

**TUH, part of the Teachers Health Group**
Silver+ Hospital Essentials \$750 Excess**Restricted Insurer****\$155.24 / 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 a Lifetime Health Cover Loading, an Age-based Discount or an insurer discount. Check with your insurer for details.

This policy covers: Only one person.

Restricted insurer: Membership of this insurer is restricted to current or former union members and their families.

- This policy exempts you from the Medicare Levy Surcharge.
- This policy provides accident cover - check with insurer for details.
- This policy does not provide benefits for travel or accommodation outside of hospital.

Policy ID: QTU/SF/WFPB10**Source:** Private Health Information Statement (PHIS)

Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

This policy includes cover for

- | | | |
|---|-----------------------------------|--|
| ✓ Back, neck and spine | ✓ Eye (not cataracts) | ✓ Miscarriage and termination of pregnancy |
| ✓ Blood | ✓ Gastrointestinal endoscopy | ✓ Pain management |
| ✓ Bone, joint and muscle | ✓ Gynaecology | ✓ Pain management with device |
| ✓ Brain and nervous system | ✓ Heart and vascular system | R Palliative care |
| ✓ Breast surgery (medically necessary) | ✓ Hernia and appendix | ✓ Plastic and reconstructive surgery (medically necessary) |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | R Hospital psychiatric services | ✓ Podiatric surgery (provided by a registered podiatric surgeon) |
| ✓ Dental surgery | ✓ Implantation of hearing devices | ✓ Rehabilitation |
| ✓ Diabetes management (excluding insulin pumps) | ✓ Joint reconstructions | ✓ Skin |
| ✓ Digestive system | ✓ Kidney and bladder | ✓ Sleep studies |
| ✓ Ear, nose and throat | ✓ Lung and chest | ✓ Tonsils, adenoids and grommets |
| | ✓ Male reproductive system | |

This policy does not include cover for

- | | | |
|---------------------------------------|-----------------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Insulin pumps | ✗ Weight loss surgery |
| ✗ Cataracts | ✗ Joint replacements | |
| ✗ Dialysis for chronic kidney failure | ✗ Pregnancy and birth | |

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on privatehealth.gov.au for which hospitals have arrangements with your insurer – <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

The following payments may also apply for hospital admissions

Excess: You will have to pay an excess on admission. This is limited to a maximum of \$750 per person per year.

Co-payments: No co-payments

The following waiting periods for hospital admissions apply to new or upgrading members**Waiting periods:**

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 2 months for all other treatments

Gap Cover

This provider offers 'known gap' or 'no gap' cover for medical bills for this product. The Medical Costs Finder (<https://www.health.gov.au/resources/apps-and-tools/medical-costs-finder>) lets you find out more about the cost of specialist medical services.

Other features of this hospital cover

Value-added services: home care after hospital, chronic disease management programs, hospital substitute programs (conditions apply). **Accident cover for included service categories only. An excess is applied once per adult per calendar year. The hospital excess is waived for dependants. Reducing your excess is considered to be upgrading your membership. We will charge your previous excess within the first two months of the upgrade, including for adults who are upgrading their level of cover by joining/re-joining as a dependant on a family membership.

For further information about this policy see: <https://tuh.com.au/hospital/silver-plus-hospital-essentials>

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

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Call now  **1300 360 701**
Sponsor link

TUH, part of the Teachers Health Group

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

 enquiries@tuh.com.au

 **1300 360 701**

Disclaimer: This document is not a Private Health Information Statement (PHIS), and it is not intended to replace that document. The details contained in the **healthslips.com.au Policy Information** was provided by the insurer to the Australian Government. It is intended as general information. It may not take into account your circumstances. For further information contact the insurer. Information used is Licensed from the Commonwealth of Australia under a Creative Commons 3.0 licence.

Private Health Information Statement is available from the Private Health Insurance Ombudsman website at <https://privatehealth.gov.au/dynamic/Premium/PHIS/QTU/SF/WFPB10>