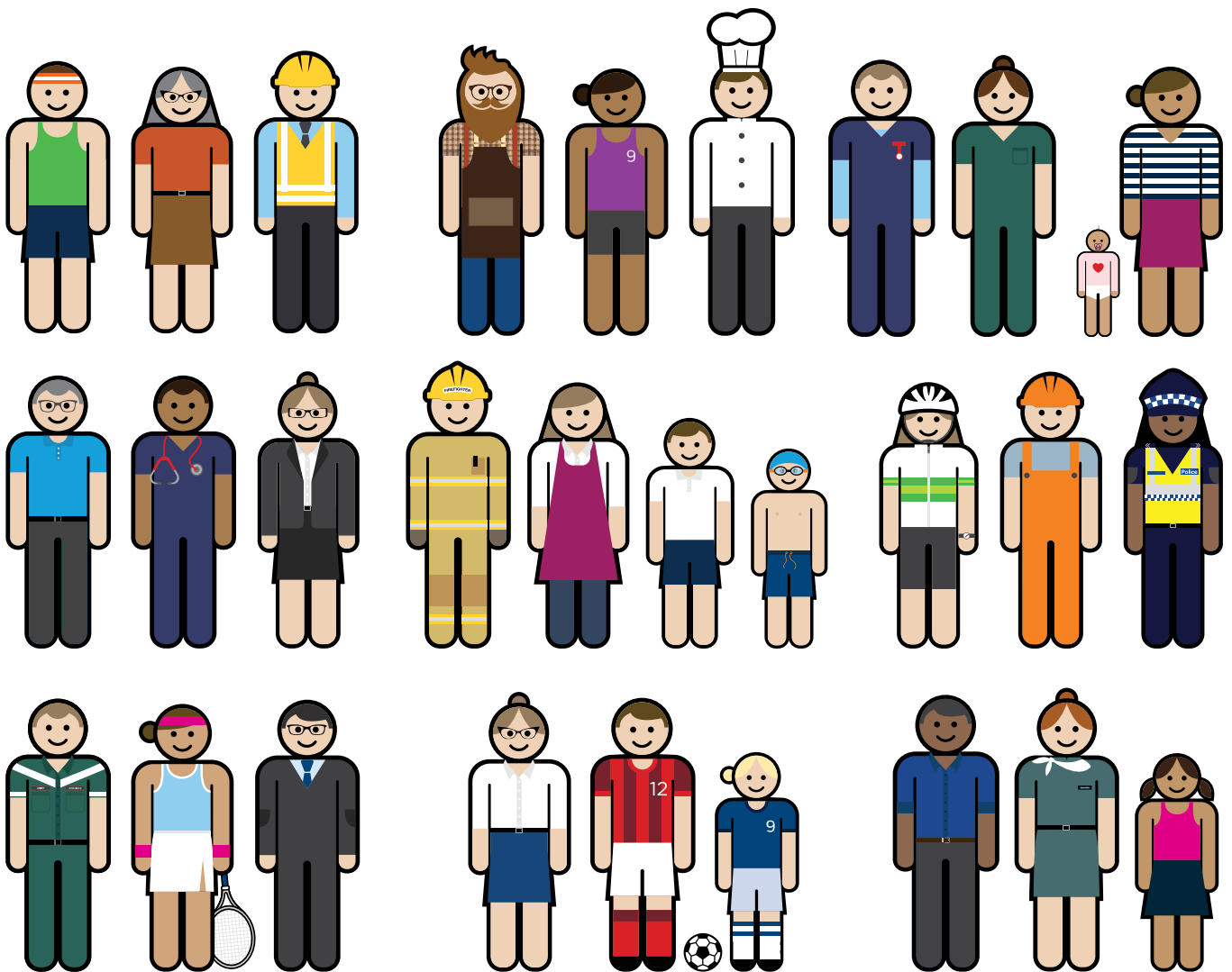


Cover Comparison



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.

This brochure provides a summarised comparison of all TUH's products. For detailed information please refer to the individual product brochure.

