

Extras Cover

Comprehensive Extras

Family Extras

Healthy Options (60%) Extras

Mid Range Extras

Basic Extras



Effective 1 January 2018

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
- Orthotics

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
Dental					
Preventive dental	✓	✓	✓	✓	✓
General dental	✓	✓	✓	✓	✓
Surgical extraction of teeth	✓	✓	✓	✓	x
Major dental					
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
Optical					
Glasses and contact lenses	✓	✓	✓	✓	✓
Physiotherapy					
Physiotherapy	✓	✓	✓	✓	✓
Hydrotherapy (consultations)	✓	x	x	x	x
Group physiotherapy/exercise physiology (includes Pilates/hydrotherapy)	✓	✓	✓	✓	✓
Exercise physiology	✓	✓	✓	✓	✓
Antenatal/postnatal physiotherapy	✓	✓	✓	✓	✓
Other therapies					
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
Alternative therapies					
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
Mechanical/health appliances						Other					
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+	
Active Health Bonus - 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)						6 months
Single	\$75					
Single parent/family	\$150					
Acupuncture		\$400	\$420	\$440	\$480	2 months
Initial consultation - one per year	\$38					
Subsequent consultations	\$33					
Ambulance emergency transport (only if combined with hospital cover)		Refer to the Important Information Guide for details				
Audiology		\$200	\$210	\$220	\$240	2 months
Initial consultation - one per year	\$60					
Subsequent consultations	\$50					
Chiropractic		\$400	\$420	\$440	\$480	2 months
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+	
Dental¹ – Must be provided by registered dentists or dental prosthetists in private practice						2 months
Preventive dental eg. examinations, x-rays, scale/cleaning	Set dental benefits depend on item number ³	No limits apply				
General dental ²						
Major Dental^{1,2} – Limits depend on years of membership		\$3400 overall	\$3725 overall	\$4050 overall	\$4695 overall	12 months
Complete upper and lower dentures	Set benefits depend on item number ³	\$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	
Orthodontia - Lifetime limit applies (refer to information on page 7)	up to \$1000 per year	Not included in the above overall limits				12 months
Dietetics		\$400	\$420	\$440	\$480	2 months
Initial consultation – one per year	\$41					
Subsequent consultations	\$22					
Health and Wellness (refer to page 19)		\$270	\$270	\$270	\$270	2 months
Hearing aids (replacement every 3 years from date of previous supply)	\$1000 per ear	\$2000	\$2000	\$2000	\$2000	12 months
Home nursing and lactation nurse Treatment by a registered nurse when ordered by a medical practitioner for a specific illness		\$600	\$630	\$660	\$720	2 months
Home nurse	\$80 daily					
Lactation nurse	\$30 daily					
Mechanical/health appliances Must be ordered by a medical practitioner (the written order must be provided to TUH)		\$620 overall	\$655 overall	\$690 overall	\$725 overall	12 months
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 ⁴	85% of cost	\$120				
Midwife services (outpatient not covered by Medicare). Antenatal consultation must be with a registered midwife in private practice. For delivery, refer to hospital cover.	\$60	\$600	\$600	\$600	\$600	6 months

Service	Benefit up to	Annual limit for membership years				Waiting periods
		1&2	3&4	5&6	7+	
Natural therapies⁵ – aromatherapy, Bowen therapy, homeopathy, massage therapy, myotherapy, naturopathy	Per person	\$400	\$420	\$440	\$480	2 months
	Per single parent/ couple/ family membership	\$800	\$840	\$880	\$960	
Consultation only	\$37					
Occupational therapy		\$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					
Optical	Set benefits apply	\$250	\$260	\$270	\$280	2 months
Frames only	\$104					
Single vision lenses ⁶	\$127					
Bi-focal lenses ⁶	\$130					
Tri-focal lenses ⁶	\$113					
Graduated/progressive lenses ⁶	\$147					
Complete glasses ⁶	100% of cost					
Contact lenses – hard/soft toric	\$165					
Contact lenses – hard/soft spherical	\$125					
Repairs to frames	\$60					
Disposable contact lenses (single/pair)	\$30/\$60					
Orthoptics – eye therapy		\$200	\$210	\$220	\$240	2 months
Initial consultation – one per year	\$32					
Subsequent consultations	\$25					
Orthotics⁷		\$300 overall	\$315 overall	\$330 overall	\$360 overall	
Orthotics – custom made – limit 2 per person per visit	85% of cost					12 months
Orthopaedic shoes – custom made	85% of cost					12 months
Orthotics – customised/moulded	85% of cost	\$240	\$240	\$240	\$240	12 months
Orthotics repair	85% of cost	\$100	\$100	\$100	\$100	2 months
Osteopathy		\$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+	
Pharmaceutical – For prescriptions minus the current PBS co-payment. Benefit excludes medicines or medication which are: <ul style="list-style-type: none"> • Prescriptions less than PBS co-payment • Available without a medical practitioner's prescription • Not approved by the Therapeutic Goods Administration • Prescribed for contraceptive purposes 	\$54	\$550	\$580	\$605	\$660	2 months
Physiotherapy		\$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 ⁸ /exercise physiology ⁸ (includes Pilates/hydrotherapy)	\$20	\$250	\$250	\$250	\$250	
Physiotherapy – Antenatal/postnatal		\$140	\$145	\$155	\$170	2 months
Consultations	\$17					
Podiatry		\$400	\$420	\$440	\$480	2 months
Initial consultation – one per year	\$42					
Subsequent consultations	\$37					
Podiatric surgery (outpatient) ⁹	85% of cost					
Prostheses – 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
Psychology/hypnotherapy¹⁰		\$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					
Remote travel and accommodation¹¹		\$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					
600 – 699 kilometres	\$70					

