

Gold Ultimate Choice



Effective 1 April 2019

Please read this product guide in conjunction with information on our website and the Important Information Guide.

| Gold Ultimate Choice | |
|--|-----|
| Excess | \$0 |
| Rehabilitation | ✓ |
| Hospital psychiatric services | ✓ |
| Palliative care | ✓ |
| Brain and nervous system | ✓ |
| Eye (not cataracts) | ✓ |
| Ear, nose and throat | ✓ |
| Tonsils, adenoids and grommets | ✓ |
| Bone, joint and muscle | ✓ |
| Joint reconstructions | ✓ |
| Kidney and bladder | ✓ |
| Male reproductive system | ✓ |
| Digestive system | ✓ |
| Hernia and appendix | ✓ |
| Gastrointestinal endoscopy | ✓ |
| Gynaecology | ✓ |
| Miscarriage and termination of pregnancy | ✓ |
| Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ |
| Pain management | ✓ |
| Skin | ✓ |
| Breast surgery (medically necessary) | ✓ |
| Diabetes management (excluding insulin pumps) | ✓ |
| Heart and vascular system | ✓ |
| Lung and chest | ✓ |
| Blood | ✓ |
| Back, neck and spine | ✓ |
| Plastic and reconstructive surgery (medically necessary) | ✓ |
| Dental surgery | ✓ |
| Podiatric surgery (provided by a registered podiatric surgeon) | ✓ |
| Implantation of hearing devices | ✓ |
| Cataracts | ✓ |
| Joint replacements | ✓ |
| Dialysis for chronic kidney failure | ✓ |
| Pregnancy and birth | ✓ |
| Assisted reproductive services | ✓ |
| Weight loss surgery | ✓ |
| Insulin pumps | ✓ |
| Pain management with device | ✓ |
| Sleep studies | ✓ |

Hospital cover

This table shows whether your policy provides cover for each treatment category. Hospital cover pays benefits towards accommodation, intensive care, theatre fees and medical charges incurred as an admitted private patient where a Medicare benefit is payable. Out-of-pocket costs may arise for some procedures such as robotic surgery, high-cost pharmacy or consumable items, or the fees charged by medical professionals. We generally pay a higher accommodation benefit at TUH-contracted hospitals. At non-contracted hospitals, we only pay the minimum accommodation benefits as determined by the government, so you may incur larger out-of-pocket costs. We may also pay benefits for alternatives to hospital treatment, as listed on our website under “home care programs”.

Hospital waiting periods

If you have transferred from another fund on a comparable level of cover and have served waiting periods, you can claim straight away. Waiting periods apply if you are new to private health, have not had cover for more than 60 days or have upgraded or increased your cover.

Immediate cover: Accidents and hospital psychiatric services where the Lifetime Mental Health Waiver is exercised

2 months: Rehabilitation, palliative care, hospital psychiatric services, and all other services (unless specified)

12 months: Pregnancy and birth and pre-existing conditions

Extras cover

Limits are per person, per calendar year, unless otherwise stated. Replacement and other assessment rules can apply to some services. Benefits are only payable up to the annual limit.

| Services | Waiting periods (months) | Benefit | Annual limit |
|--|--------------------------|---|--|
| Dental | | | |
| General | 2 | | |
| Preventive dental | | Set dental benefits depend on item number | No limits apply |
| General dental | | | No limits apply |
| Major | 12 | | \$3,800+ overall |
| Crowns and bridges | | Set dental benefits depend on item number | \$800+ |
| Dentures | | | \$750+ |
| Endodontia | | | \$500+ |
| Periodontia | | | \$500+ |
| Dental implants | | | \$500+ |
| Inlays, onlays, facings | | | \$500+ |
| Anti-snore device | | | \$300 |
| Orthodontia | 12 | 100% | \$1,000 |
| Optical | 2 | Set benefits apply | \$260+ |
| Frames only | | \$185 | |
| Complete set of glasses | | 100% | |
| Single vision lenses | | \$145 | |
| Bi-focal lenses | | \$143 | |
| Tri-focal lenses | | \$125 | |
| Graduated/progressive lenses | | \$155 | |
| Repairs to frames | | \$70 | |
| Contact lenses—hard/soft toric | | \$175 | |
| Contact lenses—hard/soft spherical | | \$135 | |
| Disposable contact lenses (single/pair) | | \$34/\$67 | |
| Refractive laser eye surgery | 24 | \$800/eye | \$1600 |
| Chiropractic | 2 | | \$450+ |
| Initial/subsequent consultations | | \$42/\$33 | |
| X-rays (one per year) | | \$63 | |
| Massage therapy and myotherapy | 2 | \$40 | \$450+/person \$900+/membership |
| Physiotherapy | 2 | | \$750+ overall |
| Initial/subsequent consultations | | \$55/\$47 | |
| Exercise physiology | | \$35 | \$250 |
| Hydrotherapy consultations | | \$25 | |
| Group physiotherapy/exercise physiology/hydrotherapy | | \$25 | \$300 |
| Paediatric assessment (one per year) | | \$63 | |
| Antenatal/postnatal physiotherapy | 2 | \$17 | \$140+ |
| Psychology/hypnotherapy | 2 | | \$450+ |
| Initial/subsequent consultations | | \$90/\$82 | |
| Psychometric assessment (one per year) | | \$116 | |
| Group consultations (psychology only) | | \$42 | |
| Ambulance emergency transport | 1 day | Refer to the Important Information Guide | |