Waiting periods

Immediate cover	2 Months	6 Months	12 Months	2 Years
<ul style="list-style-type: none"> Accidents SupportLine 	<ul style="list-style-type: none"> All hospital and extras services (unless specified otherwise) Palliative care Psychiatric services Rehabilitation Home care programs* 	<ul style="list-style-type: none"> Active Health Bonus Midwife services (outpatient not covered by Medicare) Disease management programs Optical (Young Choice, Family Extras, Healthy Options (60%) Extras and Mid Range Extras) 	<ul style="list-style-type: none"> Obstetrics (pregnancy and birth related treatment) Pre-existing conditions (excluding palliative care, psychiatric services and rehabilitation) Major dental Orthodontia Prostheses (non implanted, custom made) Mechanical/health appliances Hearing aids Midwife services (inpatient) 	<ul style="list-style-type: none"> Refractive/laser eye surgery

Extended dependant cover

TUH offers single parents and families with non-student children the opportunity to purchase extended dependant cover. Young adults, who are single, not covered as a student dependant and earning less than \$50,000 (taxable income) a year, can remain on their parents' policy until the age of 25. Extended dependant cover is available on Ultimate Choice for a premium loading of approximately 25% and Easy Choice or Total Care Hospital with \$300 excess + Comprehensive Extras for a premium loading of approximately 30%. Extended dependant cover is not available for any other cover.

- **The table on page 3 shows the hospital benefits that are available under our covers. For a more detailed description visit tuh.com.au.**
- The TUH home care programs are available for all eligible members with hospital cover. Some conditions apply for Young Choice and Budget Hospital.
- The hospital excess is per adult on the policy. The excess is not payable for dependent children, including full-time students and extended dependants.
- 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. Participation is the personal choice of your medical practitioner, so check this before you commence treatment. Also ask your specialist to recommend that any assisting specialist/s use Access Gap Cover for the billing of services.
- Ultimate Choice, Easy Choice and Young Choice are packaged products and include both hospital and extras covers.
- Mid Range Hospital is only available in combination with one of our extras covers.
- Contact us on 1300 360 701 for information relating to podiatric surgery performed by an accredited podiatric surgeon.
- **The table on page 4-5 shows extras services that are available under our covers. For full details about benefits, entitlements, yearly limits and waiting periods refer to the individual product brochure.**
- Benefits are paid for treatment by registered practitioners in private practice and recognised natural therapists approved by TUH.
- Please contact us on **1300 360 701** or **enquiries@tuh.com.au** to check if your provider is recognised.

Hospital Cover comparison

Benefits

		Ultimate Choice	Easy Choice	Young Choice	Total Care Hospital	Total Care Hospital (excess)	Mid Range Hospital (excess)	Budget Hospital (excess)
Your choice of doctor or hospital	<input type="checkbox"/>	✓	✓	✓	✓	✓	✓	✓
No exclusions on eligible Medicare conditions	<input type="checkbox"/>	✓	✓	✗	✓	✓	✗	✗
Same day accommodation	<input type="checkbox"/>	✓	✓	✓	✓	✓	✓	✓
Private room - when available	<input type="checkbox"/>	✓	✓	✓	✓	✓	✓	✓
Operating theatre fees	<input type="checkbox"/>	✓	✓	✓ ¹	✓	✓	✓ ¹	✓ ¹
Labour ward	<input type="checkbox"/>	✓	✓	✗	✓	✓	Restricted ²	✗
Newborn/neo natal care	<input type="checkbox"/>	✓	✓	✓	✓	✓	Restricted ²	✗
Intensive care	<input type="checkbox"/>	✓	✓	✓	✓	✓	✓	✓
Coronary care - when eligible for Medicare benefits	<input type="checkbox"/>	✓	✓	✓	✓	✓	✓	✓
Cardiac and cardiac related services	<input type="checkbox"/>	✓	✓	✓	✓	✓	✓	✓
Sterility reversals	<input type="checkbox"/>	✓	✓	✗	✓	✓	✗	✗
Infertility investigations, assisted reproductive services	<input type="checkbox"/>	✓	✓	✗	✓	✓	✗	✗
Obstetrics (pregnancy and birth related treatment)	<input type="checkbox"/>	✓	✓	✗	✓	✓	Restricted ²	✗
Robotic surgery	<input type="checkbox"/>	✓	✓	✓	✓	✓	✓	✗
Spinal surgery	<input type="checkbox"/>	✓	✓	✓	✓	✓	✓	✗ ³
Hip, knee and joint investigations and reconstructions	<input type="checkbox"/>	✓	✓	✓	✓	✓	✓	✓
Hip, knee and joint replacements	<input type="checkbox"/>	✓	✓	✗	✓	✓	✗	✗
Gastric banding and bariatric/obesity related surgery (including reversal) ⁴	<input type="checkbox"/>	✓	✓	Restricted ²	✓	✓	✗	✗
Plastic and reconstructive surgery ⁴	<input type="checkbox"/>	✓	✓	Restricted ²	✓	✓	✓	Restricted ²
Cochlear implants, related admissions and replacements	<input type="checkbox"/>	✓	✓	✓	✓	✓	✓	✗
Insulin pumps, related admissions and replacements	<input type="checkbox"/>	✓	✓	✓	✓	✓	✓	✗
Surgery by podiatrist	<input type="checkbox"/>	✓	✓	Restricted ²	✓	✓	Restricted ²	Restricted ²
Eye surgery e.g. cataracts, glaucoma and macular degeneration	<input type="checkbox"/>	✓	✓	✗	✓	✓	✗	✗
Psychiatric services	<input type="checkbox"/>	✓	✓ ⁵	Restricted ²	✓ ⁵	✓ ⁵	Restricted ²	Restricted ²
Rehabilitation	<input type="checkbox"/>	✓	✓	Restricted ²	✓	✓	Restricted ²	Restricted ²
Dialysis for chronic renal failure	<input type="checkbox"/>	✓	✓	✗	✓	✓	✗	✗
Palliative care	<input type="checkbox"/>	✓	✓	✓	✓	✓	✓	✓
Hospital medication charges as per hospital contract (some limits may apply)	<input type="checkbox"/>	✓	✓	✓	✓	✓	✓	✓
PBS co-payment where a hospital medication is related to your hospital treatment	<input type="checkbox"/>	✓	✓	✓	✓	✓	✓	✓
Surgically implanted prostheses ¹	<input type="checkbox"/>	✓	✓	✓	✓	✓	✓	✓
Home care programs	<input type="checkbox"/>	✓	✓	✓	✓	✓	✓	✓
Access Gap Cover - with participating doctors	<input type="checkbox"/>	✓	✓	✓	✓	✓	✓	✓
Excess	<input type="checkbox"/>	✗	\$300	\$250	✗	\$300 or \$500	\$250	\$250