Service	Benefit up to	Annual limit for membership years				Waiting periods
		1&2	3&4	5&6	7+	
700 - 799 kilometres	\$80					
800 - 899 kilometres	\$90					
> 900 kilometres	\$100					
Speech therapy		\$400	\$420	\$440	\$480	2 months
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
Alternative therapies		\$600 overall	2 months
Acupuncture			
Initial consultation – one per year	\$50		
Subsequent consultations	\$40		
Osteopathy			
Initial consultation – one per year	\$50		
Subsequent consultations	\$40		
X-rays – one per year	\$63		
Natural therapies¹ – aromatherapy, Bowen therapy, homeopathy, massage therapy, myotherapy, naturopathy	\$40	\$400	
Ambulance emergency transport (only if combined with hospital cover)	Refer to the Important Information Guide for details		
Audiology		\$200	2 months
Initial consultation – one per year	\$70		
Subsequent consultations	\$60		
Chiropractic		\$400 limit per person \$1000 limit capped per single parent/ family membership	2 months
Initial consultation – one per year	\$50		
Subsequent consultations	\$40		
X-rays – one per year	\$70		
Dental² – Must be provided by registered dentists or dental prosthetists in private practice			2 months
Preventive dental eg. examinations, x-rays, scale/cleaning	Set dental benefits depend on item number ⁴	No limits apply	
General dental ³			
Major dental^{2,3}		\$2000 overall	12 months
Dentures		\$600	
Crowns and bridges		\$650	
Inlays, onlays, facings		\$450	
Dental implants	Set dental benefits depend on item number ⁴	\$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	
Dietetics		\$300	2 months
Initial consultation – one per year	\$30		
Subsequent consultations	\$20		

Service	Benefit up to	Annual limit	Waiting periods
Health and Wellness (refer to page 19)		\$240	2 months
Hearing aids (replacement every 3 years from date of previous supply)	\$600 per ear	\$1200	12 months
Home nursing and lactation nurse Treatment by a registered nurse when ordered by a medical practitioner for a specific illness		\$500	2 months
Home nurse	\$50 daily		
Lactation nurse	\$50 daily		
Mechanical/health appliances Must be ordered by a medical practitioner (the written order must be provided to TUH)	85% of cost	\$600 overall	12 months
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 ⁵ – 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 For non implanted TUH approved prosthetic appliances when ordered by a medical practitioner	85% of cost	\$500	
Midwife services (outpatient not covered by Medicare). Antenatal consultation must be with a registered midwife in private practice. For delivery, refer to hospital cover.	\$50	\$600	6 months
Occupational therapy		\$300	2 months
Initial consultation – one per year	\$50		
Subsequent consultations	\$35		
Group consultations	\$17.50		
Paediatric assessment – one per year	\$60		
Optical	Set benefits apply	\$250	6 months
Frames only	\$115		
Single vision lenses ⁶	\$135		
Bi-focal lenses ⁶	\$135		
Tri-focal lenses ⁶			
Graduated/progressive lenses			
Complete glasses ⁶	\$250		
Contact lenses – hard/soft toric	\$140		
Contact lenses – hard/soft spherical	\$100		
Repairs to frames	\$60		
Disposable contact lenses (single/pair)	\$31/\$62		

