

FAIRER TOGETHER

union health

438 St Pauls Terrace
Fortitude Valley
Queensland 4006

PO Box 265
Fortitude Valley
Queensland 4006

Phone: 1300 661 283

Email: enquiries@unionhealth.com.au

Visit unionhealth.com.au or contact us on 1300 661 283 for more information about

- products and services
- government initiatives
- privacy policy
- complaints process
- Private Health Insurance Code of Conduct
- fund rules.

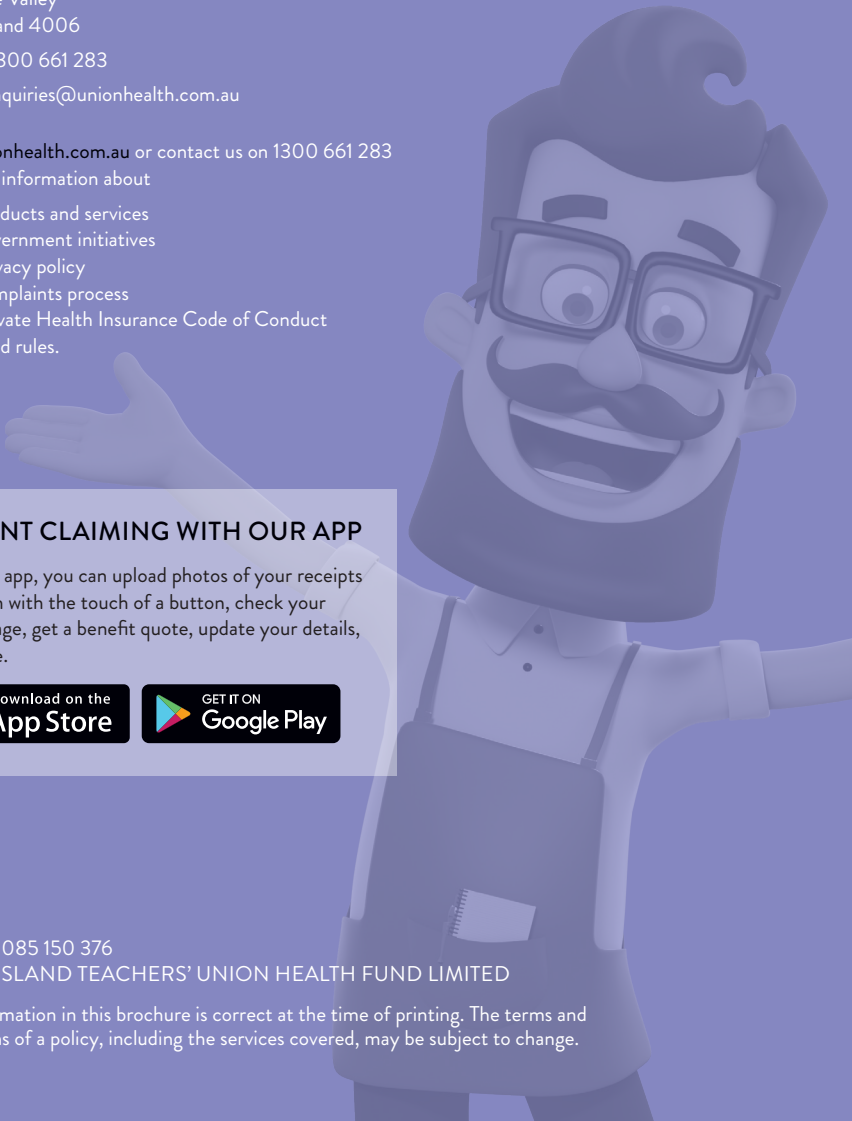
INSTANT CLAIMING WITH OUR APP

With our app, you can upload photos of your receipts and claim with the touch of a button, check your cover usage, get a benefit quote, update your details, and more.



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

The information in this brochure is correct at the time of printing. The terms and conditions of a policy, including the services covered, may be subject to change.



FAIRER TOGETHER

union health

Brought to you by TUH, the health fund members trust.

**FAIRER
TOGETHER
HEALTH
COVER**

PRODUCT SUMMARY



EFFECTIVE 1 APRIL 2020

This brochure provides a summarised comparison of all Union Health's products. Not all services, limits or eligibility criteria are listed. For full details, visit unionhealth.com.au

HOSPITAL COVER

TREATMENTS AND SERVICES

	Gold Hospital*	Silver+ Family Hospital	Silver+ No Pregnancy Hos
EXCESS	\$500	\$400/\$750	\$400/\$750
Rehabilitation	✓	✓	✓
Hospital psychiatric services	✓	R	R
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	✓	X	✓
Joint replacements	✓	✓	✓
Dialysis for chronic kidney failure	✓	✓	✓
Pregnancy and birth	✓	✓	X
Assisted reproductive services	✓	✓	X
Weight loss surgery	✓	X	X
Insulin pumps	✓	✓	✓
Pain management with device	✓	✓	✓
Sleep studies	✓	✓	✓

*Only available in conjunction with an Extras product

Hospital	Bronze+ Hospital	Basic+ Hospital
	\$500/\$750	\$500/\$750
	R	R
	R	R
	✓	R
	✓	X
	✓	X
	✓	X
	✓	✓
	✓	X
	✓	✓
	✓	X
	✓	X
	✓	X
	✓	✓
	✓	X
	✓	X
	✓	X
	✓	X
	✓	X
	✓	X
	✓	X
	✓	X
	✓	X
	✓	X
	X	X
	✓	X
	✓	X
	X	X
	✓	X
	✓	✓
	X	X
	X	X
	X	X
	X	X
	X	X
	X	X
	X	X
	X	X
	X	X
	X	X
	✓	X

EXCESS

Excess is applied per person, per calendar year. If you go to hospital in January and pay the excess, you won't need to pay excess again if you go back to hospital within the same year. The excess does not apply to any dependants.

