

Private Health Information Statement - Combined policy

Bronze+ Young Choice

TUH, part of the Teachers Health Group

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

\$400.12[#]

(before any rebate, loading or discount)

Covers one adult & dependants, including non-student dependants (2 or more people, only one of whom is an adult)

Available in Tasmania

[#] 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.

✗ Not Covered

These categories are not covered by this policy.

This policy ✓ includes cover for

✓ Blood	✓ Gastrointestinal endoscopy	✓ Palliative care
✓ Bone, joint and muscle	✓ Gynaecology	✓ 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	✓ Skin
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Joint reconstructions	✓ Sleep studies
✓ Dental surgery	✓ Kidney and bladder	✓ Tonsils, adenoids and grommets
✓ Diabetes management (excluding insulin pumps)	✓ Lung and chest	R Hospital psychiatric services
✓ Digestive system	✓ Male reproductive system	R Rehabilitation
✓ Ear, nose and throat	✓ Miscarriage and termination of pregnancy	
✓ Eye (not cataracts)	✓ Pain management	

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 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). 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>

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 *: *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, Shiatsu, Alexander Technique, Acupuncture, Chinese Medicine, Western Herbal Medicine and Naturopathy. *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
General dental*	2	\$600 per person (combined limit for general dental, endodontic & other services)	Periodic oral examination - \$31.50 Scale & clean - \$60.90 Fluoride treatment - \$22.05 Surgical tooth extraction - \$100.00
Endodontic	12		Filling of one root canal - \$135.00
Optical*	6	\$200 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge

Physiotherapy*	2	\$450 per person (combined limit for physiotherapy, chiropractic, psychology, acupuncture, remedial massage, chinese medicine, exercise physiology, osteopathy & other services - Sub-limits apply)	Initial visit - \$42.00 Subsequent visit - \$37.00
Chiropractic	2		Initial visit - \$30.00 Subsequent visit - \$27.00
Psychology	2		Initial visit - \$75.00 Subsequent visit - \$60.00
Acupuncture*	2		Initial visit - \$32.00 Subsequent visit - \$27.00
Remedial massage*	2		Initial visit - \$35.00 Subsequent visit - \$35.00
Chinese medicine	2		Initial visit - \$32.00 Subsequent visit - \$27.00
Exercise physiology	2		Initial visit - \$23.00 Subsequent visit - \$23.00
Health management / Healthy lifestyle*	2	\$150 per person up to \$300 per policy (combined limit for health management / healthy lifestyle & other services - Sub-limits apply)	Health management - 80% of charge
Osteopathy	2	Combined limit - see Physiotherapy	Initial visit - \$33.00 Subsequent visit - \$28.00

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, Shiatsu, Alexander Technique \$35 per consult. Western Herbal Medicine, Naturopathy \$32/\$27 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 **X** does not include General treatment (Extras) cover for

X Blood glucose monitors	X Non PBS pharmaceuticals	X Other treatments - check with your insurer
X Hearing aids	X Orthodontic	
X Major dental	X Podiatry	

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

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - https://www.health.tas.gov.au/ambulance/fees_and_accounts.

Other features of this ambulance cover

Tasmanian residents are covered under the State scheme within Tasmania & all States & Territories except SA & Qld. Tasmanian residents who have COMBINED HOSPITAL AND EXTRAS COVER are entitled to full cover for emergency road ambulance services required whilst travelling in Qld or SA only. No annual limit will apply to emergency road ambulance services. This benefit is not available for stand-alone extras cover. Benefits may be payable for state-owned air ambulance transportation services where charges are not payable under the State scheme (\$6,000 per person per annum limit applies).

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.

PrivateHealth.gov.au

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