Service	Benefit up to	Annual limit	Waiting periods
Orthoptics – eye therapy		\$200	2 months
Initial consultation – one per year	\$32		
Subsequent consultations	\$25		
Pharmaceutical – For prescriptions minus the current PBS co-payment. Benefit excludes medicines or medication which are: <ul style="list-style-type: none"> • Prescriptions less than PBS co-payment • Available without a medical practitioner's prescription • Not approved by the Therapeutic Goods Administration • Prescribed for contraceptive purposes 	\$70	\$500	2 months
Physiotherapy		\$700	2 months
Initial consultation – one per year	\$60		
Subsequent consultations	\$50		
Exercise physiology	\$30		
Group physiotherapy ⁷ /exercise physiology ⁷ (includes Pilates/hydrotherapy)	\$20	\$250	
Paediatric assessment – one per year	\$80		
Antenatal/postnatal	\$17		
Podiatry		\$300	
Initial consultation – one per year	\$40		2 months
Subsequent consultations	\$35		2 months
Podiatric surgery (outpatient) ⁸	85% of cost		2 months
Orthotics ⁹ – custom made and orthopaedic shoes	80% of cost		12 months
Orthotics ⁹ – customised/moulded	85% of cost	\$200	12 months
Orthotics repair	85% of cost	\$100	2 months
Psychology/hypnotherapy¹⁰		\$400	2 months
Initial consultation – one per year	\$75		
Subsequent consultations	\$63		
Psychometric assessment – one per year	\$116		
Group consultations (psychology only)	\$35		
Remote travel and accommodation¹¹		\$100	2 months
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		

Service	Benefit up to	Annual limit	Waiting periods
> 900 kilometres	\$100		
Speech therapy		\$400	2 months
Initial consultation – one per year	\$100		
Subsequent consultations	\$50		
Paediatric assessment – one per year	\$150		
Family/group consultations	\$40		
School accident cover – 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		\$400 overall combined limit per person \$800 overall combined limit capped per single parent/family membership	2 months
Travel ¹¹ – 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	

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	
Ambulance emergency transport (only if combined with hospital cover)	Refer to the Important Information Guide for details			
Dental¹		\$1000 overall		
General dental - Must be provided by registered dentists or dental prosthetists in private practice	60% of cost		2 months	
Preventive dental eg. examinations, x-rays, scale/cleaning				
Major dental	60% of cost		12 months	
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)				
Health and Wellness (refer to page 19)			\$150 per person	2 months
Optical		\$250	6 months	
Frames only	60% of cost			
Single vision lenses ²				
Bi-focal lenses ²				
Tri-focal lenses ²				
Graduated/progressive lenses ²				
Contact lenses - hard/soft toric				
Contact lenses - hard/soft spherical				
Repairs to frames				
Disposable contact lenses				
Physiotherapy		\$450	2 months	
Physiotherapy	60% of cost			
Exercise physiology				
Group physiotherapy ³ /exercise physiology ³ (includes Pilates/hydrotherapy)				
Paediatric assessment - one per year				
Antenatal/postnatal				

Service	Benefit up to	Annual limit	Waiting periods
Other therapies		\$500 overall	2 months
Acupuncture	60% of cost		
Consultations			
Chiropractic			
Consultations			
X-rays – one per year			
Natural therapies⁴ – aromatherapy, Bowen therapy, homeopathy, massage therapy, myotherapy, naturopathy			
Consultations			
Osteopathy			
Consultations			
X-rays – one per year			
Podiatry⁵ (no benefit for orthotics)			
Consultations			
Psychology/hypnotherapy⁶			
Consultations			
Psychometric assessment - one per year			
Group consultations (psychology only)			

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
Ambulance emergency transport (only if combined with hospital cover)	Refer to the Important Information Guide for details		
Alternative therapies		\$400 overall	
Acupuncture		\$350	2 months
Initial consultation - one per year	\$32		
Subsequent consultations	\$27		
Osteopathy		\$300	2 months
Initial consultation - one per year	\$31		
Subsequent consultations	\$26		
X-ray - one per year	\$50		
Natural therapies¹ - aromatherapy, Bowen therapy, homeopathy, myotherapy, naturopathy	\$30	\$350 combined limit per person \$700 combined limit per single parent/couple/family membership²	2 months
Massage therapy¹	\$32		
Chiropractic		\$300	2 months
Initial consultation - one per year	\$32		
Subsequent consultations	\$26		
X-rays - one per year	\$50		
Dental² - Must be provided by registered dentists or dental prosthetists in private practice		\$600	2 months
Preventive dental, eg. examinations, x-rays, scale/cleaning	Set dental benefits depend on item number ⁴		
General dental ³			
Major dental^{2,3}		\$1000 overall	12 months
Dentures	Set dental benefits depend on item number ⁴	\$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	
Health and Wellness (refer to page 19)		\$200	2 months

