

## Private Health Information Statement - Combined policy

### Protector Silver Plus Hospital 500 and Super Extras

#### St Lukes

<http://www.stlukes.com.au>  
[general@stlukes.com.au](mailto:general@stlukes.com.au)  
 1300 651 988

#### Monthly Premium

**\$347.40<sup>#</sup>**

(before any rebate, loading or discount)

Covers only one person  
 Available in Tasmania

<sup>#</sup> You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading or an insurer discount. Check with your insurer for details.

### Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy does not provide accident cover or benefits for travel and accommodation (outside of hospital).

#### ✓ Covered

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>

#### R Restricted

Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

#### ✗ Not Covered

These categories are not covered by this policy.

This policy ✓ includes cover for

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

This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Pregnancy and birth	✗ Weight loss surgery
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The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on [privatehealth.gov.au](https://privatehealth.gov.au) for which hospitals have arrangements with your insurer - <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

[The following payments may also apply for hospital admissions](#)

**Excess:** You will have to pay an excess on admission. This is limited to a maximum of \$500 per person and \$500 per policy per year.

**Co-payments:** No co-payments

[The following waiting periods for hospital admissions apply to new or upgrading members](#)

**Waiting periods:**

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 12 months for pregnancy and birth (obstetrics)
- 2 months for all other treatments

## Gap Cover

This provider offers '[known gap](#)' or '[no gap](#)' cover for medical bills for this product.

The [Medical Costs Finder](#) lets you find out more about the cost of specialist medical services.

## Other features of this hospital cover

Ambulance Levy included for NSW/ACT residents. Ambulance is provided free to Tas residents. Unmarried dependants covered until they turn 23 and single F/T students covered until they turn 25.

## 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 up to 100% of the average fee charged Australia wide up to the maximum benefit for each 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 the average fee, a gap or out of pocket may apply. Annual limits, fund rules and waiting periods apply. A 2-month waiting period applies to Psychology with the exception of functional assessment for the purpose of diagnosing ADHS and/or autism spectrum disorders diagnosis which has a 12-month waiting period.*

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental*	2	\$1,000 per policy	Periodic oral examination - 100% of charge Scale & clean - 100% of charge Fluoride treatment - \$36.00 Surgical tooth extraction - \$180.00
Major dental	12	\$1,200 per policy (combined limit for major dental & endodontic - <b>Sub-limits apply</b> )	Full crown veneered - \$810.00
Endodontic	12		Filling of one root canal - \$180.00
Orthodontic	12	\$1,000 per policy \$2,800 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge
Optical	6	\$300 per policy	Single vision lenses & frames - \$300.00 Multi-focal lenses & frames - \$300.00
Non PBS pharmaceuticals	2	\$600 per policy	Per eligible prescription - \$70.00
Physiotherapy	2	\$850 per policy (combined limit for physiotherapy, ante-natal/post-natal classes, exercise physiology & eye therapy (orthoptics) - <b>Sub-limits apply</b> )	Initial visit - \$61.00 Subsequent visit - \$51.00
Chiropractic	2	\$400 per policy (combined limit for chiropractic & osteopathy - <b>Sub-limits apply</b> )	Initial visit - \$41.00 Subsequent visit - \$30.00
Podiatry	2	\$400 per policy	Initial visit - \$50.00 Subsequent visit - \$41.00

Psychology	2	Benefits payable towards counselling services - Initial consultation \$85/subsequent consultation \$77 included in \$600 Psychology Limit.	Initial visit - \$145.00 Subsequent visit - \$110.00
Acupuncture	2	\$500 per policy (combined limit for acupuncture, remedial massage & chinese medicine - <b>Sub-limits apply</b> )	Initial visit - \$35.00 Subsequent visit - \$30.00
Remedial massage	2		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	\$1,000 per policy (combined limit for blood glucose monitors & orthotics (podiatric orthoses) - <b>Sub-limits apply</b> )	Per monitor - \$200.00
Audiology	2	\$1,000 per policy 2 service(s) every 1 year (combined limit for audiology, dietetics/dietary advice, home nursing, occupational therapy & speech therapy - <b>Sub-limits apply</b> )	Initial visit - \$50.00 Subsequent visit - \$40.00
Ante-natal/Post-natal classes	2	Combined limit - see Physiotherapy	Initial visit - \$51.00 Subsequent visit - \$51.00
Chinese medicine	2	Combined limit - see Acupuncture	Initial visit - \$32.00 Subsequent visit - \$28.00
Dietetics/dietary advice	2	Combined limit - see Audiology	Initial visit - \$75.00 Subsequent visit - \$45.00
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - \$58.00 Subsequent visit - \$41.00
Eye therapy (orthoptics)	2	Combined limit - see Physiotherapy	Initial visit - \$65.00 Subsequent visit - \$38.00
Home nursing	2	Combined limit - see Audiology	Initial visit - \$50.00 Subsequent visit - \$50.00
Occupational therapy	2	Combined limit - see Audiology	Initial visit - \$80.00 Subsequent visit - \$59.00
Orthotics (podiatric orthoses)	12	Combined limit - see Blood glucose monitors	Orthotics supply & fit - 100% of charge
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$60.00 Subsequent visit - \$47.00
Speech therapy	2	Combined limit - see Audiology	Initial visit - \$120.00 Subsequent visit - \$81.00
Acupuncture, Remedial massage, Western herbal medicine, Alexander Technique, Myotherapy, Naturopathy and Shiatsu are included in the Complimentary Therapies annual limit.			

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. Overall limit of \$1000 per person applies to Health Appliances & Aids, individual limits apply. \$250 sub-limit applies to foot orthotics. Approved health management programs when Super Extras taken with hospital cover. Member rewards apply after 5 years continuous membership.

### Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - [https://www.health.tas.gov.au/ambulance/fees\\_and\\_accounts](https://www.health.tas.gov.au/ambulance/fees_and_accounts).

For further information about this policy see

<https://www.stlukes.com.au/forms-brochures?tag=Information+sheet>

## 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.