

# Extras Cover

**Comprehensive Extras**

**Family Extras**

**Healthy Options (60%) Extras**

**Mid Range Extras**

**Basic Extras**



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.

Take charge of your overall health and wellbeing with one of our five levels of extras covers: **Comprehensive Extras, Family Extras, Healthy Options (60%) Extras, Mid Range Extras and Basic Extras**. You can access benefits for dental, optical, natural therapies, Health & Wellness programs and more. These covers stand alone, or you can combine them with a hospital cover – the choice is yours!

## 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.

### 2 Months

- All extras services (unless specified otherwise)

### 6 Months

- Active Health Bonus (for Comprehensive Extras when combined with any Total Care Hospital Cover)
- Optical (for Family Extras, Mid Range Extras, and Healthy Options (60%) Extras)
- Midwife services (outpatient)

### 12 Months

- Hearing aids
- Major dental
- Orthodontia
- Prostheses (non implanted, custom made)
- Mechanical/health appliances

#### 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 family membership limit has not been exceeded. This also applies to a single parent cover.

## Extras comparison

| Benefits  | Comprehensive Extras | Family Extras | Healthy Options (60%) Extras | Mid Range Extras | Basic Extras |
|---|----------------------|---------------|------------------------------|------------------|--------------|
| <b>Dental</b>   |                      |               |                              |                  |              |
| Preventive dental   | ✓                    | ✓             | ✓                            | ✓                | ✓            |
| General dental  | ✓                    | ✓             | ✓                            | ✓                | ✓            |
| Surgical extraction of teeth  | ✓                    | ✓             | ✓                            | ✓                | x            |
| <b>Major dental</b>   |                      |               |                              |                  |              |
| Dentures  | ✓                    | ✓             | ✓                            | ✓                | x            |
| Crowns and bridges  | ✓                    | ✓             | ✓                            | ✓                | x            |
| Inlays, onlays, facings   | ✓                    | ✓             | ✓                            | x                | x            |
| Dental implants   | ✓                    | ✓             | ✓                            | ✓                | x            |
| Endodontia  | ✓                    | ✓             | ✓                            | ✓                | x            |
| Periodontia   | ✓                    | ✓             | ✓                            | x                | x            |
| Orthodontia   | ✓                    | ✓             | ✓                            | ✓                | x            |
| Anti snore device   | ✓                    | ✓             | ✓                            | ✓                | x            |
| <b>Optical</b>  |                      |               |                              |                  |              |
| Glasses and contact lenses  | ✓                    | ✓             | ✓                            | ✓                | ✓            |
| <b>Physiotherapy</b>  |                      |               |                              |                  |              |
| Physiotherapy   | ✓                    | ✓             | ✓                            | ✓                | ✓            |
| Hydrotherapy (consultations)  | ✓                    | x             | x                            | x                | x            |
| Group physiotherapy/exercise physiology (includes Pilates/hydrotherapy) | ✓                    | ✓             | ✓                            | ✓                | ✓            |
| Exercise physiology   | ✓                    | ✓             | ✓                            | ✓                | ✓            |
| Antenatal/postnatal physiotherapy                                       | ✓                    | ✓             | ✓                            | ✓                | ✓            |
| <b>Other therapies</b>  |                      |               |                              |                  |              |
| Psychology/hypnotherapy   | ✓                    | ✓             | ✓                            | ✓                | x            |
| Dietetics   | ✓                    | ✓             | x                            | ✓                | x            |
| Speech therapy  | ✓                    | ✓             | x                            | ✓                | x            |
| Occupational therapy  | ✓                    | ✓             | x                            | ✓                | x            |
| Podiatry  | ✓                    | ✓             | ✓                            | ✓                | x            |
| Orthoptics/eye therapy  | ✓                    | ✓             | x                            | x                | x            |
| Orthotics (custom made/customised/moulded)                              | ✓                    | ✓             | x                            | x                | x            |
| Audiology   | ✓                    | ✓             | x                            | x                | x            |
| <b>Alternative therapies</b>  |                      |               |                              |                  |              |
| Chiropractic  | ✓                    | ✓             | ✓                            | ✓                | ✓            |
| Osteopathy  | ✓                    | ✓             | ✓                            | ✓                | ✓            |
| Acupuncture   | ✓                    | ✓             | ✓                            | ✓                | x            |
| Massage therapy   | ✓                    | ✓             | ✓                            | ✓                | ✓            |
| Bowen therapy   | ✓                    | ✓             | ✓                            | ✓                | x            |
| Naturopathy   | ✓                    | ✓             | ✓                            | ✓                | ✓            |
| Aromatherapy  | ✓                    | ✓             | ✓                            | ✓                | x            |
| Homeopathy  | ✓                    | ✓             | ✓                            | ✓                | ✓            |
| Myotherapy  | ✓                    | ✓             | ✓                            | ✓                | x            |

| Benefits  | Comprehensive Extras | Family Extras | Healthy Options (60%) Extras | Mid Range Extras | Basic Extras | Benefits   | Comprehensive Extras | Family Extras | Healthy Options (60%) Extras | Mid Range Extras | Basic Extras |
|---|----------------------|---------------|------------------------------|------------------|--------------|--|----------------------|---------------|------------------------------|------------------|--------------|
|   |                      |               |                              |                  |              |  |                      |               |                              |                  |              |
| <b>Mechanical/health appliances</b>                   |                      |               |                              |                  |              | <b>Other</b>   |                      |               |                              |                  |              |
| Blood glucose/blood pressure monitors                 | ✓                    | ✓             | x                            | x                | x            | Hearing aids   | ✓                    | ✓             | x                            | x                | x            |
| Nebuliser   | ✓                    | ✓             | x                            | x                | x            | Health and Wellness  | ✓                    | ✓             | ✓                            | ✓                | x            |
| Mechanical health appliances                          | ✓                    | ✓             | x                            | x                | x            | Prostheses (non-implanted, custom made)                              | ✓                    | ✓             | x                            | x                | x            |
| Health aids   | ✓                    | ✓             | x                            | x                | x            | Pharmaceutical   | ✓                    | ✓             | x                            | ✓                | ✓            |
| CPAP machine  | ✓                    | ✓             | x                            | x                | x            | Remote travel and accommodation                                      | ✓                    | ✓             | x                            | x                | x            |
| CPAP accessories (eg. mask/tubing/chin strap/repairs) | ✓                    | ✓             | x                            | x                | x            | Midwife services (outpatient not covered by Medicare)                | ✓                    | ✓             | x                            | x                | x            |
|   |                      |               |                              |                  |              | Home nursing and lactation nurse                                     | ✓                    | ✓             | x                            | x                | x            |
|   |                      |               |                              |                  |              | Active Health Bonus (when combined with Total Care Hospital)         | ✓                    | x             | x                            | x                | x            |
|   |                      |               |                              |                  |              | School accident cover  | x                    | ✓             | x                            | x                | x            |
|   |                      |               |                              |                  |              | Ambulance emergency transport (only if combined with hospital cover) | ✓                    | ✓             | ✓                            | ✓                | ✓            |