1. Conditions apply - refer to the relevant product brochure.
2. For the services listed as restricted we will pay the default benefit for accommodation as determined by the Government. Any excess applicable to your cover will be charged even where a default benefit only is paid.

- The default benefit covers the cost of:
- a. shared accommodation at a public hospital; or
 - b. a reduced level of accommodation benefits and no theatre fee benefits in a private hospital; plus
 - c. surgically implanted prostheses - we will cover the full cost of any No Gap prostheses and the minimum benefit for Gap Permitted prostheses.

3. Benefits are paid for spinal surgery which is the result of an accident.
4. 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 benefit of Medicare Benefits. Only payable for medically necessary procedures as determined by TUH's medical adviser in accordance with legislation.
5. Benefit Limitation Period apply - refer to the relevant product brochure.

Extras comparison

Benefits

Dental

- Preventive dental
- General dental¹
- Surgical extraction of teeth

	Ultimate Choice	Easy Choice	Young Choice	Comprehensive Extras	Family Extras	Healthy Options (60%) Extras	Mid Range Extras	Basic Extras
Preventive dental	✓	✓	✓	✓	✓	✓	✓	✓
General dental ¹	✓	✓	✓	✓	✓	✓	✓	✓
Surgical extraction of teeth	✓	✓	✓	✓	✓	✓	✓	✗

Major dental¹

- Dentures
- Crowns and bridges
- Inlays, onlays, facings
- Dental implants
- Endodontia
- Periodontia
- Orthodontia
- Anti snore device

Dentures	✓	✓	✗	✓	✓	✓	✓	✗
Crowns and bridges	✓	✓	✗	✓	✓	✓	✓	✗
Inlays, onlays, facings	✓	✓	✗	✓	✓	✓	✗	✗
Dental implants	✓	✓	✗	✓	✓	✓	✓	✗
Endodontia	✓	✓	✓	✓	✓	✓	✓	✗
Periodontia	✓	✓	✗	✓	✓	✓	✗	✗
Orthodontia	✓	✓	✗	✓	✓	✓	✓	✗
Anti snore device	✓	✓	✗	✓	✓	✓	✓	✗

Optical

- Glasses and contact lenses
- Refractive laser eye surgery

Glasses and contact lenses	✓	✓	✓	✓	✓	✓	✓	✓
Refractive laser eye surgery	✓	✗	✗	✗	✗	✗	✗	✗