Service	Benefit up to	Annual limit	Waiting periods
Optical	Set benefits apply	\$200	6 months
Frames only	\$81		
Single vision lenses ⁵	\$106		
Bi-focal lenses ⁵	\$105		
Tri-focal lenses ⁵	\$90		
Graduated/progressive lenses ⁵	\$120		
Complete glasses ⁵	\$200		
Contact lenses - hard/soft toric	\$145		
Contact lenses - hard/soft spherical	\$105		
Repairs to frames	\$50		
Disposable contact lenses (single/pair)	\$24/\$47		
Other therapies		\$350 overall	
Dietetics		\$150	2 months
Initial consultation - one per year	\$31		
Subsequent consultations	\$17		
Occupational therapy		\$150	2 months
Initial consultation - one per year	\$35		
Subsequent consultations	\$27		
Group consultations	\$17.50		
Podiatry - consultations only⁶		\$250	2 months
Initial consultation - one per year	\$34		
Subsequent consultations	\$28		
Psychology/hypnotherapy⁷		\$250	2 months
Initial consultation - one per year	\$70		
Subsequent consultations	\$55		
Group consultation (psychology only)	\$30		
Speech therapy		\$150	2 months
Initial consultation - one per year	\$50		
Subsequent consultations	\$25		
Family/group consultation	\$12		

Service	Benefit up to	Annual limit	Waiting periods
Pharmaceutical – For prescriptions minus the current PBS co-payment. Benefit excludes medicines or medication which are: <ul style="list-style-type: none"> • Prescriptions less than PBS co-payment • Available without a medical practitioner’s prescription • Not approved by the Therapeutic Goods Administration • Prescribed for contraceptive purposes 	\$50	\$400	2 months
Physiotherapy		\$600 overall	2 months
Initial consultation – one per year	\$40		
Subsequent consultations	\$35		
Exercise physiology	\$25	\$100	
Group physiotherapy ⁸ /exercise physiology ⁸ (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
Ambulance emergency transport (only if combined with hospital cover)	Refer to the Important Information Guide for details		
Dental ¹ - Must be provided by registered dentists or dental prosthetists in private practice. Set dental benefits depend on item number ²		\$400 overall	2 months
General dental - NO COVER FOR SURGICAL EXTRACTION OF TEETH AND MAJOR DENTAL			
Optical	Set benefits apply	\$160 overall	2 months
Frames only	\$70		
Single vision lenses ³	\$90		
Bi-focal lenses ³	\$90		
Tri-focal lenses ³	\$100		
Graduated/progressive lenses ³	\$122		
Complete glasses ³	\$160		
Contact lenses - hard/soft toric	\$160		
Contact lenses - hard/soft spherical	\$125		
Repairs to frames	\$60		
Disposable contact lenses (single/pair)	\$21/\$42		
Therapies		\$400 overall	2 months
Chiropractic		\$200	2 months
Initial consultation - one per year	\$30		
Subsequent consultations	\$23		
X-rays - one per year	\$63		
Homeopathy ⁴	\$28	\$200	2 months
Massage therapy ⁴	\$30		2 months
Naturopathy ⁴	\$28		2 months
Osteopathy			2 months
Initial consultation - one per year	\$37		
Subsequent consultations	\$33		
X-ray - one per year	\$63		
Physiotherapy		\$200	2 months
Initial consultation - one per year	\$33		
Subsequent consultations	\$27		
Exercise physiology ⁵ (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 ⁵ /exercise physiology ⁵ (includes Pilates/hydrotherapy) (sub limit of \$150 within physiotherapy limit)	\$17		
<p>Pharmaceutical – For prescriptions minus the current PBS co-payment. Benefit excludes medicines or medication which are:</p> <ul style="list-style-type: none"> • Prescriptions less than PBS co-payment • Available without a medical practitioner's prescription • Not approved by the Therapeutic Goods Administration • Prescribed for contraceptive purposes 	\$50	\$250 (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 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 \$540 single parent/couple/family membership	\$240 single membership \$480 single parent/couple/family membership	\$150 single membership \$300 single parent/couple/family membership	\$200 single membership \$400 single parent/couple/family membership
Health screenings 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
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 \$140 per person	Sub limit \$120 per person	60% of cost	Sub limit \$110 per person
Weight loss and fitness³ 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
Other Childbirth education classes (one per membership) ⁴	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 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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For more information about:

- Products and services
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- Fund Rules

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