## Comprehensive Extras

Annual limits are per person per calendar year unless otherwise stated.

| Service   | Benefit up to | Annual limit for membership years                    |              |              |              | Waiting periods |
|---|---------------|--|--------------|--------------|--------------|-----------------|
|   |               | 1&2  | 3&4          | 5&6          | 7+           |                 |
| <b>Active Health Bonus</b> - available in combination with any Total Care Hospital cover. This is a reward we give you when one adult member actively participates in Health-e-Profile (online health assessment) |               |  |              |              |              | <b>6 months</b> |
| Single  | \$75          |  |              |              |              |                 |
| Single parent/family  | \$150         |  |              |              |              |                 |
| <b>Acupuncture</b>  |               | <b>\$400</b>   | <b>\$420</b> | <b>\$440</b> | <b>\$480</b> | <b>2 months</b> |
| Initial consultation - one per year   | \$38          |  |              |              |              |                 |
| Subsequent consultations  | \$33          |  |              |              |              |                 |
| <b>Ambulance emergency transport</b> (only if combined with hospital cover)   |               | Refer to the Important Information Guide for details |              |              |              |                 |
| <b>Audiology</b>  |               | <b>\$200</b>   | <b>\$210</b> | <b>\$220</b> | <b>\$240</b> | <b>2 months</b> |
| Initial consultation - one per year   | \$60          |  |              |              |              |                 |
| Subsequent consultations  | \$50          |  |              |              |              |                 |
| <b>Chiropractic</b>   |               | <b>\$400</b>   | <b>\$420</b> | <b>\$440</b> | <b>\$480</b> | <b>2 months</b> |
| Initial consultation - one per year   | \$42          |  |              |              |              |                 |
| Subsequent consultations  | \$33          |  |              |              |              |                 |
| X-rays - one per year   | \$63          |  |              |              |              |                 |

| Service  | Benefit up to  | Annual limit for membership years               |                       |                       |                       | Waiting periods  |
|--|--|---|-----------------------|-----------------------|-----------------------|------------------|
|  |  | 1&2   | 3&4                   | 5&6                   | 7+                    |                  |
| <b>Dental<sup>1</sup></b> – Must be provided by registered dentists or dental prosthetists in private practice   |  |   |                       |                       |                       | <b>2 months</b>  |
| Preventive dental<br>eg. examinations, x-rays, scale/cleaning  | Set dental benefits depend on item number <sup>3</sup> | No limits apply                                 |                       |                       |                       |                  |
| General dental <sup>2</sup>  |  |   |                       |                       |                       |                  |
| <b>Major Dental<sup>1,2</sup></b> – Limits depend on years of membership   |  | <b>\$3400 overall</b>                           | <b>\$3725 overall</b> | <b>\$4050 overall</b> | <b>\$4695 overall</b> | <b>12 months</b> |
| Complete upper and lower dentures  | Set benefits depend on item number <sup>3</sup>        | \$650   | \$730                 | \$810                 | \$900                 |                  |
| Crowns and bridges   |  | \$750   | \$825                 | \$900                 | \$1050                |                  |
| Inlays, onlays, facings  |  | \$400   | \$440                 | \$480                 | \$560                 |                  |
| Dental implants  |  | \$500   | \$550                 | \$600                 | \$765                 |                  |
| Endodontia   |  | \$400   | \$440                 | \$480                 | \$560                 |                  |
| Periodontia  |  | \$400   | \$440                 | \$480                 | \$560                 |                  |
| Anti snore device (replacement every 3 years from date of previous supply)   |  | \$300   | \$300                 | \$300                 | \$300                 |                  |
| <b>Orthodontia</b> - Lifetime limit applies (refer to information on page 7)   | <b>up to \$1000 per year</b>                           | <b>Not included in the above overall limits</b> |                       |                       |                       | <b>12 months</b> |
| <b>Dietetics</b>   |  | <b>\$400</b>                                    | <b>\$420</b>          | <b>\$440</b>          | <b>\$480</b>          | <b>2 months</b>  |
| Initial consultation – one per year  | \$41   |   |                       |                       |                       |                  |
| Subsequent consultations   | \$22   |   |                       |                       |                       |                  |
| <b>Health and Wellness</b> (refer to page 19)  |  | <b>\$270</b>                                    | <b>\$270</b>          | <b>\$270</b>          | <b>\$270</b>          | <b>2 months</b>  |
| <b>Hearing aids</b> (replacement every 3 years from date of previous supply)   | <b>\$1000 per ear</b>                                  | <b>\$2000</b>                                   | <b>\$2000</b>         | <b>\$2000</b>         | <b>\$2000</b>         | <b>12 months</b> |
| <b>Home nursing and lactation nurse</b><br>Treatment by a registered nurse when ordered by a medical practitioner for a specific illness                                   |  | <b>\$600</b>                                    | <b>\$630</b>          | <b>\$660</b>          | <b>\$720</b>          | <b>2 months</b>  |
| Home nurse   | \$80 daily   |   |                       |                       |                       |                  |
| Lactation nurse  | \$30 daily   |   |                       |                       |                       |                  |
| <b>Mechanical/health appliances</b><br>Must be ordered by a medical practitioner (the written order must be provided to TUH)   |  | <b>\$620 overall</b>                            | <b>\$655 overall</b>  | <b>\$690 overall</b>  | <b>\$725 overall</b>  | <b>12 months</b> |
| CPAP/APAP/BiPAP machine (replacement every 3 years from date of previous supply)   | 85% of cost  |   |                       |                       |                       |                  |
| Blood glucose/blood pressure monitors/nebuliser  | 85% of cost  | \$550   | \$580                 | \$605                 | \$660                 |                  |
| CPAP accessories (eg. mask/tubing/chin strap/repairs, included in the overall mechanical health appliances limit)  | 85% of cost  | \$100   |                       |                       |                       |                  |
| Mechanical health appliances   | 85% of cost  | \$200   |                       |                       |                       |                  |
| Health aids <sup>4</sup>   | 85% of cost  | \$120   |                       |                       |                       |                  |
| <b>Midwife services</b> (outpatient not covered by Medicare). Antenatal consultation must be with a registered midwife in private practice. No benefit on delivery of baby | <b>\$60</b>  | <b>\$600</b>                                    | <b>\$600</b>          | <b>\$600</b>          | <b>\$600</b>          | <b>6 months</b>  |

