

**Restricted Insurer**

**\$175.95 / month**

(Before Rebate, Discount & Loading)

Available in WA

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, and podiatry providers. See <https://tuh.com.au/information/using-your-extras/find-provider>.

**Policy ID:** QTU/MR/WDUI2Y

**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
✓ <b>Acupuncture</b>	2 <b>\$400 per person</b> combined limit for acupuncture, chinese medicine, osteopathy, remedial massage & other services sub-limits apply	<ul style="list-style-type: none"><li>Initial visit: \$36</li><li>Subsequent visit: \$31</li></ul>
✓ <b>Ante-natal/Post-natal classes*</b>	2 <b>\$200 per person up to \$400 per policy</b> 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>
✓ <b>Chinese medicine</b>	2 <b>\$400 per person</b> 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>

<b>✓ Chiropractic</b>	2	<b>\$300 per person</b>	<ul style="list-style-type: none"> <li>Initial visit: \$34</li> <li>Subsequent visit: \$28</li> </ul>
<b>✓ Dietetics/dietary advice</b>	2	<b>\$350 per person</b>	<ul style="list-style-type: none"> <li>Initial visit: \$60</li> <li>Subsequent visit: \$42</li> </ul> <p>combined limit for dietetics/dietary advice, occupational therapy, podiatry, psychology, speech therapy &amp; other services</p> <p>sub-limits apply</p>
<b>✓ Endodontic</b>	12	<b>\$1,000 per person</b>	<ul style="list-style-type: none"> <li>Filling of one root canal: \$141</li> </ul> <p>combined limit for endodontic, major dental, orthodontic &amp; other services</p> <p>sub-limits apply</p>
<b>✓ Exercise physiology</b>	2	<b>\$600 per person</b>	<ul style="list-style-type: none"> <li>Initial visit: \$25</li> <li>Subsequent visit: \$25</li> </ul> <p>combined limit for exercise physiology, physiotherapy &amp; other services</p> <p>sub-limits apply</p>
<b>✓ General dental</b>	2	<b>\$600 per person</b>	<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> <p>sub-limits apply</p>
<b>✓ Health management / Healthy lifestyle*</b>	0	<b>\$200 per person up to \$400 per policy</b>	<ul style="list-style-type: none"> <li>Health management: 80% of charge</li> </ul> <p>combined limit for ante-natal/post-natal classes, health management / healthy lifestyle &amp; other services</p> <p>sub-limits apply</p>
<b>✓ Major dental*</b>	12	<b>\$1,000 per person</b>	<ul style="list-style-type: none"> <li>Full crown veneered: \$580</li> </ul> <p>combined limit for endodontic, major dental, orthodontic &amp; other services</p> <p>sub-limits apply</p>
<b>✓ Non PBS pharmaceuticals</b>	2	<b>\$400 per person</b>	<ul style="list-style-type: none"> <li>Per eligible prescription: \$60</li> </ul>
<b>✓ Occupational therapy</b>	2	<b>\$350 per person</b>	<ul style="list-style-type: none"> <li>Initial visit: \$37</li> <li>Subsequent visit: \$29</li> </ul> <p>combined limit for dietetics/dietary advice, occupational therapy, podiatry, psychology, speech therapy &amp; other services</p> <p>sub-limits apply</p>
<b>✓ Optical*</b>	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>
<b>✓ Orthodontic*</b>	12	<b>\$1,000 per person</b>	<ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: \$550</li> </ul> <p>combined limit for endodontic, major dental, orthodontic &amp; other services</p> <p>sub-limits apply</p>
<b>✓ Osteopathy</b>	2	<b>\$400 per person</b>	<ul style="list-style-type: none"> <li>Initial visit: \$33</li> <li>Subsequent visit: \$28</li> </ul> <p>combined limit for acupuncture, chinese medicine, osteopathy, remedial massage &amp; other services</p> <p>sub-limits apply</p>

<b>✓ Physiotherapy*</b>	2	<b>\$600 per person</b> combined limit for exercise physiology, physiotherapy & other services 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> combined limit for dietetics/dietary advice, occupational therapy, podiatry, psychology, speech therapy & other services 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> combined limit for dietetics/dietary advice, occupational therapy, podiatry, psychology, speech therapy & other services 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> combined limit for acupuncture, chinese medicine, osteopathy, remedial massage & other services 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> combined limit for dietetics/dietary advice, occupational therapy, podiatry, psychology, speech therapy & other services 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**

<b>✗</b> Audiology	<b>✗</b> Hearing aids	<b>✗</b> Vaccinations
<b>✗</b> Blood glucose monitors	<b>✗</b> Home nursing	
<b>✗</b> Eye therapy (orthoptics)	<b>✗</b> 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 WA 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 regional 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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Restricted Insurer

**\$175.95 / month**

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Call now 1300 360 701

Sponsor link

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🌐 <https://tuh.com.au/>

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📞 1300 360 701

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