

Private Health Information Statement - Combined policy

Packaged Ultimate Gold

St Lukes

<http://www.stlukes.com.au>
general@stlukes.com.au
 1300 651 988

Monthly Premium

\$579.30[#]

(before any rebate, loading or discount)

Covers only one person
 Available in Queensland

[#] 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

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

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 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: No excess

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 | \$1,250 per policy | Periodic oral examination - 100% of charge Scale & clean - 100% of charge Fluoride treatment - \$36.00 Surgical tooth extraction - \$208.00 |
| Major dental | 12 | \$2,000 per policy (combined limit for major dental & endodontic - Sub-limits apply) | Full crown veneered - \$1,040.00 |
| Endodontic | 12 | | Filling of one root canal - \$203.00 |
| Orthodontic | 12 | \$1,200 per policy \$3,000 lifetime limit | Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge |
| Optical | 6 | \$350 per policy | Single vision lenses & frames - \$350.00 Multi-focal lenses & frames - \$350.00 |
| Non PBS pharmaceuticals | 2 | \$600 per policy | Per eligible prescription - \$90.00 |
| Physiotherapy | 2 | \$1,000 per policy (combined limit for physiotherapy, ante-natal/post-natal classes & exercise physiology - Sub-limits apply) | Initial visit - \$61.00 Subsequent visit - \$56.00 |
| Chiropractic | 2 | Combined limit of \$1000 per person for chiropractic/osteopathy, acupuncture and other services. \$500 sub-limit applies per person, per service. | Initial visit - \$46.00 Subsequent visit - \$34.00 |

| | | | |
|--|----|---|---|
| Podiatry | 2 | \$1,000 per policy (combined limit for podiatry, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy & speech therapy - Sub-limits apply) | Initial visit - \$55.00 Subsequent visit - \$45.00 |
| Psychology | 2 | Benefits payable towards counselling services - Initial consultation \$85/subsequent consultation \$80 included in \$700 Psychology Limit | Initial visit - \$160.00 Subsequent visit - \$125.00 |
| Acupuncture | 2 | Combined limit - see Chiropractic | Initial visit - \$40.00 Subsequent visit - \$35.00 |
| Remedial massage | 2 | \$500 per policy (combined limit for remedial massage & chinese medicine - Sub-limits apply) | Initial visit - \$40.00 Subsequent visit - \$35.00 |
| Hearing aids | 36 | 2 appliance(s) every 5 years | Hearing aid - \$1,250.00 |
| Blood glucose monitors | 12 | Overall limit of \$1500 per person applies to Health Appliances and Aids**. \$250 sub-limit applies to foot orthotics | Per monitor - \$200.00 |
| Audiology | 2 | 2 service(s) every 1 year | Initial visit - \$55.00 Subsequent visit - \$55.00 |
| Ante-natal/Post-natal classes | 2 | Combined limit - see Physiotherapy | Initial visit - \$56.00 Subsequent visit - \$56.00 |
| Chinese medicine | 2 | Combined limit - see Remedial massage | Initial visit - \$37.00 Subsequent visit - \$33.00 |
| Dietetics/dietary advice | 2 | Combined limit - see Podiatry | Initial visit - \$80.00 Subsequent visit - \$50.00 |
| Exercise physiology | 2 | Combined limit - see Physiotherapy | Initial visit - \$60.00 Subsequent visit - \$45.00 |
| Eye therapy (orthoptics) | 2 | Combined limit - see Podiatry | Initial visit - \$70.00 Subsequent visit - \$43.00 |
| Home nursing | 2 | \$500 per policy | Initial visit - \$55.00 |
| Occupational therapy | 2 | Combined limit - see Podiatry | Initial visit - \$85.00 Subsequent visit - \$60.00 |
| Orthotics (podiatric orthoses) | 12 | Combined limit - see Blood glucose monitors | Orthotics supply & fit - \$250.00 |
| Osteopathy | 2 | Combined limit - see Chiropractic | Initial visit - \$60.00 Subsequent visit - \$50.00 |
| Speech therapy | 2 | Combined limit - see Podiatry | Initial visit - \$130.00 Subsequent visit - \$82.00 |
| Acupuncture, Remedial massage, Western herbal medicine, Alexander Technique, Myotherapy, Naturopathy and Shiatsu are included in the Alternative 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. Member rewards apply after 5 years continuous membership. Other services covered: include laser eye surgery, neuropsychology and approved health management programs. **Limits apply to individual Health Appliances & Aids

Ambulance cover

Ambulance cover is provided by the State government for Queensland residents (<https://www.ambulance.qld.gov.au/>). This includes cover whilst interstate.

For further information about this policy see

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

[PrivateHealth.gov.au](https://www.privatehealth.gov.au)

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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.