| Service  | Benefit up to                                      | Annual limit for membership years |               |               |               | Waiting periods |
|--|--|-----------------------------------|---------------|---------------|---------------|-----------------|
|  |  | 1&2                               | 3&4           | 5&6           | 7+            |                 |
| <b>Natural therapies<sup>5</sup></b> – aromatherapy, Bowen therapy, homeopathy, massage therapy, myotherapy, naturopathy | Per person   | \$400                             | \$420         | \$440         | \$480         | 2 months        |
|  | Per single parent/<br>couple/<br>family membership | \$800                             | \$840         | \$880         | \$960         |                 |
| Consultation only  | \$37   |                                   |               |               |               |                 |
| <b>Occupational therapy</b>  |  | \$400                             | \$420         | \$440         | \$480         | 2 months        |
| Initial consultation – one per year  | \$50   |                                   |               |               |               |                 |
| Subsequent consultations   | \$35   |                                   |               |               |               |                 |
| Group consultations  | \$22.50  |                                   |               |               |               |                 |
| Paediatric assessment – one per year   | \$71   |                                   |               |               |               |                 |
| <b>Optical</b>   | Set benefits apply                                 | \$250                             | \$260         | \$270         | \$280         | 2 months        |
| Frames only  | \$104  |                                   |               |               |               |                 |
| Single vision lenses <sup>6</sup>  | \$127  |                                   |               |               |               |                 |
| Bi-focal lenses <sup>6</sup>   | \$130  |                                   |               |               |               |                 |
| Tri-focal lenses <sup>6</sup>  | \$113  |                                   |               |               |               |                 |
| Graduated/progressive lenses <sup>6</sup>  | \$147  |                                   |               |               |               |                 |
| Contact lenses – hard/soft toric   | \$165  |                                   |               |               |               |                 |
| Contact lenses – hard/soft spherical   | \$125  |                                   |               |               |               |                 |
| Repairs to frames  | \$60   |                                   |               |               |               |                 |
| Disposable contact lenses – included in annual optical limit   | \$60<br>(3 month supply)                           |                                   |               |               |               |                 |
| <b>Orthoptics – eye therapy</b>  |  | \$200                             | \$210         | \$220         | \$240         | 2 months        |
| Initial consultation – one per year  | \$32   |                                   |               |               |               |                 |
| Subsequent consultations   | \$25   |                                   |               |               |               |                 |
| <b>Orthotics<sup>7</sup></b>   |  | \$300 overall                     | \$315 overall | \$330 overall | \$360 overall | 2 months        |
| Orthotics – custom made – limit 2 per person per visit   | 85% of cost  |                                   |               |               |               |                 |
| Orthopaedic shoes – custom made  | 85% of cost  |                                   |               |               |               |                 |
| Orthotics – customised/moulded   | 85% of cost  | \$240                             | \$240         | \$240         | \$240         |                 |
| <b>Osteopathy</b>  |  | \$400                             | \$420         | \$440         | \$480         | 2 months        |
| Initial consultation – one per year  | \$42   |                                   |               |               |               |                 |
| Subsequent consultations   | \$37   |                                   |               |               |               |                 |
| X-ray - one per year   | \$63   |                                   |               |               |               |                 |

| Service  | Benefit up to        | Annual limit for membership years |               |               |               | Waiting periods |
|--|----------------------|-----------------------------------|---------------|---------------|---------------|-----------------|
|  |                      | 1&2                               | 3&4           | 5&6           | 7+            |                 |
| <b>Pharmaceutical</b> – For prescriptions minus the current PBS co-payment. Benefit excludes medicines or medication which are: <ul style="list-style-type: none"> <li>• Prescriptions less than PBS co-payment</li> <li>• Available without a medical practitioner's prescription</li> <li>• Not approved by the Therapeutic Goods Administration</li> <li>• Prescribed for contraceptive purposes</li> </ul> | \$54                 | \$550                             | \$580         | \$605         | \$660         | 2 months        |
| <b>Physiotherapy</b>   |                      | \$700 overall                     | \$720 overall | \$740 overall | \$760 overall | 2 months        |
| Initial consultation – one per year  | \$50                 |                                   |               |               |               |                 |
| Subsequent consultations   | \$39                 |                                   |               |               |               |                 |
| Hydrotherapy consultations   | \$25                 |                                   |               |               |               |                 |
| Paediatric assessment – one per year   | \$63                 |                                   |               |               |               |                 |
| Exercise physiology  | \$26                 | \$200                             | \$200         | \$200         | \$200         |                 |
| Group physiotherapy <sup>8</sup> /exercise physiology <sup>8</sup> (includes Pilates/hydrotherapy)   | \$20                 | \$250                             | \$250         | \$250         | \$250         |                 |
| <b>Physiotherapy</b> – Antenatal/postnatal   |                      | \$140                             | \$145         | \$155         | \$170         | 2 months        |
| Consultations  | \$17                 |                                   |               |               |               |                 |
| <b>Podiatry</b>  |                      | \$400                             | \$420         | \$440         | \$480         | 2 months        |
| Initial consultation – one per year  | \$42                 |                                   |               |               |               |                 |
| Subsequent consultations   | \$37                 |                                   |               |               |               |                 |
| Podiatric surgery (outpatient) <sup>9</sup>  | 85% of cost          |                                   |               |               |               |                 |
| <b>Prostheses</b> – Custom made – one per year. For non implanted TUH approved prosthetic appliances when ordered by a medical practitioner  | 85% of cost          | \$1500                            | \$1575        | \$1650        | \$1800        | 12 months       |
| <b>Psychology/hypnotherapy<sup>10</sup></b>  |                      | \$400                             | \$420         | \$440         | \$480         | 2 months        |
| Initial consultation – one per year  | \$85                 |                                   |               |               |               |                 |
| Subsequent consultations   | \$81                 |                                   |               |               |               |                 |
| Psychometric assessment – one per year   | \$116                |                                   |               |               |               |                 |
| Group consultation (psychology only)   | \$35                 |                                   |               |               |               |                 |
| SupportLine – 1800 655 302   |                      | Unlimited access                  |               |               |               | None            |
| <b>Remote travel and accommodation<sup>11</sup></b>  |                      | \$100                             | \$100         | \$100         | \$100         | 2 months        |
| Accommodation:   | Up to \$50 per night |                                   |               |               |               |                 |
| Travel: 150 kilometres directly from the home address  |                      |                                   |               |               |               |                 |
| Return distance – kilometres:  |                      |                                   |               |               |               |                 |
| 300 – 399 kilometres   | \$40                 |                                   |               |               |               |                 |
| 400 – 499 kilometres   | \$50                 |                                   |               |               |               |                 |
| 500 – 599 kilometres   | \$60                 |                                   |               |               |               |                 |

| Service                              | Benefit up to | Annual limit for membership years |              |              |              | Waiting periods |
|--------------------------------------|---------------|-----------------------------------|--------------|--------------|--------------|-----------------|
|                                      |               | 1&2                               | 3&4          | 5&6          | 7+           |                 |
| 600 - 699 kilometres                 | \$70          |                                   |              |              |              |                 |
| 700 - 799 kilometres                 | \$80          |                                   |              |              |              |                 |
| 800 - 899 kilometres                 | \$90          |                                   |              |              |              |                 |
| > 900 kilometres                     | \$100         |                                   |              |              |              |                 |
| <b>Speech therapy</b>                |               | <b>\$400</b>                      | <b>\$420</b> | <b>\$440</b> | <b>\$480</b> | <b>2 months</b> |
| Initial consultation - one per year  | \$60          |                                   |              |              |              |                 |
| Subsequent consultations             | \$34          |                                   |              |              |              |                 |
| Paediatric assessment - one per year | \$90          |                                   |              |              |              |                 |
| Family/group consultations           | \$17          |                                   |              |              |              |                 |

