

Young Choice Packaged Cover



Effective 1 April 2017

Please carefully read and retain this brochure.
Please read in conjunction with the Important Information Guide.
Information in this brochure is correct at time of printing, and may be subject to change.

All together better.

Young Choice gives you basic hospital with exclusions and restrictions and extras cover in one cost-effective package.

Waiting periods

Waiting periods apply if you are new to private health insurance, if you have not had cover for more than 60 days or if you are upgrading to a higher level of cover. If you have transferred from another health fund on a comparable level of cover and have served waiting periods you will be able to claim straight away.

Immediate cover

- Accidents

2 Months

- All hospital and extras services (unless specified otherwise)
- Palliative care
- Psychiatric services
- Rehabilitation
- Home care programs¹

6 Months

- Optical
- Disease Management Programs

12 Months

- Pre-existing conditions (excluding palliative care, psychiatric services and rehabilitation)
- Major dental (endodontia)

Hospital cover

For services in a private hospital, except restricted or excluded services, we will pay benefits at the contracted rate, for medically necessary treatments, that are eligible for Medicare benefits.

Includes:

- Private room (when available) or shared overnight accommodation
- Intensive care
- Theatre fees
- Same day accommodation
- Coronary care
- Surgically implanted prostheses (industry approved)
- Hospital medication charges as per the hospital contract
- Pharmaceutical Benefit Scheme (PBS) co-payment where a hospital medication is related to your hospital treatment
- Your choice of doctor or specialist
- Medical Gap Cover (for inpatient medical services)
- Access Gap²

For hospitals TUH does not have a contract with, default benefits will apply.

No benefit is payable for hospital procedures that are not listed in the Medicare Benefit Schedule and/or do not meet the eligibility criteria for the payment of Medicare benefits.³

Any excess applicable to your cover will be charged even where a default benefit only is paid.

TUH may also provide benefits for alternatives to hospital treatment (see home care programs on tuh.com.au for details).

Please refer to the Important Information Guide for more information.

Restrictions

- Psychiatric services
- Rehabilitation
- Surgery by a podiatrist
- Gastric banding and bariatric/obesity related surgery, including reversal
- Plastic and reconstructive surgery

For services listed as restrictions we will pay the default benefit for accommodation as determined by the Government.

The default benefit covers the cost of:

- Shared accommodation at a public hospital; or
- A reduced level of accommodation benefits; plus
- Surgically implanted prostheses – we will cover the full cost of any no gap prostheses and the minimum benefit for gap permitted prostheses

The default benefit does not cover theatre or labour ward fees.

Exclusions

- Infertility investigations and assisted reproductive services
- Sterility reversals
- Obstetrics (pregnancy and birth related treatment)
- Labour ward
- Hip, knee and joint replacements
- Eye surgery - cataracts and eyelens procedures
- Glaucoma and macular degeneration treatment
- Dialysis for chronic renal failure

For services listed as exclusions, no benefit is payable.

Excess

\$250 excess per adult on the policy.

Paying an excess towards the cost of your in-patient hospital services reduces the amount of premium you pay.

The excess is paid on admission into hospital, and only applies once per adult on the policy in any calendar year, regardless of how many times they are admitted into hospital or a day facility. The excess does not apply to dependent children, including full-time students.

Any excess applicable to your cover will be charged even where a default benefit only is paid.

1. Visit tuh.com.au for more information.

2. Access gap is an agreement between you and your doctor where you may have no or reduced out-of-pocket to pay for your medical service.

3. Subject to TUH paying benefits as required by legislation.

Extras cover

Limits are per person per calendar year (1 January to 31 December) unless otherwise stated.