Dental items are as defined by the Australian Dental Association (ADA) schedule and at TUH's discretion. Contact TUH when you have obtained an itemised treatment plan from your dentist for information on actual benefits payable.

The surgical removal of teeth (including wisdom teeth) is included in general dental.

Replacement every 3 years from date of previous supply.

The lifetime limit for orthodontia with Ultimate Choice is \$2,800. See the Important Information Guide for more details.

No benefit for additional lens treatments (eg. tinting/hardcoating/transitional).

Per person/membership

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

Initial consultation

Limit of one per year.

Provider must be registered with the Australian Regional Health Group.

Must be provided as part of a treatment plan.

No benefit paid for counsellors.

Limits increase

The plus icon indicates where limits increase with years of membership. See page 4 for details.



| Services (cont.) | Waiting periods (months) | Benefit | Annual limit |
|---|---------------------------------|----------------|---|
| Mechanical/health devices | 12 | | \$690+ overall |
| Blood glucose/blood pressure monitors/nebuliser | | 85% | \$550+ |
| Mechanical health appliances | | 85% | \$200 |
| Health aids | | 85% | \$120 |
| CPAP/APAP/BiPAP machine | | 85% | \$690+ |
| CPAP mask, tubing, chin strap and repairs | | 85% | \$100 |
| Podiatry | 2 | | \$450+ |
| Initial/subsequent consultations | | \$42/\$37 | |
| Podiatric surgery (outpatient) | | 85% | |
| Osteopathy | 2 | | \$400+ |
| Initial/subsequent consultations | | \$47/\$40 | |
| X-rays (one per year) | | \$63 | |
| Orthotics | 12 | | \$450+ overall |
| Orthopaedic shoes (custom-made) | | 85% | |
| Orthotics (customised/moulded) | | 85% | \$360 |
| Orthotics (custom-made) | | 85% | |
| Orthotics repair | 2 | 85% | \$100 |
| Speech therapy | 2 | | \$450+ |
| Initial/subsequent consultations | | \$70/\$40 | |
| Paediatric assessment (one per year) | | \$100 | |
| Family/group consultations | | \$21 | |
| Occupational therapy | 2 | | \$450+ |
| Initial/subsequent consultations | | \$57/\$43 | |
| Group consultations | | \$28.50 | |
| Paediatric assessment (one per year) | | \$71 | |
| Remote travel and accommodation | 2 | | \$110 |
| Accommodation | | \$55/night | |
| Return travel over 300 kilometres | | Up to \$110 | |
| School accident cover | 2 | | \$800/person \$1600/membership |
| Return travel | | Up to \$110 | \$110 |
| Physiotherapy | | 85% | \$70 |
| Parking expenses | | 100% | \$100 |
| Home nursing and lactation nurse | 2 | | \$600+ |
| Home nursing | | \$80/day | |
| Lactation nurse | | \$30/day | |
| Other | | | |
| Active Health Bonus | 6 | 100% | \$125/single \$250/family |
| Acupuncture (initial/subsequent) | 2 | \$42/\$37 | \$450+ |
| Audiology (initial/subsequent) | 2 | \$72/\$65 | \$200+ |
| Dietetics (initial/subsequent) | 2 | \$51/\$34 | \$450+ |
| Hearing aids | 12 | \$1,100/ear | \$2,200 |
| Health management (see next page) | 2 | 80% | \$300/single \$600/family |
| Midwife services | 6 | \$60 | \$600 |
| Orthoptics (initial/subsequent) | 2 | \$32/\$25 | \$450+ |
| Prostheses (custom-made) | 12 | 85% | \$1,500+ |
| Pharmaceuticals (approved only) | 2 | \$60 | \$600+ |

Must be ordered by a medical practitioner and the written order must be provided to TUH.

Must be custom-made or customised and prescribed and fitted by a qualified medical professional.

Replacement every 3 years from date of previous supply.

Servicing of machine or replacement of spare parts are not claimable.

HICAPS item numbers 429-475 and 541-562 payable when performed in rooms.

Made or prescribed by a podiatrist, orthopaedic surgeon, occupational therapist, physiotherapist or chiropractor. Limit 2 per person per visit.

