Private Health Information Statement - Combined policy

Astute Bronze Plus Hospital 500 and Astute Extras Protect

Astute Simplicity Health	Monthly Premium	Covers two adults & dependants (3 or more people, only 2 of whom are adults)
https://astutesimplicityhealth.com.au/ astute@stlukes.com.au 1300 090 960 Underwritten by St Lukes	$545.20 # (before any rebate, loading or discount)	Available in Victoria

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.

✗ **Not Covered**
These categories are not covered by this policy.

This policy ✓ **includes** cover for

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

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

✗ Assisted reproductive services	✗ Dialysis for chronic kidney failure	✗ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
✗ Back, neck and spine	✗ Heart and vascular system	✗ Pregnancy and birth

✗ Cataracts	✗ Joint replacements	✗ Weight loss surgery

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: You will have to pay an excess on admission. This is limited to a maximum of $500 per person and $1000 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.

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 ✗ **does not include** General treatment (Extras) cover for

✗ 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

Pensioner Concession Card and Healthcare Card holders are entitled to free clinically necessary ambulance transport. If you are not eligible for a concession and want to be covered, you can purchase insurance from a private health insurer or

take out a subscription with the state ambulance service (https://www.ambulance.vic.gov.au/membership).

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.