## Notes

- Dental items as defined by the Australian Dental Association (ADA) schedule and at TUH's discretion.
- General dental includes the surgical removal of teeth (including wisdom teeth). Major dental includes dental services relating to dentures, crowns, bridges, inlays, onlays, facings, dental implants, endodontia, periodontia, anti snore devices and orthodontia.
- Contact TUH when you have obtained an itemised treatment plan from your dentist for information on actual benefits payable.
- Must be custom made or customised and prescribed and fitted by a qualified health professional (doctor, nurse, physiotherapist or pharmacist).
- Provider must be a registered natural therapist approved by TUH.
- No benefit for additional lens treatments eg. tinted/hardcoating/transitional.
- When recommended by an approved health professional.
- Provided by a physiotherapist/exercise physiologist as part of a treatment plan.
- Payable when performed in rooms. Item numbers 429-475 and 541-562.
- No benefit paid for counsellors. Benefit only paid for registered psychologists.
- Benefits are payable towards the cost of travel and/or accommodation for hospital, medical and general treatments that cannot be obtained within 150 kilometres directly from the home address. Accommodation: a benefit is payable towards accommodation for the person requiring medical treatment or, in the case of hospitalisation, the accompanying person who must also be covered under the membership. Benefit is only payable where a tariff is charged by a registered accommodation facility and valid receipts will be required.

## Comprehensive Extras orthodontic benefits

Benefits are paid for active treatment and annual limits apply. The maximum claimable in any one year is \$1000. The maximum lifetime benefit is \$2800. To be eligible you must submit an orthodontic treatment plan from your orthodontist at the commencement of treatment. TUH will advise the benefits available in writing, taking into account previous orthodontic benefits paid by TUH or any previous fund and length of active treatment. For more information please contact us.

## Family Extras

Annual limits are per person per calendar year unless otherwise stated.

| Service  | Benefit up to  | Annual limit   | Waiting periods  |
|--|--|--|------------------|
| <b>Alternative therapies</b>   |  | <b>\$600 overall</b>   | <b>2 months</b>  |
| <b>Acupuncture</b>   |  |  |                  |
| Initial consultation – one per year  | \$50   |  |                  |
| Subsequent consultations   | \$40   |  |                  |
| <b>Osteopathy</b>  |  |  |                  |
| Initial consultation – one per year  | \$50   |  |                  |
| Subsequent consultations   | \$40   |  |                  |
| X-rays – one per year  | \$63   |  |                  |
| <b>Natural therapies<sup>1</sup></b> – aromatherapy, Bowen therapy, homeopathy, massage therapy, myotherapy, naturopathy | <b>\$40</b>  | \$400  |                  |
| <b>Ambulance emergency transport</b> (only if combined with hospital cover)  | Refer to the Important Information Guide for details   |  |                  |
| <b>Audiology</b>   |  | <b>\$200</b>   | <b>2 months</b>  |
| Initial consultation – one per year  | \$70   |  |                  |
| Subsequent consultations   | \$60   |  |                  |
| <b>Chiropractic</b>  |  | <b>\$400 limit per person<br/>\$1000 limit capped per single parent/<br/>family membership</b> | <b>2 months</b>  |
| Initial consultation – one per year  | \$50   |  |                  |
| Subsequent consultations   | \$40   |  |                  |
| X-rays – one per year  | \$70   |  |                  |
| <b>Dental<sup>2</sup></b> – Must be provided by registered dentists or dental prosthetists in private practice           |  |  | <b>2 months</b>  |
| Preventive dental eg. examinations, x-rays, scale/cleaning   | Set dental benefits depend on item number <sup>4</sup> | No limits apply  |                  |
| General dental <sup>3</sup>  |  |  |                  |
| <b>Major dental<sup>2,3</sup></b>  |  | <b>\$2000 overall</b>  | <b>12 months</b> |
| Dentures   |  | \$600  |                  |
| Crowns and bridges   |  | \$650  |                  |
| Inlays, onlays, facings  |  | \$450  |                  |
| Dental implants  | Set dental benefits depend on item number <sup>4</sup> | \$450  |                  |
| Endodontia   |  | \$450  |                  |
| Periodontia  |  | \$450  |                  |
| Anti snore device (replacement every 3 years from date of previous supply)   |  | \$300  |                  |
| Orthodontia – lifetime limit applies (refer to information on page 11)   |  | \$850  |                  |
| <b>Dietetics</b>   |  | <b>\$300</b>   | <b>2 months</b>  |
| Initial consultation – one per year  | \$30   |  |                  |
| Subsequent consultations   | \$20   |  |                  |



