

**Fund Name:** Teachers Federation Health Ltd trading as:

**Teachers Health**



We're for teachers

**UniHealth Insurance**



We're for the educators

**Nurses & Midwives Health**



Caring for the carers.

**Address:** Level 4, 260 Elizabeth Street  
SYDNEY NSW 2000

**Postal Address:** GPO Box 9812  
SYDNEY NSW 2001

**Telephone:** 1300 728 188

**Facsimile:** 1300 728 388

**Email:** [info@teachershealth.com.au](mailto:info@teachershealth.com.au)

**Website:** <https://www.teachershealth.com.au>

**Chief Executive Officer:** Brad Joyce

**Profit Status:** Not for profit

**Previous/Other Names:** NSW Teachers Federation Health Society

**Hospital Claims enquiries:** <https://providercomms.teachershealth.com.au>

This link should be used for ALL hospital claim enquiries to ensure information is submitted securely for our members. Please fill out the required fields, selecting 'Hospital' under 'Provider type' followed by the applicable 'Submission type'

**Access Gap Cover Participant:** Yes

**HCP Code:** NTF

**ECLIPSE enabled:** Yes

**ECLIPSE Code:** TFH

**ECLIPSE Certificate Requirements:**

Type B	Type C	3B	Accident	Rehab	Psych	ICU	CCU	SNU
N	N	N	M	Y	Y	Y	Y	M

N	N = retain in Medical records and submit via CERT segment (Fund may request paper on case by case basis)
Y	Y = Submit via ECLIPSE and send paper certificate
Blank	Blank = No CERT segment required
M	M = Claims submitted manually not via ECLIPSE

**Patient Eligibility Checks:**

Patient eligibility and membership level of cover should be confirmed prior to patient admission. **Teachers Health, UniHealth & Nurses & Midwives Health are ECLIPSE enabled.** All eligibility checks should be conducted through ECLIPSE using identification code TFH.

Where a hospital is not ECLIPSE enabled, eligibility and member level of cover can be confirmed at <https://echeck.hambs.com.au>

**Hospital Waiting Periods:**

Pre-existing conditions	12 months
Pregnancy & birth related services	9 months
Psychiatric/Rehabilitation/Palliative Care	2 months
All other hospital services	2 months
Emergency ambulance transport	1 day
Non-emergency ambulance transport	1 day

**Excess:**

All excess amounts, where applicable, are paid once per person per calendar year, to a maximum of twice per membership for Couple, Family, Extended Family, Single Parent and Single Parent Extended Family memberships.

Hospital covers				
Top Hospital(Gold)	Mid Classic(Silver Plus)	Mid Hospital(Basic Plus)	Basic Hospital (Basic Plus)	StarterPak (Basic Plus)
\$0, \$300, \$500	\$300, \$500	\$300, \$500	\$300	\$0
Excess does not apply	Excess does not apply	Excess does not apply		

**Services in private hospitals:**

Y= Covered

R= Restricted: Minimum Default Benefits are payable

X= Excluded: No benefits are payable

	Hospital covers				
	Top Hospital (Gold)	Mid Classic (Silver +)	Mid Hospital (Basic +)	Basic Hospital (Basic +)	StarterPak (Basic +)
Rehabilitation	Y	Y	R	R	R #
Hospital psychiatric services	Y	R	R	R	R #
Palliative care	Y	Y	R	R	R #
Brain & nervous system	Y	Y	Y	R	R #
Eye (not cataracts)	Y	Y	Y	R	R #
Ear, nose & throat	Y	Y	Y	R	R #
Tonsils, adenoids & grommets	Y	Y	Y	Y	Y
Bone, joint & muscle	Y	Y	Y	R	R #
Joint reconstructions	Y	Y	Y	Y	Y
Kidney & bladder	Y	Y	Y	R	R #
Male reproductive system	Y	Y	Y	R	R #
Digestive system	Y	Y	Y	R	R #
Hernia & appendix	Y	Y	Y	Y	Y
Gastrointestinal endoscopy	Y	Y	Y	R	R #
Gynaecology	Y	Y	Y	R	R #
Miscarriages & termination of pregnancy	Y	Y	Y	R	X
Chemotherapy, radiotherapy &	Y	Y	Y	R	R #

Pain management	Y	Y	Y	R	R #
Skin	Y	Y	Y	R	R #
Breast surgery (medically necessary)	Y	Y	Y	R	R #
Diabetes management (excluding insulin	Y	Y	Y	R	R #
Heart & vascular system	Y	Y	R	R	X #
Lung & chest	Y	Y	R	R	X #
Blood	Y	Y	Y	R	R #
Back, neck & spine	Y	Y	Y	R	R #
Plastic & reconstructive surgery (medically	Y	Y	Y	R	R #
Dental surgery	Y	Y	Y	Y	Y
Podiatric surgery (provided by a registered	Y	Y	Y	R	R #
Implantation of hearing devices	Y	Y	Y	R	R #
Cataracts	Y	X	R	R	R #
Joint replacements	Y	X	R	R	X #
Dialysis for chronic kidney failure	Y	X	R	R	X
Pregnancy & birth	Y	X	R	R	X
Assisted reproductive services	Y	X	R	R	X
Weight loss surgery	Y	X	R	R	R #
Insulin pumps	Y	Y	Y	X	X
Pain management with device	Y	Y	Y	R	R #
Sleep studies	Y	Y	Y	R	R #
Cosmetic surgery	X	X	X	X	X
All other services where a Medicare benefit	Y	Y	Y	R	R #

Shared Room	Y	Y	Y	Y	Y
Private Room (where available)	Y	Y	Y	N	N #
Theatre Fees	Y	Y	*Y	*Y	*Y
Intensive Care Fees	Y	Y	*Y	*Y	*Y
Labour Ward Fees	Y	X	X	X	X

\* Theatre fees and intensive care fees are not payable where the service is listed as Restricted

# Other than as a direct result of an Accident occurring after the commencement of their cover, where it is then covered.

**Note:** Accident means an injury to the body inflicted as a result of unintentional, unexpected actions or events, caused by an external force or object, which occurred in Australia after joining the Fund that requires, within 7 days of the Accident, treatment by a Recognised Medical Practitioner or Dentist, but excludes pregnancy. Benefits are payable for the initial inpatient hospital treatment for injuries resulting from the Accident, as well as ongoing inpatient hospital treatment where the services are provided within 180 days of the date of the Accident and which form part of the initial course of treatment covered by the Fund.