Private Health Information Statement - General treatment policy

Mid Range Extras

TUH, part of the Teachers Health Group https://tuh.com.au/ enquiries@tuh.com.au 1300 360 701	*Monthly Premium* *$136.77 #* (before any rebate or insurer discount)	Covers one adult & dependants, including non-student dependants (2 or more people, only one of whom is an adult) Available in Northern Territory

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 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.

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 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*
General dental	2	$600 per person **(Sub-limits apply)**	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	$230 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 - $28.00
Podiatry*	2	$350 per person (combined limit for podiatry, psychology, dietetics/dietary advice, occupational therapy, speech therapy & other services - **Sub-limits apply**)	Initial visit - $37.00 Subsequent visit - $31.00
Psychology	2		Initial visit - $75.00 Subsequent visit - $60.00
Acupuncture	2	$400 per person (combined limit for acupuncture, remedial massage,	Initial visit - $36.00 Subsequent visit - $31.00

Remedial massage*	2	chinese medicine, osteopathy & other services - **Sub-limits apply**)	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 Subsequent visit - 80% of charge
Chinese medicine	2	Combined limit - see Acupuncture	Initial visit - $36.00 Subsequent visit - $31.00
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*	0	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 - $33.00 Subsequent visit - $28.00
Speech therapy	0	Combined limit - see Podiatry	Initial visit - $55.00 Subsequent visit - $30.00

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

✗ 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 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 Northern Territory 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.