Service	Benefit up to	Annual limit	Waiting periods
Ambulance emergency transport	Refer to the Important Information Guide for details		
Dental¹ – Must be provided by registered dentists or dental prosthetists in private practice		\$600 overall	2 months
Preventive dental, eg. examinations, x-rays, scale/cleaning	Set dental benefits depend on item number ³		
General dental (includes surgical extraction of wisdom teeth only)			
Major dental^{1,2} – Included in the overall dental limit			12 months
Endodontia	Set dental benefits depend on item number ³	\$300	
Health and Wellness (refer to page 3)		\$150	2 months
Optical	Set benefits apply	\$190	6 months
Frames only	\$77		
Single vision lenses ⁴	\$99		
Bi-focal lenses ⁴	\$95		
Tri-focal lenses ⁴	\$80		
Graduated/progressive lenses ⁴	\$110		
Contact lenses – hard/soft toric	\$135		
Contact lenses – hard/soft spherical	\$90		
Repairs to frames	\$40		
Disposable contact lenses – Included in annual optical limit	\$44 (3 month supply)		
Therapies		\$450 overall	2 months
Acupuncture		\$200 combined limit per person	
Initial consultation – one per year	\$30		
Subsequent consultations	\$25		
Natural therapies⁵ – aromatherapy, Bowen therapy, homeotherapy, myotherapy, naturopathy	\$29	\$400 combined limit per single parent/couple/family membership	
Massage therapy	\$32		
Chiropractic		\$200	
Initial consultation – one per year	\$28		
Subsequent consultations	\$25		
X-rays – one per year	\$45		
Osteopathy		\$200	
Initial consultation – one per year	\$29		
Subsequent consultations	\$24		
X-ray - one per year	\$45		
Physiotherapy		\$200	
Initial consultation – one per year	\$35		
Subsequent consultations	\$33		
Exercise physiology (sub limit of \$80 under physiotherapy)	\$23		

Conditions and limits

- Benefits cannot exceed the amount incurred.
- Replacement and other assessment rules can apply to some services.
- Benefits are paid for treatment by registered practitioners or recognised natural therapists approved by TUH.
- An individual within a family or couple cover can claim up to the per person limit, provided the applicable membership limit has not been exceeded. This also applies to a single parent cover.

Notes

1. Dental items as defined by the Australian Dental Association (ADA) schedule and at TUH's discretion.
2. General dental includes the surgical removal of teeth (including wisdom teeth). Major dental includes dental services relating to endodontia.
3. Contact TUH when you have obtained an itemised treatment plan from your dentist for information on actual benefits payable.
4. No benefit for additional lens treatment eg. tinting/hardcoating/transitional.
5. Provider must be a registered natural therapist approved by TUH.

Health and Wellness

Limits are per person per calendar year (1 January to 31 December) unless otherwise stated.

Benefit category	Benefit	Overall annual limit
Benefits are only payable if not claimable through Medicare		\$150 single membership \$300 single parent/couple/family membership
Health screenings Pap smear – Thin Prep, mammogram, ambulatory blood pressure monitoring, bone density screening, coronary CT, MRI, health checks - heart health checks and medical tests prior to fitness training programs, foetal screenings	Up to 80%	Sub limit \$85 per person
Wellbeing Quit smoking programs ¹ , nicotine replacement products ² , illness related association memberships, health education classes ³ , lithotripsy, medical bracelets ³ , stress management ³ , yoga ³	Up to 80%	Sub limit \$80 per person
Weight loss and fitness³ Weight loss, exercise and health programs as recommended by your practitioner	Up to 80%	Sub limit \$120 per person

Notes

1. Please contact us for details of approved programs.
2. Where not covered under Pharmaceutical Benefits Scheme (PBS).
3. All services are to assist people in the management of their chronic disease. Due to legislation TUH can only pay a benefit for these items when there is a health management plan recommended by your medical practitioner. Benefits are paid when TUH receives the Health Management Program Approval form (completed by your medical practitioner prior to commencing a program/service), along with valid receipts. Please visit our website tuh.com.au or contact us on 1300 360 701 for the form. Benefits are only payable when not claimable through another benefit category.

Value-added services

Strive for Health programs*

- Health-e-Profile - online health assessment
- SupportLine
- Home care programs
- Disease management programs - telephone counselling

