

Private Health Information Statement - Combined policy

Astute Silver Plus Hospital 500 and Astute Wellbeing Extras

Astute Simplicity Health https://astutesimplicityhealth.com.au/ astute@stlukes.com.au 1300 090 960 Underwritten by St Lukes	Monthly Premium \$422.45 # (before any rebate, loading or discount)	Covers one adult & dependants (2 or more people, only one of whom is an adult) Available in Western Australia
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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.

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

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.

X Not Covered

These categories are not covered by this policy.

This policy **✓ includes** cover for

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

This policy **X does not include** cover for

X Assisted reproductive services	X Joint replacements	X Weight loss surgery
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✗ Cataracts

✗ Dialysis for chronic kidney failure

✗ Pain management with device

✗ Pregnancy and birth

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/dynamic/agreementhospitals) 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.

Excess payments do not apply to hospital admissions for dependants.

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](#)

Half excess applies to day surgery up to maximum product excess. Ambulance subscriptions are claimable up to an annual premium, where there is no state based Ambulance scheme or levy. 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 60% 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.*

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental*	2	\$750 per person	Periodic oral examination - 60% of charge Scale & clean - 60% of charge Fluoride treatment - 60% of charge Surgical tooth extraction - 60% of charge
Major dental	12	\$500 per person (combined limit for major dental & endodontic - Sub-limits apply)	Full crown veneered - 60% of charge
Endodontic	12		Filling of one root canal - 60% of charge
Optical	6	\$200 per person	Single vision lenses & frames - \$200.00 Multi-focal lenses & frames - \$200.00
Non PBS pharmaceuticals	2	\$300 per person	Per eligible prescription - 60% of charge

Physiotherapy	2	\$350 per person (combined limit for physiotherapy, ante-natal/post-natal classes, exercise physiology & eye therapy (orthoptics) - Sub-limits apply)	Initial visit - \$53.00 Subsequent visit - \$47.00
Chiropractic	2	\$350 per person (combined limit for chiropractic & osteopathy - Sub-limits apply)	Initial visit - \$38.00 Subsequent visit - \$27.00
Podiatry	2	\$200 per person	Initial visit - \$40.00 Subsequent visit - \$33.00
Psychology	12	Benefits payable towards counselling services - Initial consultation \$60/subsequent consultation \$45 included in \$400 Psychology Limit.	Initial visit - \$110.00 Subsequent visit - \$75.00
Acupuncture	2	\$300 per person (combined limit for acupuncture, remedial massage & chinese medicine - Sub-limits apply)	Initial visit - \$32.00 Subsequent visit - \$28.00
Remedial massage	2		Initial visit - \$32.00 Subsequent visit - \$28.00
Audiology	2	\$350 per person 1 service(s) every 1 year (combined limit for audiology, dietetics/dietary advice, home nursing & occupational therapy - Sub-limits apply)	Initial visit - 60% of charge
Ante-natal/Post-natal classes	2	Combined limit - see Physiotherapy	Initial visit - 60% of charge Subsequent visit - 60% of charge
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 - \$40.00 Subsequent visit - \$30.00
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - 60% of charge Subsequent visit - 60% of charge
Eye therapy (orthoptics)	2	Combined limit - see Physiotherapy	Initial visit - \$43.00 Subsequent visit - \$33.00
Home nursing	2	Combined limit - see Audiology	Initial visit - \$50.00 Subsequent visit - \$50.00
Occupational therapy	2	Combined limit - see Audiology	Initial visit - \$55.00 Subsequent visit - \$40.00
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$43.00 Subsequent visit - \$40.00

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

X Blood glucose monitors	X Orthodontic
X Hearing aids	X Other treatments - check with your insurer

Other features of this general treatment cover

Approved health management programs when Wellbeing Extras is taken with hospital cover. Benefits payable at 60% of fee charged, up to maximum benefit. Diabetes Education & Nutrition benefits included in Dietetics sub-limit.

Ambulance cover

Aged Pensioner concession 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 or a subscription through the state ambulance service.

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.