Physiotherapy

- Physiotherapy
- Hydrotherapy consultations
- Group physiotherapy²/exercise physiology² (including Pilates, hydrotherapy)
- Exercise physiology
- Antenatal/postnatal physiotherapy

Physiotherapy	✓	✓	✓	✓	✓	✓	✓	✓
Hydrotherapy consultations	✓	✗	✗	✓	✗	✗	✗	✗
Group physiotherapy ² /exercise physiology ² (including Pilates, hydrotherapy)	✓	✓	✗	✓	✓	✓	✓	✓
Exercise physiology	✓	✓	✓	✓	✓	✓	✓	✓
Antenatal/postnatal physiotherapy	✓	✓	✗	✓	✓	✓	✓	✓

Other therapies

- Psychology/hypnotherapy
- SupportLine
- Dietetics
- Speech therapy
- Occupational therapy
- Podiatry
- Orthoptics/eye therapy
- Orthotics (custom made/customised/moulded)
- Audiology

Psychology/hypnotherapy	✓	✓	✗	✓	✓	✓	✓	✗
SupportLine	✓	✓	✓	✓	✓	✓	✓	✓
Dietetics	✓	✓	✗	✓	✓	✗	✓	✗
Speech therapy	✓	✓	✗	✓	✓	✗	✓	✗
Occupational therapy	✓	✓	✗	✓	✓	✗	✓	✗
Podiatry	✓	✓	✗	✓	✓	✓	✓	✗
Orthoptics/eye therapy	✓	✓	✗	✓	✓	✗	✗	✗
Orthotics (custom made/customised/moulded)	✓	✓	✗	✓	✓	✗	✗	✗
Audiology	✓	✓	✗	✓	✓	✗	✗	✗

Benefits

Ultimate Choice	Easy Choice	Young Choice	Comprehensive Extras	Family Extras	Healthy Options (60%) Extras	Mid Range Extras	Basic Extras
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Alternative therapies

Chiropractic <input type="checkbox"/>	✓	✓	✓	✓	✓	✓	✓
Osteopathy <input type="checkbox"/>	✓	✓	✓	✓	✓	✓	✓
Acupuncture <input type="checkbox"/>	✓	✓	✓	✓	✓	✓	X
Massage therapy <input type="checkbox"/>	✓	✓	✓	✓	✓	✓	✓
Naturopathy <input type="checkbox"/>	✓	✓	✓	✓	✓	✓	✓
Homeopathy <input type="checkbox"/>	✓	✓	✓	✓	✓	✓	✓
Bowen therapy <input type="checkbox"/>	✓	✓	✓	✓	✓	✓	X
Aromatherapy <input type="checkbox"/>	✓	✓	✓	✓	✓	✓	X
Myotherapy <input type="checkbox"/>	✓	✓	✓	✓	✓	✓	X

Mechanical/health appliances

Blood glucose/blood pressure monitors <input type="checkbox"/>	✓	✓	X	✓	✓	X	X
Nebuliser <input type="checkbox"/>	✓	✓	X	✓	✓	X	X
Mechanical health appliances <input type="checkbox"/>	✓	✓	X	✓	✓	X	X
Health aids <input type="checkbox"/>	✓	✓	X	✓	✓	X	X
CPAP/APAP/BiPAP machine <input type="checkbox"/>	✓	✓	X	✓	✓	X	X
CPAP accessories (eg. mask/tubing/chin strap/repairs) <input type="checkbox"/>	✓	✓	X	✓	✓	X	X

Other

Hearing aids <input type="checkbox"/>	✓	✓	X	✓	✓	X	X
Health and Wellness ³ <input type="checkbox"/>	✓	✓	✓	✓	✓	✓	X
Prostheses (non implanted, custom made) <input type="checkbox"/>	✓	✓	X	✓	✓	X	X
Pharmaceutical <input type="checkbox"/>	✓	✓	X	✓	✓	✓	✓
Remote travel and accommodation <input type="checkbox"/>	✓	✓	X	✓	✓	X	X
Midwife services (outpatient not covered by Medicare) <input type="checkbox"/>	✓	X	X	✓	✓	X	X
Home nursing and lactation nurse <input type="checkbox"/>	✓	X	X	✓	✓	X	X
Active Health Bonus <input type="checkbox"/>	✓	✓	X	✓ ⁴	X	X	X
School accident cover <input type="checkbox"/>	✓	✓	X	X	✓	X	X
Ambulance transport <input type="checkbox"/>	✓	✓	✓	X ⁵	X ⁵	X ⁵	X ⁵

1. 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, periodontia, endodontia, anti snore devices and orthodontia. Please check your individual cover for details on which services are included.