| Service  | Benefit up to             | Annual limit         | Waiting periods  |
|--|---------------------------|----------------------|------------------|
| <b>Health and Wellness</b> (refer to page 19)  |                           | <b>\$240</b>         | <b>2 months</b>  |
| <b>Hearing aids</b> (replacement every 3 years from date of previous supply)   | <b>\$600 per ear</b>      | <b>\$1200</b>        | <b>12 months</b> |
| <b>Home nursing and lactation nurse</b><br>Treatment by a registered nurse when ordered by a medical practitioner for a specific illness                                   |                           | <b>\$500</b>         | <b>2 months</b>  |
| Home nurse   | \$50 daily                |                      |                  |
| Lactation nurse  | \$50 daily                |                      |                  |
| <b>Mechanical/health appliances</b><br>Must be ordered by a medical practitioner (the written order must be provided to TUH)   | <b>85% of cost</b>        | <b>\$600 overall</b> | <b>12 months</b> |
| Blood glucose/blood pressure monitors/nebuliser  | 85% of cost               | \$400 combined limit |                  |
| Mechanical health appliances – Sub limit \$200 (included in the combined limit)  | 85% of cost               |                      |                  |
| Health aids <sup>5</sup> – Sub limit \$120 (included in the combined limit)  | 85% of cost               |                      |                  |
| CPAP/APAP/BiPAP machine (replacement every 3 years from date of previous supply)   | 85% of cost               | \$600                |                  |
| CPAP accessories (e.g. mask/tubing/chin strap/repairs, included in the overall mechanical health appliances limit)   | 85% of cost               | \$100                |                  |
| Prostheses – custom made – one per year<br>For non implanted TUH approved prosthetic appliances when ordered by a medical practitioner                                     | 85% of cost               | \$500                |                  |
| <b>Midwife services</b> (outpatient not covered by Medicare). Antenatal consultation must be with a registered midwife in private practice. No benefit on delivery of baby | <b>\$50</b>               | <b>\$600</b>         | <b>6 months</b>  |
| <b>Occupational therapy</b>  |                           | <b>\$300</b>         | <b>2 months</b>  |
| Initial consultation – one per year  | \$50                      |                      |                  |
| Subsequent consultations   | \$35                      |                      |                  |
| Group consultations  | \$17.50                   |                      |                  |
| Paediatric assessment – one per year   | \$60                      |                      |                  |
| <b>Optical</b>   | <b>Set benefits apply</b> | <b>\$250</b>         | <b>6 months</b>  |
| Frames only  | \$115                     |                      |                  |
| Single vision lenses <sup>6</sup>  | \$135                     |                      |                  |
| Complete single vision glasses <sup>6</sup>  | \$250                     |                      |                  |
| Bi-focal lenses <sup>6</sup>   | \$135                     |                      |                  |
| Tri-focal lenses <sup>6</sup>  |                           |                      |                  |
| Graduated/progressive lenses   |                           |                      |                  |
| Complete progressive glasses   | \$250                     |                      |                  |
| Contact lenses – hard/soft toric   | \$140                     |                      |                  |
| Contact lenses – hard/soft spherical   | \$100                     |                      |                  |
| Repairs to frames  | \$60                      |                      |                  |
| Disposable contact lenses – Included in annual optical limit   | \$62<br>(3 month supply)  |                      |                  |

| Service  | Benefit up to        | Annual limit     | Waiting periods |
|--|----------------------|------------------|-----------------|
| <b>Orthoptics</b> – eye therapy  |                      | <b>\$200</b>     | <b>2 months</b> |
| Initial consultation – one per year  | \$32                 |                  |                 |
| Subsequent consultations   | \$25                 |                  |                 |
| <b>Pharmaceutical</b> – For prescriptions minus the current PBS co-payment. Benefit excludes medicines or medication which are: <ul style="list-style-type: none"> <li>• Prescriptions less than PBS co-payment</li> <li>• Available without a medical practitioner's prescription</li> <li>• Not approved by the Therapeutic Goods Administration</li> <li>• Prescribed for contraceptive purposes</li> </ul> | <b>\$70</b>          | <b>\$500</b>     | <b>2 months</b> |
| <b>Physiotherapy</b>   |                      | <b>\$700</b>     | <b>2 months</b> |
| Initial consultation – one per year  | \$60                 |                  |                 |
| Subsequent consultations   | \$50                 |                  |                 |
| Exercise physiology  | \$30                 |                  |                 |
| Group physiotherapy <sup>7</sup> /exercise physiology <sup>7</sup> (includes Pilates/hydrotherapy)   | \$20                 | \$250            |                 |
| Paediatric assessment – one per year   | \$80                 |                  |                 |
| Antenatal/postnatal  | \$17                 |                  |                 |
| <b>Podiatry</b>  |                      | <b>\$300</b>     | <b>2 months</b> |
| Initial consultation – one per year  | \$40                 |                  |                 |
| Subsequent consultations   | \$35                 |                  |                 |
| Podiatric surgery (outpatient) <sup>8</sup>  | 85% of cost          |                  |                 |
| Orthotics <sup>9</sup> – custom made and orthopaedic shoes   | 80% of cost          |                  |                 |
| Orthotics <sup>9</sup> – customised/moulded  | 85% of cost          | \$200            |                 |
| <b>Psychology/hypnotherapy<sup>10</sup></b>  |                      | <b>\$400</b>     | <b>2 months</b> |
| Initial consultation – one per year  | \$75                 |                  |                 |
| Subsequent consultations   | \$63                 |                  |                 |
| Psychometric assessment – one per year   | \$116                |                  |                 |
| Group consultations (psychology only)  | \$35                 |                  |                 |
| SupportLine – 1800 655 302   |                      | Unlimited access | None            |
| <b>Remote travel and accommodation<sup>11</sup></b>  |                      | <b>\$100</b>     | <b>2 months</b> |
| Accommodation  | Up to \$45 per night |                  |                 |
| Travel: 150 kilometres directly from the home address  |                      |                  |                 |
| Return distance – kilometres:  |                      |                  |                 |
| 300 – 399 kilometres   | \$40                 |                  |                 |
| 400 – 499 kilometres   | \$50                 |                  |                 |
| 500 – 599 kilometres   | \$60                 |                  |                 |
| 600 – 699 kilometres   | \$70                 |                  |                 |
| 700 – 799 kilometres   | \$80                 |                  |                 |
| 800 – 899 kilometres   | \$90                 |                  |                 |
| > 900 kilometres   | \$100                |                  |                 |

| Service  | Benefit up to | Annual limit   | Waiting periods |
|--|---------------|--|-----------------|
| <b>Speech therapy</b>  |               | <b>\$400</b>   | <b>2 months</b> |
| Initial consultation – one per year  | \$100         |  |                 |
| Subsequent consultations   | \$50          |  |                 |
| Paediatric assessment – one per year   | \$150         |  |                 |
| Family/group consultations   | \$40          |  |                 |
| <b>School accident cover</b> – Covers your dependent child for accidents occurring while attending, or travelling to or from school or an organised school activity. Benefit is limited to single parent and family cover only |               | <b>\$400 overall combined limit per person<br/>\$800 overall combined limit capped per single parent/family membership</b> | <b>2 months</b> |
| Travel <sup>11</sup> – round trip directly from the home address   |               | \$100  |                 |
| Up to 299 kilometres   | \$25          |  |                 |
| 300 – 399 kilometres   | \$40          |  |                 |
| 400 – 499 kilometres   | \$50          |  |                 |
| 500 – 599 kilometres   | \$60          |  |                 |
| 600 – 699 kilometres   | \$70          |  |                 |
| 700 – 799 kilometres   | \$80          |  |                 |
| 800 – 899 kilometres   | \$90          |  |                 |
| > 900 kilometres   | \$100         |  |                 |
| Parking expenses   | 100% of cost  | \$100  |                 |
| Physiotherapy <sup>12</sup>  | 85% of cost   | \$60   |                 |

## Notes

1. Provider must be a registered natural therapist approved by TUH.
2. Dental items as defined by the Australian Dental Association (ADA) schedule and at TUH's discretion.
3. General dental includes the surgical removal of teeth (including wisdom teeth). Major dental includes dental services relating to dentures, crowns, bridges, inlays, onlays, facings, dental implants, endodontia, periodontia, anti snore devices and orthodontia.
4. Contact TUH when you have obtained an itemised treatment plan from your dentist for information on actual benefits payable.
5. Must be custom made or customised and prescribed and fitted by a qualified health professional (doctor, nurse, physiotherapist or pharmacist).
6. No benefit for additional lens treatments eg. tinting/hardcoating/transitional.
7. Must be provided by a physiotherapist/exercise physiologist as part of a treatment plan.
8. Payable when performed in rooms. Item numbers 429-475 and 541-562.
9. When recommended by an approved health professional.
10. Benefit only paid for registered psychologists. No benefit paid for counsellors.
11. Benefits are payable towards the cost of travel and/or accommodation for the provision of hospital, medical and general treatments that cannot be obtained within 150 kilometres directly from the home address. Accommodation: a benefit is payable towards accommodation for the person requiring medical treatment or, in the case of hospitalisation, the accompanying person who must also be covered under the membership. Benefit is only payable where a tariff is charged by a registered accommodation facility and valid receipt will be required.
12. Benefit is additional to other physiotherapy benefit entitlements.