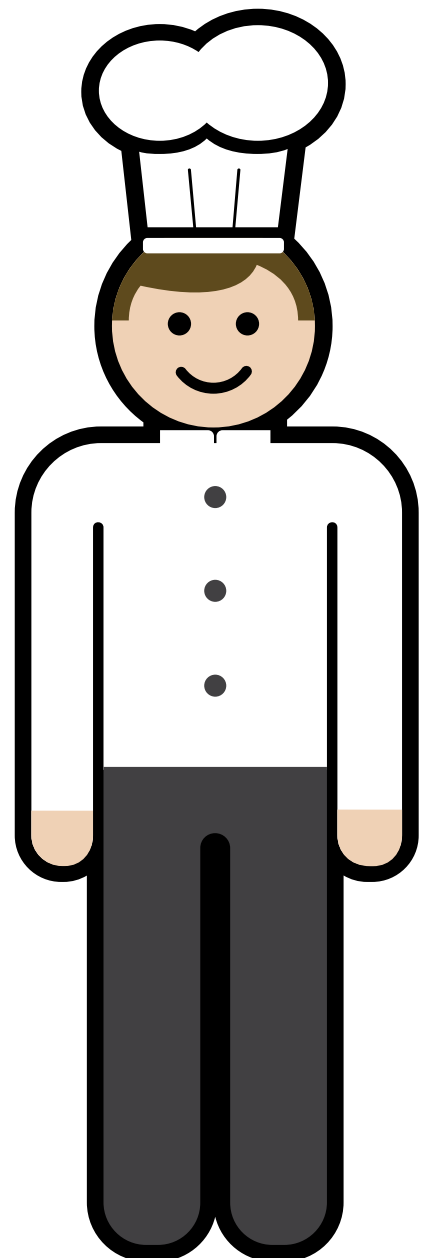
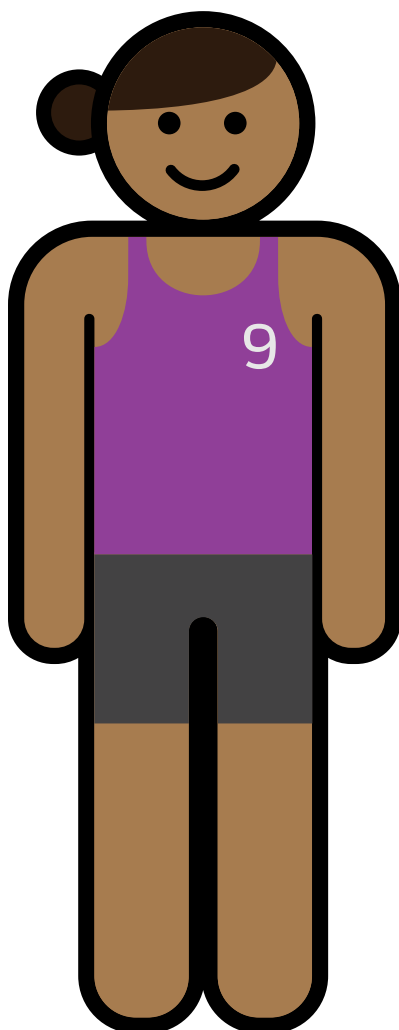
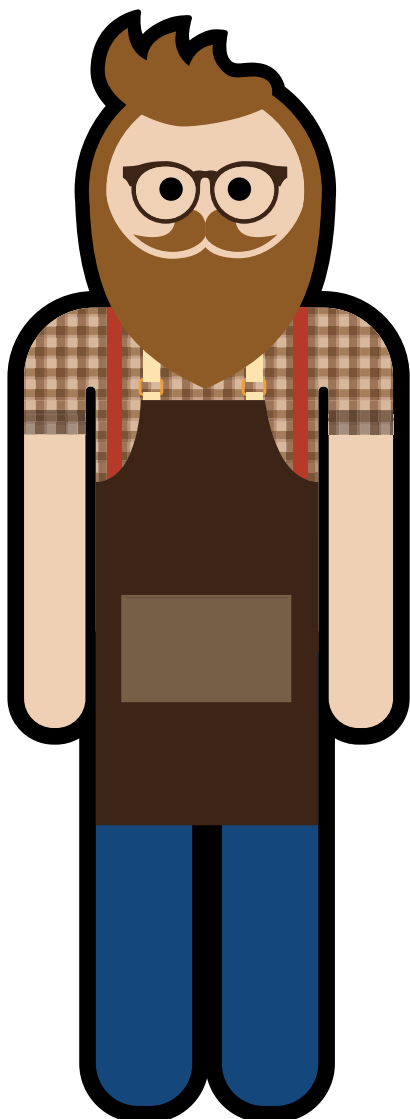
Health Hub

The Brisbane Health Hub is your one-stop-shop for health services. Our modern facility is centrally located in Fortitude Valley, close to public transport and has on-site parking

- Dental
- Eyecare
- Physiotherapy
- Massage
- Podiatry
- Dietetics
- Audiology
- Pilates

For more information on our value-added services please visit our website tuh.com.au

*Waiting periods and limits may apply.





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For more information about:

- Products and services
- Government initiatives
- Privacy Policy
- Complaints process
- Private Health Insurance Code of Conduct
- Fund Rules

... please visit tuh.com.au
or contact us on 1300 360 701.

QUEENSLAND TEACHERS' UNION HEALTH FUND LIMITED
ABN 38 085 150 376