2. Provided by registered physiotherapist/exercise physiologist as part of a treatment plan.

3. Services designed to assist in the management of chronic disease. Payable when there is a health management plan recommended by your health practitioner.

4. This benefit is accessible for Comprehensive Extras in combination with any Total Care Hospital cover.

5. Included only when combined with any hospital cover.

Extras limits comparison →



Extras limits comparison

	Ultimate Choice	Easy Choice	Young Choice	Comprehensive Extras	Family Extras	Healthy Options (60%) Extras	Mid Range Extras	Basic Extras
Benefits	Calendar year limits	Calendar year limits	Calendar year limits	Calendar year limits	Calendar year limits	Calendar year limits	Calendar year limits	Calendar year limits
Dental			\$600 overall dental/major dental			\$1000 overall dental/major dental		
Preventive dental	No limits apply	No limits apply	\$600	No limits apply	No limits apply		\$600	\$400
General dental ¹		\$1000						
Major dental¹	\$3800-5350*	\$2000 overall		\$3400-4695*	\$2000 overall		\$1000 overall	
Dentures	\$750-1050*	\$600-800*		\$650-900*	\$600		\$550-700*	
Crowns and bridges	\$750-1050*	\$670-850*		\$750-1050*	\$650		\$580-680*	
Inlays, onlays, facings	\$500-700*	\$350-700*		\$400-560*	\$450			
Dental implants	\$500-850*	\$350-700*		\$500-765*	\$450			
Endodontia	\$500-700*	\$350-700*	\$300	\$400-560*	\$450		\$300	
Periodontia	\$500-700*	\$350-700*		\$400-560*	\$450			
Orthodontia	Up to \$1000	\$880		Up to \$1000	\$850	\$700	\$550*	
Orthodontia (lifetime limit)	\$2800	\$2640		\$2800	\$2550	\$2100	\$1650	
Anti snore device ²	\$300	\$300		\$300	\$300		\$300	
Optical								
Glasses and contact lenses	\$260-310*	\$230	\$190	\$250-280*	\$250	\$250	\$200	\$160
Refractive laser eye surgery	\$800 per eye							
Physiotherapy	\$750-900* overall	\$700 overall	Included in the alt. therapies overall limit	\$700-760* overall	\$700 overall	\$450 overall	\$600 overall	\$400 overall for all item limits below
Physiotherapy		\$700	\$200				\$600	\$200
Hydrotherapy	\$750-900*							

8	Group physiotherapy ³ / exercise physiology ³ / (including Pilates/ hydrotherapy)	\$300	\$190		\$250	\$250		\$150	\$150
	Exercise physiology	\$250	\$140	\$80	\$200			\$100	\$100
	Antenatal/postnatal physiotherapy	\$140-170* (additional to the overall physiotherapy limit)	\$125		\$140-170* (additional to the overall physiotherapy limit)			\$110	\$85
Other therapies			\$1000 overall					\$350 overall	
	Psychology/ hypnotherapy	\$450-540*	\$400 (additional to the overall other therapies limit)		\$400-480*	\$400	(a) \$500 combined limit with (b)	\$250	
	Dietetics	\$450-540*			\$400-480*	\$300		\$150	
	Speech therapy	\$450-540*			\$400-480*	\$400		\$150	
	Occupational therapy	\$450-540*	\$400 each		\$400-480*	\$300		\$150	
	Podiatry	\$450-540*			\$400-480*	\$300	(b)	\$250	
	Orthoptics/eye therapy	\$450-540*			\$200-240*	\$200			
	Orthotics ⁴ (custom made)	\$450-540*	\$250 (included in the podiatry limit of \$400)		\$300-360*	\$300 (included in the podiatry limit above)			
	Orthotics ⁴ (customised/moulded)	\$360 (included in the orthotics limit above)	\$200 (included in the orthotics limit above)		\$240 (included in the orthotics limit above)	\$200 (included in the podiatry limit above)			
	Audiology	\$200-240*	\$200 (additional to the overall other therapies limit)		\$200-240*	\$200			
Alternative therapies			\$500 overall	\$450 overall		\$600 overall		\$400 overall	
	Chiropractic	\$450-540*	\$400 (additional to the overall alternative therapies limit)	\$200	\$400-480*	\$400 per person \$1000 combined limit per single parent/family membership ⁵ (additional to the overall alternative therapies limit)	(b)	\$300 (additional to the overall alternative therapies limit)	\$200
	Osteopathy	\$400-480*	\$400	\$200	\$400-480*		(b)	\$300	(a) \$200 combined limit with (b)
	Acupuncture	\$450-540*	\$400		\$400-480*		(b)	\$350	
	Massage therapy						(b)		
	Naturopathy								(b) \$200 combined limit with (a) above
	Homeopathy	\$450-540* per person \$900-1080* per single parent/ couple/family membership ⁵	\$400 per person \$800 per single parent/couple/ family membership ⁵	\$200 per person \$400 per single parent/couple/ family membership ⁵	\$400-480*per person \$800-960* per single parent/ couple/family membership ⁵	\$400		\$350 per person \$700 per single parent/couple/ family membership ⁵	
	Bowen therapy						(b)		