Made or prescribed by a podiatrist or orthopaedic surgeon. Limit 2 per person per visit.

Benefits are payable towards the cost of travel and/or accommodation for the provision of hospital, medical and extras that cannot be obtained within 300 kilometres return travel directly from the home address. Refer to the Important Information Guide for more details.

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.

Provided by a registered nurse for a specific condition when ordered by a medical practitioner.

Participation in online Health-e-Profile required.

Replacement every 3 years from date of previous supply.

Antenatal consultation must be with a registered midwife in private practice.

One per year. For non-implanted, TUH-approved prosthetic appliances when ordered by a medical practitioner.

Increasing annual limits

Limits are per person, per calendar year, unless otherwise stated.

| Services | Limits | | | |
|---|---------------------|----------------|----------------|----------------|
| | Years of membership | 1-2 | 3-4 | 5-6 |
| Major Dental | \$3,800 | \$4,150 | \$4,500 | \$5,350 |
| Crowns and bridges | \$800 | \$850 | \$950 | \$1050 |
| Dentures | \$750 | \$825 | \$900 | \$1050 |
| Endodontia | \$500 | \$550 | \$600 | \$700 |
| Periodontia | \$500 | \$550 | \$600 | \$700 |
| Dental implants | \$500 | \$550 | \$600 | \$850 |
| Inlays, onlays, facings | \$500 | \$550 | \$600 | \$700 |
| Optical | \$260 | \$270 | \$290 | \$310 |
| Mechanical/health devices | \$690 | \$730 | \$770 | \$810 |
| Blood glucose/blood pressure monitors/nebuliser | \$550 | \$580 | \$605 | \$660 |
| CPAP/APAP/BiPAP machine | \$690 | \$730 | \$770 | \$810 |

| Services | Limits | | | |
|-----------------------------------|---------------------|-----------------|-----------------|-------------------|
| | Years of membership | 1-2 | 3-4 | 5-6 |
| Acupuncture | \$450 | \$470 | \$495 | \$540 |
| Antenatal/postnatal physiotherapy | \$140 | \$145 | \$155 | \$170 |
| Audiology | \$200 | \$210 | \$220 | \$240 |
| Chiropractic | \$450 | \$470 | \$495 | \$540 |
| Dietetics | \$450 | \$470 | \$495 | \$540 |
| Home nursing and lactation nurse | \$600 | \$630 | \$660 | \$720 |
| Massage therapy and myotherapy | \$450/ \$900 | \$470/ \$940 | \$495/ \$990 | \$540/ \$1,080 |
| Occupational therapy | \$450 | \$470 | \$495 | \$540 |
| Orthoptics | \$450 | \$470 | \$495 | \$540 |
| Orthotics | \$450 | \$470 | \$495 | \$540 |
| Osteopathy | \$400 | \$420 | \$440 | \$480 |
| Physiotherapy | \$750 | \$790 | \$825 | \$900 |
| Psychology/hypnotherapy | \$450 | \$470 | \$495 | \$540 |
| Prostheses | \$1,500 | \$1,575 | \$1,650 | \$1,800 |
| Pharmaceuticals | \$600 | \$630 | \$660 | \$700 |
| Podiatry | \$450 | \$470 | \$495 | \$540 |
| Speech therapy | \$450 | \$470 | \$495 | \$540 |

Health management

Please contact us for details of approved programs. Due to legislation, benefits are only payable if not claimable through Medicare.

| Services | Benefit | Annual limit |
|---|---------|--------------------------------------|
| Health management | | \$300/single \$600/family |
| 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 | 80% | \$120/person |
| Health management programs Nicotine replacement products (where not covered under the PBS), illness related association memberships, health education classes, lithotripsy, medical alert bracelets/subscriptions | 80% | \$150/person |
| Healthy lifestyle programs Weight loss, exercise and health programs as recommended by your practitioner | 80% | \$160/person |
| Antenatal/postnatal classes Childbirth education class, when conducted by a doctor, hospital, or midwife (one per membership) | 80% | \$225/membership |

Per single/family cover

An individual on a single cover can only claim up to the single limit, whereas persons under a family, single parent, or couple cover can claim up to the family limit.

Highlighted items

These services are to assist people in the management of their chronic health condition. We will only pay a benefit for these items when there is a health management plan recommended or provided by your health provider.

You can apply by submitting a Health Management Program Approval form (completed by your health provider prior to commencing a program/service), along with valid receipts. Please visit our website tuh.com.au or contact us on 1300 360 701 for the form. Benefits are only payable when not claimable through another benefit category.

Extended dependant cover

Young adults who are single and not covered as student dependants can remain on their parents' policy until the age of 25, for an additional premium loading.

Visit tuh.com.au or contact us on 1300 360 701 for more information about products and services, government initiatives, our privacy policy, the complaints process, and fund rules.