## Family Extras Orthodontic benefits

Benefits are paid for active treatment and annual limits apply. The maximum lifetime benefit is \$2550. To be eligible you must submit an orthodontic treatment plan from your orthodontist at the commencement of treatment. TUH will advise the benefits available in writing, taking into account previous orthodontic benefits paid by TUH or any previous fund and length of active treatment. For more information please contact us.

## Healthy Options (60%) Extras

Annual limits are per person per calendar year unless otherwise stated.

| Service  | Benefit up to  | Annual limit          | Waiting periods         |                 |
|--|--|-----------------------|-------------------------|-----------------|
| <b>Ambulance emergency transport</b> (only if combined with hospital cover)                                | Refer to the Important Information Guide for details |                       |                         |                 |
| <b>Dental<sup>1</sup></b>  |  | <b>\$1000 overall</b> |                         |                 |
| <b>General dental</b> - Must be provided by registered dentists or dental prosthetists in private practice | 60% of cost  |                       | <b>2 months</b>         |                 |
| Preventive dental eg. examinations, x-rays, scale/cleaning   |  |                       |                         |                 |
| <b>Major dental</b>  | 60% of cost  |                       | <b>12 months</b>        |                 |
| Dentures   |  |                       |                         |                 |
| Crowns and bridges   |  |                       |                         |                 |
| Inlays, onlays, facings  |  |                       |                         |                 |
| Dental implants  |  |                       |                         |                 |
| Endodontia   |  |                       |                         |                 |
| Periodontia  |  |                       |                         |                 |
| Orthodontia - lifetime limit applies (refer to information on page 13)                                     |  |                       | \$700                   |                 |
| Anti snore device (replacement every 3 years from date of previous supply)                                 |  |                       |                         |                 |
| <b>Health and Wellness</b> (refer to page 19)  |  |                       | <b>\$150 per person</b> | <b>2 months</b> |
| <b>Optical</b>   |  | <b>\$250</b>          | <b>6 months</b>         |                 |
| Frames only  | 60% of cost  |                       |                         |                 |
| Single vision lenses <sup>2</sup>  |  |                       |                         |                 |
| Bi-focal lenses <sup>2</sup>   |  |                       |                         |                 |
| Tri-focal lenses <sup>2</sup>  |  |                       |                         |                 |
| Graduated/progressive lenses <sup>2</sup>  |  |                       |                         |                 |
| Contact lenses - hard/soft toric   |  |                       |                         |                 |
| Contact lenses - hard/soft spherical   |  |                       |                         |                 |
| Repairs to frames  |  |                       |                         |                 |
| Disposable contact lenses  |  |                       |                         |                 |
| <b>Physiotherapy</b>   |  | <b>\$450</b>          | <b>2 months</b>         |                 |
| Physiotherapy  | 60% of cost  |                       |                         |                 |
| Exercise physiology  |  |                       |                         |                 |
| Group physiotherapy <sup>3</sup> /exercise physiology <sup>3</sup> (includes Pilates/hydrotherapy)         |  |                       |                         |                 |
| Paediatric assessment - one per year   |  |                       |                         |                 |
| Antenatal/postnatal  |  |                       |                         |                 |

| Service  | Benefit up to | Annual limit         | Waiting periods |  |
|--|---------------|----------------------|-----------------|--|
| <b>Other therapies</b>   |               | <b>\$500 overall</b> | <b>2 months</b> |  |
| <b>Acupuncture</b>   | 60% of cost   |                      |                 |  |
| Consultations  |               |                      |                 |  |
| <b>Chiropractic</b>  |               |                      |                 |  |
| Consultations  |               |                      |                 |  |
| X-rays – one per year  |               |                      |                 |  |
| <b>Natural therapies<sup>4</sup></b> – aromatherapy, Bowen therapy, homeopathy, massage therapy, myotherapy, naturopathy |               |                      |                 |  |
| Consultations  |               |                      |                 |  |
| <b>Osteopathy</b>  |               |                      |                 |  |
| Consultations  |               |                      |                 |  |
| X-rays – one per year  |               |                      |                 |  |
| <b>Podiatry<sup>5</sup></b> (no benefit for orthotics)   |               |                      |                 |  |
| Consultations  |               |                      |                 |  |
| <b>Psychology/hypnotherapy<sup>6</sup></b>   |               |                      |                 |  |
| Consultations  |               |                      |                 |  |
| Psychometric assessment - one per year   |               |                      |                 |  |
| Group consultations (psychology only)  |               |                      |                 |  |
| SupportLine – 1800 655 302   |               | Unlimited access     | None            |  |

## Notes

- Dental items as defined by the Australian Dental Association (ADA) schedule and at TUH's discretion. General dental includes the surgical removal of teeth (including wisdom teeth). Major dental include dental services relating to dentures, crowns, bridges, inlays, onlays, facings, dental implants, endodontia, periodontia, anti snore devices and orthodontia. Contact TUH when you have obtained an itemised treatment plan from your dentist for information on actual benefits payable.
- No benefit for additional lens treatments eg. tinting/hardcoating/transitional.
- Must be provided by a physiotherapist/exercise physiologist as part of a treatment plan.
- Provider must be a registered natural therapist approved by TUH.
- Benefits are not payable for podiatric surgery.
- Benefit is only paid for registered psychologists. No benefit is paid for counsellors.

## Healthy Options (60%) Extras orthodontic benefits

Benefits are paid for active treatment and annual limits apply. The maximum lifetime benefit is \$2100. To be eligible you must submit an orthodontic treatment plan from your orthodontist at the commencement of treatment. TUH will advise the benefits available in writing, taking into account previous orthodontic benefits paid by TUH or any previous fund and length of active treatment. For more information please contact us.

