

Private Health Information Statement - General treatment policy

Astute Extras Protect

Astute Simplicity Health

<https://astutesimplicityhealth.com.au/>
astute@stlukes.com.au
1300 090 960
Underwritten by St Lukes

Monthly Premium

\$262.60 #

(before any rebate or insurer discount)

Covers one adult & dependants
(2 or more people, only one of
whom is an adult)

Available in NSW & ACT

You may be entitled to an Australian Government rebate on the above premium. Your premium may also include an insurer discount. Check with your insurer for details.

This policy covers children and other dependants up to and including the age of 22, students up to and including the age of 24, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.

Employees and customers of Astute Financial

General Treatment Cover

This health insurer does not operate a preferred provider scheme.

This policy  includes General treatment (Extras) cover for

Note, for items marked with an asterisk *: Under Preventative Dental, we pay 100% of your dentist's regular fee up to a maximum benefit per eligible service. This applies to examinations, x-rays, scale and clean and fissure sealing. If your dentist charges above the maximum benefit, or in excess of their regular fee, a gap or out of pocket may apply. Regular fee refers to the average fee your dentist charges to all patients of his or her practice for each eligible service.

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental*	2	\$1,000 per person	Periodic oral examination - 100% of charge Scale & clean - 100% of charge Fluoride treatment - \$36.00 Surgical tooth extraction - \$180.00
Major dental	12	\$1,500 per person (combined limit for major dental & endodontic - Sub-limits apply)	Full crown veneered - \$810.00
Endodontic	12		Filling of one root canal - \$180.00
Orthodontic	12	\$1,000 per person \$2,800 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge
Optical	6	\$300 per person	Single vision lenses & frames - \$300.00 Multi-focal lenses & frames - \$300.00
Non PBS pharmaceuticals	2	\$600 per person	Per eligible prescription - \$70.00
Physiotherapy	2	\$850 per person (combined limit for physiotherapy, ante-natal/post-natal classes & exercise physiology - Sub-limits apply)	Initial visit - \$57.00 Subsequent visit - \$49.00
Chiropractic	2	Combined limit of \$500 per person for chiropractic/osteopathy, acupuncture and other services. \$400 sub-limit applies per person, per service.	Initial visit - \$41.00 Subsequent visit - \$30.00
Podiatry	2	\$1,000 per person (combined limit for podiatry, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy & speech therapy - Sub-limits apply)	Initial visit - \$47.00 Subsequent visit - \$38.00
Psychology	12	Benefits payable towards counselling services - Initial consultation \$80/subsequent consultation \$70 included in \$600 Psychology Limit	Initial visit - \$145.00 Subsequent visit - \$110.00

Acupuncture	2	Combined limit - see Chiropractic	Initial visit - \$35.00 Subsequent visit - \$30.00
Remedial massage	2	Combined limit - see Chiropractic	Initial visit - \$35.00 Subsequent visit - \$30.00
Hearing aids	36	2 appliance(s) every 5 years	Hearing aid - \$1,000.00
Blood glucose monitors	12	Overall limit of \$1000 per person applies to Health Appliances & Aids**. \$200 sub-limit applies to foot orthotics.	Per monitor - \$200.00
Audiology	2	2 service(s) every 1 year	Initial visit - \$50.00 Subsequent visit - \$40.00
Ante-natal/Post-natal classes	2	Combined limit - see Physiotherapy	Initial visit - \$49.00 Subsequent visit - \$49.00
Chinese medicine	2	Combined limit - see Chiropractic	Initial visit - \$32.00 Subsequent visit - \$28.00
Dietetics/dietary advice	2	Combined limit - see Podiatry	Initial visit - \$75.00 Subsequent visit - \$45.00
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - \$53.00 Subsequent visit - \$40.00
Eye therapy (orthoptics)	2	Combined limit - see Podiatry	Initial visit - \$65.00 Subsequent visit - \$38.00
Home nursing	2	\$500 per person	Initial visit - \$50.00 Subsequent visit - \$50.00
Occupational therapy	2	Combined limit - see Podiatry	Initial visit - \$80.00 Subsequent visit - \$55.00
Orthotics (podiatric orthoses)	2	Combined limit - see Blood glucose monitors	Orthotics supply & fit - 90% of charge
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$57.00 Subsequent visit - \$45.00
Speech therapy	2	Combined limit - see Podiatry	Initial visit - \$120.00 Subsequent visit - \$67.00

This policy **X** does not include General treatment (Extras) cover for

X Other treatments - check with your insurer

Other features of this general treatment cover

Orthodontic limit included in annual Major Dental limit. Diabetes Education & Nutrition benefits included in Dietetics sub-limit. Approved health management programs when Extras Protect is taken with hospital cover. Member rewards apply after 5 years continuous membership. **Limits apply to individual Health Appliances & Aids.

Ambulance cover

Health Care Concession Card, Pensioner Concession Card, and Commonwealth Seniors Health Card holders are entitled to free ambulance transport services. If you are not eligible for a concession and want to be covered, you can purchase insurance from a private health fund.

Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.