



**TUH, part of the Teachers Health Group**  
**Bronze+ Young Choice**

Restricted Insurer

**\$307.89 / 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 a Lifetime Health Cover Loading, an Age-based Discount or an insurer discount. Check with your insurer for details.

**This policy covers:** One adult & dependants (2 or more people, only one of whom is an adult).

Children (0 - 17), non-classified\* dependant (18 - 20) and students (21 - 31), as well as persons with a disability who qualify as a child, non-classified\* dependant and 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.

- 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/YNG/VDSR1D

Source: Private Health Information Statement (PHIS)

## Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

**This policy includes cover for**

- |                                                           |                                   |                                                                  |
|-----------------------------------------------------------|-----------------------------------|------------------------------------------------------------------|
| ✓ Blood                                                   | ✓ Eye (not cataracts)             | ✓ Miscarriage and termination of pregnancy                       |
| ✓ Bone, joint and muscle                                  | ✓ Gastrointestinal endoscopy      | ✓ Pain management                                                |
| ✓ Brain and nervous system                                | ✓ Gynaecology                     | ✓ 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 | R 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      | ✗ Heart and vascular system   | ✗ Pregnancy and birth |
| ✗ Back, neck and spine                | ✗ Insulin pumps               | ✗ Weight loss surgery |
| ✗ Cataracts                           | ✗ Joint replacements          |                       |
| ✗ Dialysis for chronic kidney failure | ✗ Pain management with device |                       |

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](https://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 \$250 per person per year.

Excess payments do not apply to hospital admissions for dependants.

**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). 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/package/bronze-plus-young-choice>

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/YNG/VDSR1D Source: [Private Health Information Statement \(PHIS\)](#)

## Extras Cover

**This policy includes General treatment (Extras) cover for**

Note, for treatments marked with \* : \*General dental overall limit includes general and preventative dental and major dental Endodontia services (\$300 sub-limit). \*Optical set benefits apply for frames/lenses/repairs, 100% up to annual limit for contacts. \*Physiotherapy overall \$450 limit includes \$200/person \$400/membership sub-limit Remedial Massage, Myotherapy, Acupuncture and Chinese Medicine. \*Health Management overall limit includes \$85 sub-limit Health Screenings, \$80 sub-limit Health Management Programs, and \$120 sub-limit Healthy Lifestyle Programs.

| Treatment & waiting period (months) |   | Benefit limits per 12 months unless otherwise stated                                                                                                                                                         | Examples of maximum benefits                                                                           |
|-------------------------------------|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture*                      | 2 | <b>\$450 per person</b><br>combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy, physiotherapy, psychology, remedial massage & other services<br>sub-limits apply | <ul style="list-style-type: none"><li>• Initial visit: \$32</li><li>• Subsequent visit: \$27</li></ul> |
| ✓ Chinese medicine                  | 2 | <b>\$450 per person</b><br>combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy, physiotherapy, psychology, remedial massage & other services                     | <ul style="list-style-type: none"><li>• Initial visit: \$32</li><li>• Subsequent visit: \$27</li></ul> |

|                                                 |    |                                                                                                                                                                                                              |                                                                                                                                                                                                       |
|-------------------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ <b>Chiropractic</b>                           | 2  | <b>\$450 per person</b><br>combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy, physiotherapy, psychology, remedial massage & other services                     | <ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$27</li> </ul>                                                                                                 |
| ✓ <b>Endodontic</b>                             | 12 | <b>\$600 per person</b><br>combined limit for endodontic, general dental & other services                                                                                                                    | <ul style="list-style-type: none"> <li>Filling of one root canal: \$135</li> </ul>                                                                                                                    |
| ✓ <b>Exercise physiology</b>                    | 2  | <b>\$450 per person</b><br>combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy, physiotherapy, psychology, remedial massage & other services                     | <ul style="list-style-type: none"> <li>Initial visit: \$23</li> <li>Subsequent visit: \$23</li> </ul>                                                                                                 |
| ✓ <b>General dental*</b>                        | 2  | <b>\$600 per person</b><br>combined limit for endodontic, general dental & other services                                                                                                                    | <ul style="list-style-type: none"> <li>Fluoride treatment: \$22.05</li> <li>Scale &amp; clean: \$60.9</li> <li>Surgical tooth extraction: \$100</li> <li>Periodic oral examination: \$31.5</li> </ul> |
| ✓ <b>Health management / Healthy lifestyle*</b> | 2  | <b>\$150 per person up to \$300 per policy</b><br>sub-limits apply                                                                                                                                           | <ul style="list-style-type: none"> <li>Health management: 80% of charge</li> </ul>                                                                                                                    |
| ✓ <b>Optical*</b>                               | 6  | <b>\$200 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>Osteopathy</b>                             | 2  | <b>\$450 per person</b><br>combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy, physiotherapy, psychology, remedial massage & other services                     | <ul style="list-style-type: none"> <li>Initial visit: \$33</li> <li>Subsequent visit: \$28</li> </ul>                                                                                                 |
| ✓ <b>Physiotherapy*</b>                         | 2  | <b>\$450 per person</b><br>combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy, physiotherapy, psychology, remedial massage & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$42</li> <li>Subsequent visit: \$37</li> </ul>                                                                                                 |
| ✓ <b>Psychology</b>                             | 2  | <b>\$450 per person</b><br>combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy, physiotherapy, psychology, remedial massage & other services                     | <ul style="list-style-type: none"> <li>Initial visit: \$75</li> <li>Subsequent visit: \$60</li> </ul>                                                                                                 |
| ✓ <b>Remedial massage*</b>                      | 2  | <b>\$450 per person</b><br>combined limit for acupuncture, chinese medicine, chiropractic, exercise physiology, osteopathy, physiotherapy, psychology, 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>                                                                                                 |

Also covers: Physiotherapy overall limit includes, Group Physiotherapy \$17 per consult, Chiropractic x-ray (one per year) \$45, Counselling \$35/\$28 per consult and Group Psychology \$30 per consult, Osteopathic x-ray (one per year) \$45. Myotherapy \$35 per consult. Health Screenings 80% of cost up to \$85 sub-limit. Active Health Bonus \$20/person \$40/membership (conditions apply). Remote travel and accommodation is provided as a fixed benefit of 15 cents per kilometre for trips exceeding 100 kilometres one way (or 200 kilometres return) calculated directly from the home address (conditions apply).

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

- |                                 |                           |                                  |
|---------------------------------|---------------------------|----------------------------------|
| ✗ Ante-natal/Post-natal classes | ✗ Hearing aids            | ✗ Orthodontic                    |
| ✗ Audiology                     | ✗ Home nursing            | ✗ Orthotics (podiatric orthoses) |
| ✗ Blood glucose monitors        | ✗ Major dental            | ✗ Podiatry                       |
| ✗ Dietetics/dietary advice      | ✗ Non PBS pharmaceuticals | ✗ Speech therapy                 |
| ✗ Eye therapy (orthoptics)      | ✗ Occupational therapy    | ✗ Vaccinations                   |

**Other features of this general treatment cover:** Online and mobile access, claims via smart phone app.

**For further information about this policy see:** <https://tuh.com.au/package/bronze-plus-young-choice>

### 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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**\$307.89 / 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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