HOSPITAL WAITING PERIODS

If you have transferred from another fund on a comparable level of cover and have served waiting periods, you will be able to claim straight away.

Waiting periods apply if you are new to private health, have not had cover for more than 60 days or on upgrades or increases to 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

RESTRICTED SERVICES

We pay the Government's default accommodation benefit toward your private hospital accommodation or the cost of shared accommodation at a public hospital. For surgically implanted prostheses, we cover the cost for no-gap items or the minimum benefit for gap-permitted items. Theatre and labour ward fees are not covered.

R

EXCLUDED SERVICES

No benefit is payable, including accommodation or medical fees.

X

This table summarises various Hospital Treatment Category conditions and/or services for which cover is provided under each Union Health hospital policy. Before booking any treatment, you should contact us to ask about the benefits you can expect to receive.

Union Health may also pay benefits as listed on our website under health support programs for alternatives to hospital treatment.

The benefit we pay is generally higher if you are treated at a Union Health-contracted hospital. At non-contracted hospitals, we only pay the default benefits as determined by the government, so you may incur larger out-of-pocket expenses.

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.

Not available on: Gold Hospital, Basic+ Hospital and Bronze+ Young Choice.

EXTRAS COVER ANNUAL LIMITS		WAITING PERIODS (MONTHS)	COMPREHENSIVE EXTRAS	FAMILY EXTRAS	EVERYDAY EXTRAS	HEALTH CARE
Dental						\$
General	2					
Preventive dental		No limits apply	No limits apply	No limits apply	No limits apply	
General dental						
Major	12	\$3,400+ overall	\$2,000 overall	\$2,000 overall		
Crowns and bridges		\$750+	\$650	\$650		
Dental implants		\$500+	\$450	\$450		
Dentures		\$650+	\$600	\$600		
Endodontia		\$400+	\$450	\$450		
Periodontia		\$400+	\$450	\$450		
Inlays, onlays, facings		\$400+	\$450	\$450		
Orthodontia		\$1,000 (\$2,800 lifetime limit)	\$850 (\$2,550 lifetime limit)	\$700 (\$2,100 lifetime limit)		(\$2,
Optical	2 or 6	\$250+	\$250	\$250		
Therapies		2				
Physiotherapy		\$700+	\$700	\$700		
Acupuncture		\$400+	\$600 overall	x		
			\$600			
Massage and myotherapy		\$400+/person \$800+/membership	\$400	\$400		
Osteopathy		\$400+	\$600	x		
Chiropractic		\$400+	\$400/person \$1,000/membership	x		
Psychology/hypnotherapy		\$400+	\$400	\$400		
Podiatry		\$400+	\$300	x		
Orthotics	12	\$300+		x		
Dietetics		\$400+	\$300	x		
Speech therapy		\$400+	\$400	x		
Occupational therapy		\$400+	\$300	x		
Other						
Health management	2	\$270/person \$540/membership	\$240/person \$480/membership	x		\$3
Pharmaceuticals	2	\$550+	\$500	x		
Mechanical/health appliances	12	\$620+	\$600	x		
Hearing aids	12	\$1,000/ear	\$600/ear	x		

HEALTHY OPTIONS 50% EXTRAS	MID RANGE EXTRAS	BASIC EXTRAS
\$1,000 overall		
	\$600	\$400
	\$1,000 overall	
	\$580+	×
		×
	\$550+	×
	\$300	×
	×	×
	×	×
\$700 (100 lifetime limit)	\$550 (\$1,650 lifetime limit)	×
\$250	\$220	\$160
		\$400 overall
\$450	\$600	\$200
	\$400 overall	
	\$350	×
	\$350/person \$700/membership \$300	\$200
\$500	\$300	\$200
	\$350 overall	
	\$250	\$250
	\$250	×
×	×	×
×	\$150	×
×	\$150	×
×	\$150	×
\$150/person \$0/membership	\$200/person \$400/membership	×
×	\$400	\$250
×	×	×
×	×	×

This table summarises most services for which cover is provided under each Union Health extras policy. Depending on your level of cover, we may also cover

- midwife services
- laser eye surgery
- audiology
- prosthesis
- remote travel and accommodation
- other therapies.

For more information of other products and services that are covered, please refer to the individual product guides.

Sublimits may apply.

WHAT TO LOOK FOR

ORTHODONTIA

With the exception of Comprehensive Extras, the yearly limit comes out of your major dental's annual limit. Lifetime limits apply to orthodontia on all covers.

OPTICAL WAITING PERIOD

Depending on your level of cover, your waiting period for optical may be 2 or 6 months. Please check the individual product guides for more information.

PER PERSON/MEMBERSHIP

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

KEY



EXCLUDED SERVICES (X)

Your cover does not include items or services that fall under these categories.



LIMITS INCREASE (+)

Limits increase with years of membership. See individual product guides for details.