Private Health Information Statement - Combined policy

Silver + Active Choice

TUH, part of the Teachers Health Group	*Monthly Premium*	Covers one adult & dependants, including non-student dependants (2 or more people, only one of whom is an adult)
https://tuh.com.au/ enquiries@tuh.com.au 1300 360 701	*$555.51 #* (before any rebate, loading or discount)	Available in South Australia Closed to new members

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 children, students up to and including the age of 31 and non-students up to and including the age of 31, as well as persons with a disability who qualify as a child, student or non-student in these age ranges.

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

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides accident cover - check with your insurer for details.

This policy does not provide benefits for travel or accommodation (outside of hospital).

✓ **Covered**
For information on what is covered under each category, see https://privatehealth.gov.au/categories

R **Restricted**
Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

X **Not Covered**
These categories are not covered by this policy.

This policy ✓ **includes** cover for

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

This policy X **does not include** cover for

✗ Assisted reproductive services	✗ Joint replacements
✗ Cataracts	✗ 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 $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 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. 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.

General Treatment Cover

No-gap or agreed discounts at preferred optical, dental, podiatry and physiotherapy providers. See https://tuh.com.au/information/using-your-extras/find-provider.

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

*Note, for items marked with an asterisk *: *Major Dental: Crowns/Bridges/Dental Implants $580 sub-limit; Dentures $550 sub-limit (increase with years of membership). *Endodontic $300 sub-limit. *Orthodontic $550 annual limit $1,650 lifetime limit (included in major dental limit). *Optical set benefits apply for frames/lenses/repairs, 100% up to annual limit for contacts. *Physiotherapy: limit includes Group Physiotherapy ($150 sub-limit), Ante/Post-natal Physiotherapy ($110 sub-limit) and Exercise Physiology ($100 sub-limit). *Podiatry: overall limit includes Podiatry ($250 sub-limit), Psychology ($250 sub-limit), Dietetics ($150 sub-limit), Speech Therapy ($150 sub-limit), and Occupational Therapy ($150 sub-limit). *Acupuncture overall limit includes Acupuncture and Chinese Medicine ($350 sub-limit), Osteopathy ($300 sub-limit), and Remedial Massage/Myotherapy ($350/person, $700/membership sub-limit).*

Treatment	*Waiting period (months)*	*Benefit limits (per 12 months unless otherwise stated)*	*Examples of maximum benefits*
General dental	2	$600 per person	Periodic oral examination - $31.50 Scale & clean - $60.90 Fluoride treatment - $24.15 Surgical tooth extraction - $109.00
Major dental*	12	$1,000 per person (combined limit for major dental, endodontic, orthodontic & other services - **Sub-limits apply**)	Full crown veneered - $580.00
Endodontic*	12		Filling of one root canal - $141.00
Orthodontic*	12		Braces for upper & lower teeth, including removal plus fitting of retainer - $550.00

Optical*	6	$210 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals	2	$400 per person	Per eligible prescription - $60.00
Physiotherapy*	2	$600 per person (combined limit for physiotherapy, exercise physiology & other services - **Sub-limits apply**)	Initial visit - $42.00 Subsequent visit - $37.00
Chiropractic	2	$300 per person	Initial visit - $34.00 Subsequent visit - $29.00
Podiatry*	2	$350 per person (combined limit for podiatry, psychology, dietetics/dietary advice, occupational therapy & speech therapy - **Sub-limits apply**)	Initial visit - $36.00 Subsequent visit - $30.00
Psychology	2		Initial visit - $75.00 Subsequent visit - $60.00
Acupuncture*	2	$400 per person (combined limit for acupuncture, remedial massage, chinese medicine, osteopathy & other services - **Sub-limits apply**)	Initial visit - $34.00 Subsequent visit - $29.00
Remedial massage	2		Initial visit - $35.00 Subsequent visit - $35.00
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**)	Initial visit - 80% of charge
Chinese medicine	2	Combined limit - see Acupuncture	Initial visit - $34.00 Subsequent visit - $29.00
Dietetics/dietary advice	2	Combined limit - see Podiatry	Initial visit - $60.00 Subsequent visit - $42.00
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - $25.00 Subsequent visit - $25.00
Health management / Healthy lifestyle*	2	Combined limit - see Ante-natal/Post-natal classes	Health management - 80% of charge
Occupational therapy	2	Combined limit - see Podiatry	Initial visit - $37.00 Subsequent visit - $29.00
Osteopathy	2	Combined limit - see Acupuncture	Initial visit - $35.00 Subsequent visit - $30.00
Speech therapy	2	Combined limit - see Podiatry	Initial visit - $52.00 Subsequent visit - $27.00

Also covers: Anti snore device $300 sub-limit included in major dental overall limit. Group Physiotherapy & Ante/post-natal Physiotherapy $17 per consult up to sub-limits. Group Psychology $30 per consult and Counselling $35 per initial consult, $28 per subsequent consult, up to $250 sub-limit. Chiropractic x-ray (one per year) $50, Osteopathic x-ray (one per year) $50 included in sub-limits. Myotherapy $35 per consult included in remedial massage sub-limit. Biogait Analysis (one per year) $30 included with the $250 Podiatry sub limit. Speech Therapy group consult $12 included in Speech Therapy sub-limit. Occupational Therapy group consult $17.50 included in 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 $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

✗ Blood glucose monitors	✗ Hearing aids	✗ Other treatments - check with your insurer

Other features of this general treatment cover

Online and mobile access, claims via smart phone app. Some major dental sub-limits increase with year of membership

Ambulance cover

In South Australia 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

Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.