## Mid Range Extras

Annual limits are per person per calendar year unless otherwise stated.

| Service  | Benefit up to  | Annual limit   | Waiting periods  |
|--|--|--|------------------|
| <b>Ambulance emergency transport</b> (only if combined with hospital cover)                                    | Refer to the Important Information Guide for details   |  |                  |
| <b>Alternative therapies</b>   |  | <b>\$400 overall</b>   |                  |
| <b>Acupuncture</b>   |  | <b>\$350</b>   | <b>2 months</b>  |
| Initial consultation - one per year  | \$32   |  |                  |
| Subsequent consultations   | \$27   |  |                  |
| <b>Osteopathy</b>  |  | <b>\$300</b>   | <b>2 months</b>  |
| Initial consultation - one per year  | \$31   |  |                  |
| Subsequent consultations   | \$26   |  |                  |
| X-ray - one per year   | \$50   |  |                  |
| <b>Natural therapies<sup>1</sup></b> - aromatherapy, Bowen therapy, homeopathy, myotherapy, naturopathy        | <b>\$30</b>  | <b>\$350 combined limit per person</b><br><b>\$700 combined limit per single parent/couple/family membership<sup>2</sup></b> | <b>2 months</b>  |
| <b>Massage therapy<sup>1</sup></b>   | <b>\$32</b>  |  |                  |
| <b>Chiropractic</b>  |  | <b>\$300</b>   | <b>2 months</b>  |
| Initial consultation - one per year  | \$32   |  |                  |
| Subsequent consultations   | \$26   |  |                  |
| X-rays - one per year  | \$50   |  |                  |
| <b>Dental<sup>2</sup></b> - Must be provided by registered dentists or dental prosthetists in private practice |  | <b>\$600</b>   | <b>2 months</b>  |
| Preventive dental, eg. examinations, x-rays, scale/cleaning  | Set dental benefits depend on item number <sup>4</sup> |  |                  |
| General dental <sup>3</sup>  |  |  |                  |
| <b>Major dental<sup>2,3</sup></b>  |  | <b>\$1000 overall</b>  | <b>12 months</b> |
| Dentures   | Set dental benefits depend on item number <sup>4</sup> | \$550-700*   |                  |
| Crowns, bridges and dental implants  |  | \$580-680*   |                  |
| Endodontia   |  | \$300  |                  |
| Orthodontia - lifetime limit applies (refer to information on page 16)   | \$550  | \$550  |                  |
| Anti snore device (replacement every 3 years from date of previous supply)                                     |  | \$300  |                  |
| <b>Health and Wellness</b> (refer to page 19)  |  | <b>\$200</b>   | <b>2 months</b>  |

| <b>Service</b>   | <b>Benefit up to</b>      | <b>Annual limit</b>  | <b>Waiting periods</b> |
|--|---------------------------|----------------------|------------------------|
| <b>Optical</b>   | <b>Set benefits apply</b> | <b>\$200</b>         | <b>6 months</b>        |
| Frames only  | \$81                      |                      |                        |
| Single vision lenses <sup>5</sup>                            | \$106                     |                      |                        |
| Bi-focal lenses <sup>5</sup>                                 | \$105                     |                      |                        |
| Tri-focal lenses <sup>5</sup>                                | \$90                      |                      |                        |
| Graduated/progressive lenses <sup>5</sup>                    | \$120                     |                      |                        |
| Contact lenses – hard/soft toric                             | \$145                     |                      |                        |
| Contact lenses – hard/soft spherical                         | \$105                     |                      |                        |
| Repairs to frames  | \$50                      |                      |                        |
| Disposable contact lenses – included in annual optical limit | \$47<br>(3 month supply)  |                      |                        |
| <b>Other therapies</b>                                       |                           | <b>\$350 overall</b> |                        |
| <b>Dietetics</b>   |                           | <b>\$150</b>         | <b>2 months</b>        |
| Initial consultation – one per year                          | \$31                      |                      |                        |
| Subsequent consultations                                     | \$17                      |                      |                        |
| <b>Occupational therapy</b>                                  |                           | <b>\$150</b>         | <b>2 months</b>        |
| Initial consultation – one per year                          | \$35                      |                      |                        |
| Subsequent consultations                                     | \$27                      |                      |                        |
| Group consultations  | \$17.50                   |                      |                        |
| <b>Podiatry</b> - consultations only <sup>6</sup>            |                           | <b>\$250</b>         | <b>2 months</b>        |
| Initial consultation – one per year                          | \$34                      |                      |                        |
| Subsequent consultations                                     | \$28                      |                      |                        |
| <b>Psychology/hypnotherapy</b> <sup>7</sup>                  |                           | <b>\$250</b>         | <b>2 months</b>        |
| Initial consultation – one per year                          | \$70                      |                      |                        |
| Subsequent consultations                                     | \$55                      |                      |                        |
| Group consultation (psychology only)                         | \$30                      |                      |                        |
| SupportLine – 1800 655 302                                   | Unlimited access          |                      | None                   |
| <b>Speech therapy</b>  |                           | <b>\$150</b>         | <b>2 months</b>        |
| Initial consultation – one per year                          | \$50                      |                      |                        |
| Subsequent consultations                                     | \$25                      |                      |                        |
| Family/group consultation                                    | \$12                      |                      |                        |

| Service  | Benefit up to | Annual limit         | Waiting periods |
|--|---------------|----------------------|-----------------|
| <b>Pharmaceutical</b> – For prescriptions minus the current PBS co-payment. Benefit excludes medicines or medication which are: <ul style="list-style-type: none"> <li>• Prescriptions less than PBS co-payment</li> <li>• Available without a medical practitioner’s prescription</li> <li>• Not approved by the Therapeutic Goods Administration</li> <li>• Prescribed for contraceptive purposes</li> </ul> | <b>\$50</b>   | <b>\$400</b>         | <b>2 months</b> |
| <b>Physiotherapy</b>   |               | <b>\$600 overall</b> | <b>2 months</b> |
| Initial consultation – one per year  | \$40          |                      |                 |
| Subsequent consultations   | \$35          |                      |                 |
| Exercise physiology  | \$25          | \$100                |                 |
| Group physiotherapy <sup>8</sup> /exercise physiology <sup>8</sup> (includes Pilates/hydrotherapy)   | \$17          | \$150                |                 |
| Antenatal/postnatal  | \$17          | \$110                |                 |

## Notes

\* Increases with years of membership.

1. Provider must be a registered natural therapist approved by TUH.
2. Dental items as defined by the Australian Dental Association (ADA) schedule and at TUH's discretion.
3. General dental includes the surgical removal of teeth (including wisdom teeth). Major dental includes dental services relating to dentures, crowns, bridges, dental implants, endodontia, anti snore devices and orthodontia.
4. Contact TUH when you have obtained an itemised treatment plan from your dentist for information on actual benefits payable.
5. No benefit for additional lens treatments eg. tinted/hardcoating/transitional.
6. Benefits not payable for orthotics and podiatric surgery.
7. No benefit paid for counsellors. Benefit only for registered psychologists.
8. Provided by a physiotherapist/exercise physiologist as part of a treatment plan.

