

**TEACHERS
HEALTH** 

We're for teachers



Jessica,
Teachers Health
member

BASIC HOSPITAL

PRODUCT SHEET

BASIC PLUS

Effective 1 October 2023

BASIC HOSPITAL

BASIC PLUS

With Basic Hospital (Basic Plus) cover, you can get treated by your choice of doctor in a public hospital (with a few services covered in a private hospital). This cover has a \$300 excess.

SCOPE OF COVER

The categories listed under 'Hospital Services' provide a general overview of what's included in your cover. It's important to know exactly what you're covered for, so we've provided detailed information on our website. To find out more go to teachershealth.com.au/basic-hospital-basic-plus.

WHAT'S INCLUDED

HOSPITAL

Private hospital (agreement hospital and same day surgeries – for services indicated as covered in a private hospital)

Choice of agreement hospital	Provides cover for four key services in a private hospital – see 'Hospital Services'
Shared room or private room (where available)	
Theatre fees, intensive care fees	
Labour ward fees	

Public hospital (for services indicated as covered or restricted)

Shared room	✓
Private room (where available)	✗
Theatre fees, intensive care fees	n/a (fees are included in accommodation charges)
Labour ward fees	

MEDICAL SERVICES

Choice of doctor	✓
Access Gap Cover	✓
Government approved surgically implanted prostheses (some prostheses may have out-of-pocket expenses)	✓

OTHER

Emergency ambulance transport	✓
Non-emergency ambulance transport	\$3,000 per person/calendar year

HOSPITAL SERVICES

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

IMPORTANT THINGS TO KNOW

MEDICAL COSTS AND THE 'GAP'

Medicare sets a fee for all services called the Medicare Benefits Schedule (MBS). Together with Medicare, we'll cover you for the MBS fee. When doctors charge above the MBS fee, that's when you'll have out-of-pocket costs or a 'gap'. Always check with your doctor to see if there'll be any additional charges before you receive treatment.

ACCESS GAP COVER

Access Gap is a billing scheme that can help you minimise, or avoid, out-of-pocket costs for in-hospital (inpatient) specialist treatment.

To find out more or check which specialists have treated other patients under Access Gap cover, visit teachershealth.com.au/agc

WAITING PERIODS

Waiting periods may apply if you're new to private health insurance, or if you upgrade to a higher level of cover (with us or when you switch from another fund).

If you leave another health fund, you need to join us within 60 days to avoid re-serving any applicable waiting periods.

You don't have to wait if you switch from another fund to the same or lower cover with us, and you've already served your waiting periods.

HOSPITAL WAITING PERIODS

Pre-existing conditions	12 months
Pregnancy and birth	9 months
Hospital psychiatric services, Rehabilitation, Palliative care	2 months
All other hospital services	2 months
Ambulance transport	1 day

EXCESS

Excess amounts are paid once per person, per year (if you use your Hospital cover in that time).

PRE-EXISTING CONDITIONS

A pre-existing condition is an illness, ailment or condition where the signs or symptoms existed at any time during the six months before you got your Hospital cover (or upgraded to a higher level of cover).

Where relevant, we appoint a medical practitioner to determine whether you have a pre-existing

condition, based on information provided from your treating doctor or specialist.

RESTRICTED SERVICES

In a public hospital:

- We pay – accommodation (up to the government fee for a shared room).
- You pay – any excess on your cover and the balance of your accommodation costs.

In a private hospital:

- We pay – accommodation (up to the government fee for a shared room).
- You pay – any excess on your cover, the balance of your accommodation costs, and any other costs involved in your hospital stay.

WHAT WE WON'T PAY

Things you *can't* claim for include:

- services not recognised by Medicare (e.g. cosmetic surgery or laser eye surgery)
- medical procedures in a doctor's room
- specialist appointments (including scans, blood tests)
- prostheses in excess of approved benefits in the Government's Protheses List
- non-medical items such as TV hire, parking, etc.
- discharge medication
- services received during any period which your membership is unfinancial or suspended
- services not included in your cover or for which you are serving waiting periods
- hospital treatment received overseas
- services where benefits are payable from a third party (i.e. compensation).

BEFORE GOING TO HOSPITAL

Before going to hospital, call us so we can confirm what you're covered for, and any potential out-of-pocket charges for your procedure.

AGREEMENT HOSPITALS

An agreement hospital is a private hospital that we have a contract with. Check your specialist can treat you at an agreement hospital, as this can help minimise out-of-pocket costs.

Find out more about agreement hospitals at teachershealth.com.au/hospitals

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1300 728 188

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This Product Sheet contains important information about your private health insurance with Teachers Health. Please read it carefully in conjunction with the Membership Guide and retain for future reference.

The information contained within this brochure is current at the time of printing. Membership of Teachers Health is available to current and prior education union members and their families. Fund policyholders and those covered under a policy are subject to the rules and conditions of Teachers Health as well as applicable government legislation and laws. This brochure contains a summary of the main rules and conditions. Premiums and benefits are subject to change. Fund policyholders are encouraged to review the Teachers Health Privacy Policy, available at teachershealth.com.au/privacy. Teachers Health is a signatory to the Private Health Insurance Code of Conduct.