Aromatherapy							
Myotherapy							
Mechanical/ health appliances	\$690-810*	\$620 overall		\$620-725*	\$600 overall		
Blood glucose monitors	\$550-660*			\$550-660*			
Nebuliser		(a) \$400			(a) \$400		
Mechanical health appliances	\$200			\$200			
Health aids	\$120	\$120 (included in above limit (a))		\$120	\$120 (included in above limit (a))		
CPAP/APAP/BiPAP machine	\$690-810*	\$620		\$620-725*	\$600		
CPAP accessories (e.g. mask/tubing/chin strap/repairs)	\$100	\$100		\$100	\$100		
Other							
Health and Wellness	\$300 per person \$600 per single parent/couple/ family membership	\$240 per person \$480 per single parent/couple/ family membership	\$150 per person \$300 per single parent/couple/ family membership	\$270 per person \$540 per single parent/couple/ family membership	\$240 per person \$480 per single parent/couple/ family membership	\$150 per person \$300 per single parent/couple/ family membership	\$200 per person \$400 per single parent/couple/ family membership
Hearing aids ² (only claimable every 3 years)	\$1100 per ear	\$900 per ear		\$1000 per ear	\$600 per ear		
Prostheses (custom made) ⁶	\$1500-1800*	\$500 (included in the overall mechanical/health appliances limit)		\$1500-1800*	\$500 (included in the mechanical/health appliances limit above)		
Pharmaceutical	\$600-700*	\$500		\$550-660*	\$500	\$400	\$250
Remote travel and accommodation	\$110	\$100		\$100	\$100		
Midwife services (outpatient not covered by Medicare)	\$600			\$600	\$600		
Home nursing and lactation nurse	\$600-720*			\$600-720*	\$500		
Active Health Bonus ⁷	\$125 per single membership \$250 per single parent/couple/ family membership ⁵	\$75 per single membership \$150 per single parent/couple/ family membership ⁵		\$75 per single membership ⁸ \$150 per single parent/ couple/family membership ^{5,8}			
School accident cover ⁹	\$800 per person \$1600 per single parent/couple/ family membership ⁵	\$400 per person \$800 per single parent/couple/ family membership ⁵			\$400 per person \$800 per single parent/couple/ family membership ⁵		
Ambulance transport	Refer to the Important Information Guide for details.						

• Limit increases with years of membership.

1. General dental includes the surgical extraction of teeth (including wisdom teeth). Major dental may include services relating to dentures, crowns, bridges, inlays, onlays, facings, dental implants, periodontia, endodontia, anti snore devices and orthodontia. Refer to individual product brochure for more information.

2. Replacement every 3 years from date of previous supply.

3. Provided by an approved health professional.

4. When recommended by an approved health professional.

5. An individual within a family or a couple cover can claim up to the per person limit, provided membership limit has not been exceeded. This also applies to a single parent cover.

6. Custom made - one per year. For non-implanted TUH approved prosthetic appliances when ordered by a medical practitioner.

7. Health-e-Profile participation required. Conditions apply.

8. This benefit is accessible for Comprehensive Extras in combination with any Total Care Hospital Cover.

9. Conditions apply. For details on limits and sub limits refer to our website tuh.com.au or contact us.



438 St Pauls Terrace
Fortitude Valley
Queensland 4006
PO Box 265
Fortitude Valley
Queensland 4006
Phone: 1300 360 701
Email: enquiries@tuh.com.au

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.