## Mid Range Extras orthodontic benefits

Benefits are paid for active treatment and annual limits apply. The maximum lifetime benefit is \$1650. To be eligible you must submit an orthodontic treatment plan from your orthodontist at the commencement of treatment. TUH will advise the benefits available in writing, taking into account previous orthodontic benefits paid by TUH or any previous fund and length of active treatment. For more information please contact us.



## Basic Extras

Annual limits are per person per calendar year unless otherwise stated.

| Service   | Benefit up to  | Annual limit         | Waiting periods |
|---|--|----------------------|-----------------|
| <b>Ambulance emergency transport</b> (only if combined with hospital cover)   | Refer to the Important Information Guide for details |                      |                 |
| <b>Dental</b> <sup>1</sup> - Must be provided by registered dentists or dental prosthetists in private practice. Set dental benefits depend on item number <sup>2</sup> |  | <b>\$400 overall</b> | <b>2 months</b> |
| General dental - NO COVER FOR SURGICAL EXTRACTION OF TEETH AND MAJOR DENTAL   |  |                      |                 |
| <b>Optical</b>  | <b>Set benefits apply</b>                            | <b>\$160 overall</b> | <b>2 months</b> |
| Frames only   | \$70   |                      |                 |
| Single vision lenses <sup>3</sup>   | \$90   |                      |                 |
| Bi-focal lenses <sup>3</sup>  | \$90   |                      |                 |
| Tri-focal lenses <sup>3</sup>   | \$100  |                      |                 |
| Graduated/progressive lenses <sup>3</sup>   | \$122  |                      |                 |
| Contact lenses - hard/soft toric  | \$160  |                      |                 |
| Contact lenses - hard/soft spherical  | \$125  |                      |                 |
| Repairs to frames   | \$60   |                      |                 |
| Disposable contact lenses - included in annual optical limit  | \$42<br>(3 month supply)                             |                      |                 |
| <b>Therapies</b>  |  | <b>\$400 overall</b> | <b>2 months</b> |
| <b>Chiropractic</b>   |  | <b>\$200</b>         | <b>2 months</b> |
| Initial consultation - one per year   | \$30   |                      |                 |
| Subsequent consultations  | \$23   |                      |                 |
| X-rays - one per year   | \$63   |                      |                 |
| <b>Homeopathy</b> <sup>4</sup>  | <b>\$28</b>  | <b>\$200</b>         | <b>2 months</b> |
| <b>Massage therapy</b> <sup>4</sup>   | <b>\$30</b>  |                      | <b>2 months</b> |
| <b>Naturopathy</b> <sup>4</sup>   | <b>\$28</b>  |                      | <b>2 months</b> |
| <b>Osteopathy</b>   |  |                      | <b>2 months</b> |
| Initial consultation - one per year   | \$37   |                      |                 |
| Subsequent consultations  | \$33   |                      |                 |
| X-ray - one per year  | \$63   |                      |                 |
| <b>Physiotherapy</b>  |  | <b>\$200</b>         | <b>2 months</b> |
| Initial consultation - one per year   | \$33   |                      |                 |
| Subsequent consultations  | \$27   |                      |                 |
| Exercise physiology <sup>5</sup> (sub limit of \$100 within physiotherapy limit)  | \$23   |                      |                 |

| Service   | Benefit up to | Annual limit                                       | Waiting periods |
|---|---------------|--|-----------------|
| Antenatal/postnatal (sub limit of \$85 within physiotherapy limit)  | \$17          |  |                 |
| Group physiotherapy <sup>5</sup> /exercise physiology <sup>5</sup> (includes Pilates/hydrotherapy) (sub limit of \$150 within physiotherapy limit)  | \$17          |  |                 |
| <p><b>Pharmaceutical</b> – For prescriptions minus the current PBS co-payment. Benefit excludes medicines or medication which are:</p> <ul style="list-style-type: none"> <li>• Prescriptions less than PBS co-payment</li> <li>• Available without a medical practitioner's prescription</li> <li>• Not approved by the Therapeutic Goods Administration</li> <li>• Prescribed for contraceptive purposes</li> </ul> | \$50          | \$250<br>(included in the therapies overall limit) | 2 months        |

## Notes

1. Dental items as defined by the Australian Dental Association (ADA) schedule and at TUH's discretion.
2. Contact TUH when you have obtained an itemised treatment plan from your dentist for information on actual benefits payable.
3. No benefit for additional lens treatments eg. tinted/hardcoating/transitional.
4. Provider must be a registered natural therapist approved by TUH.
5. Provided by a physiotherapist/exercise physiologist as part of a treatment plan.

## Health and Wellness

Limits are per person per calendar year (1 January to 31 December) unless otherwise stated. Not available on Basic Extras.

| Benefit category<br>Benefits are only payable if not claimable through Medicare   | Benefit   | Comprehensive Extras  | Family Extras   | Healthy Options (60%) Extras  | Mid Range Extras  |
|---|-----------|---|---|---|---|
|   |           | Overall annual limit  | Overall annual limit  | Overall annual limit  | Overall annual limit  |
|   |           | \$270 single membership<br>\$540 single parent/couple/family membership | \$240 single membership<br>\$480 single parent/couple/family membership | \$150 single membership<br>\$300 single parent/couple/family membership | \$200 single membership<br>\$400 single parent/couple/family membership |
| <b>Health screenings</b><br>Mammogram, pap smear - Thin Prep, 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 \$110 per person  | Sub limit \$120 per person  | 60% of cost   | Sub limit \$90 per person   |
| <b>Wellbeing</b><br>Quit smoking programs <sup>1</sup> , nicotine replacement products <sup>2</sup> , illness related association memberships, health education classes <sup>3</sup> , lithotripsy, medical bracelets <sup>3</sup> , stress management <sup>3</sup> , yoga <sup>3</sup> | Up to 80% | Sub limit \$140 per person  | Sub limit \$120 per person  | 60% of cost   | Sub limit \$110 per person  |
| <b>Weight loss and fitness<sup>3</sup></b><br>Weight loss, exercise and health programs as recommended by your practitioner   | Up to 80% | Sub limit \$140 per person  | Sub limit \$120 per person  | 60% of cost   | Sub limit \$120 per person  |
| <b>Other</b><br>Childbirth education classes (one per membership) <sup>4</sup>  | Up to 80% | Sub limit \$200 per membership  | Sub limit \$120 per membership  | 60% of cost   | Sub limit \$160 per membership  |

### 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 [tuh.com.au](http://tuh.com.au) or contact us on 1300 360 701 for the form. Benefits are only payable when not claimable through another benefit category.
4. When conducted by a doctor, hospital or midwife.



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or contact us on 1300 360 701.