Teachers Federation Health Ltd ABN 86 097 030 414 trading as Teachers Health. A Registered Private Health Insurer.

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**TEACHERS
HEALTH** 

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Nancy,
Teachers Health member

ESSENTIAL EXTRAS

PRODUCT SHEET

Effective 1 October 2023

ESSENTIAL EXTRAS

Essential Extras covers things Teachers Health members use the most, like dental, optical and physio, plus a range of other services, including psychology and podiatry. To find out more go to teachershealth.com.au/essential-extras

	BENEFIT (UP TO)	YEARLY LIMIT	WAITING PERIOD
DENTAL			
GENERAL DENTAL			
Periodic oral examination (012) – limit of 2 services per person/year	\$40	\$500 per person	2 months
Removal of calculus (114) – limit of 2 services per person/year	\$70		
Topical application of remineralising agent (121) – limit of 2 services per person/year	\$25		
Removal of tooth (311)	\$90		
Filling: adhesive restoration – 3 surfaces (533)	\$115		
MAJOR DENTAL			
Orthodontia (lifetime limit of \$2,500 per person)	\$300	\$300 per person	12 months
Surgical removal of a tooth requiring bone removal (324)	\$240		
Inlays/Onlays – tooth coloured – 1 surface (551)	\$273		
Inlays/Onlays – tooth coloured – 2 surfaces (552)	\$300		
Crown – veneered (615)	\$300		
Bridge pontic – direct (642)	\$300		
Dentures – upper and lower (719)	\$300		
OPTICAL			
Frames	\$100	\$200 per person	6 months
Single vision lenses – pair	\$100		
Bifocal lenses – pair	\$100		
Multifocal lenses – pair	\$100		
Contact lenses – pair	\$165		

	BENEFIT (UP TO)	YEARLY LIMIT	WAITING PERIOD
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THERAPIES

Chiro and Osteo – 1-6 visits	\$40	\$250 per person (sub-limits apply)	2 months
Chiro and Osteo – 7+ visits	\$32		
Chiro and Osteo – Group therapy	\$20		
Physio/Exercise Physiology – 1-6 visits	\$40	\$300 per person (sub-limits apply)	
Physio/Exercise Physiology – 7+ visits	\$32		
Physio/Exercise Physiology – Group therapy/class therapy	\$20		
Podiatry – 1-6 visits	\$40	\$300 per person	
Podiatry – 7+ visits	\$32		
Psychology – Assessment	\$100	\$350 per person (sub-limits apply)	
Psychology – Initial consultation	\$72		
Psychology – Subsequent consultations	\$72		
Remedial massage, Acupuncture, Chinese herbal medicine consultations, Myotherapy.	\$34	\$400 per person	

HEALTHY LIFESTYLE

Health-related programs to address a specific health or medical condition. You're required to submit a Healthy Lifestyle Program form every 2 years, download a copy from teachershealth.com.au

Including weight management, gym membership and more. Visit teachershealth.com.au for a full list of programs.	100%	\$150 per person	6 months
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PHARMACEUTICAL

Benefits towards non-PBS prescription medication, that's approved by the Therapeutic Goods Association (TGA), to treat a medical condition. Benefits are not payable for contraceptives prescribed without a medical condition. A \$280 sub-limit applies for erectile dysfunction medication.

Pharmaceuticals (non-PBS requiring prescription by law)	\$60	\$300 per person (sub-limits apply)	2 months
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EMERGENCY AMBULANCE TRANSPORT

Emergency ambulance transport	100%	\$6,000 per person	1 day
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IMPORTANT THINGS TO KNOW

WAITING PERIODS

To keep health insurance fair for everyone, you may need to wait for a while before you can claim on your Extras cover – this is a ‘waiting period’.

Waiting periods may apply if you’re **new to private health insurance**, or if you **upgrade to a higher level of cover** (with us or when you switch from another fund).

If you leave another health fund, you need to join us within 60 days to avoid re-serving any applicable waiting periods.

You don’t have to wait if you switch from another fund to the same or lower cover with us, and you’ve already served your waiting periods.

EXTRAS WAITING PERIODS

Major dental, Orthodontia	12 months
Optical, Healthy Lifestyle	6 months
All other services	2 months
Ambulance transport	1 day

BENEFITS AND LIMITS

- All person and family limits are based on a calendar year from 1 January (unless stated otherwise).
- Benefits are limited to one service per person, per provider, per day.

WHAT WE WON’T PAY FOR

We won’t pay for things like:

- two services from the same provider on the same day
- services provided by immediate family
- claims more than two years old
- claims where no charge has been raised, such as gift vouchers for massages
- services where benefits are payable from a third party (i.e. compensation)
- services received during any period which your membership is unfinancial or suspended
- services not included in your cover, or for which you are serving waiting periods
- services from an unrecognised provider
- claims without official receipts
- services or goods received overseas.

Please be aware you *can* claim for face-to-face dental consultations only. You *can’t* claim for home (DIY) dentistry – **this includes teeth whitening kits, orthodontic aligners and occlusal splints. If unsure, you can contact us to find out whether a benefit is payable, we’re here to help.**

This is not an exhaustive list and additional exclusions may apply based on the Fund Rules.

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