



Astute Simplicity Health  
Astute Extras Protect

Corporate Policy

**\$204.00 / month**  
(Before Rebate, Discount & Loading)  
Available in SA

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:** Two adults (and no-one else).

**Corporate policy:** Employees and customers of Astute Financial

This health insurer does not operate a preferred provider scheme.

Policy ID: SLM/I5/SAOT20

Source: Private Health Information Statement (PHIS).

## Extras Cover

This policy **includes** General treatment (Extras) cover for

Note, for treatments marked with \*: 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                                                                       |
|-------------------------------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                       | 2  | <b>Combined limit of \$500 per person for chiropractic/osteopathy, acupuncture and other services. \$400 sub-limit applies per person, per service.</b><br>combined limit for acupuncture, chinese medicine, chiropractic, osteopathy & remedial massage | <ul style="list-style-type: none"><li>Initial visit: \$35</li><li>Subsequent visit: \$30</li></ul> |
| ✓ Ante-natal/Post-natal classes     | 2  | <b>\$850 per person</b><br>combined limit for ante-natal/post-natal classes, exercise physiology & physiotherapy<br>sub-limits apply                                                                                                                     | <ul style="list-style-type: none"><li>Initial visit: \$49</li><li>Subsequent visit: \$49</li></ul> |
| ✓ Audiology                         | 2  |                                                                                                                                                                                                                                                          | <ul style="list-style-type: none"><li>Initial visit: \$50</li><li>Subsequent visit: \$40</li></ul> |
| ✓ Blood glucose monitors            | 12 | <b>Overall limit of \$1000 per person applies to Health Appliances &amp; Aids**. \$200 sub-limit applies to foot orthotics.</b><br>combined limit for blood glucose monitors & orthotics (podiatric orthoses)                                            | <ul style="list-style-type: none"><li>Per monitor: \$200</li></ul>                                 |
| ✓ Chinese medicine                  | 2  | <b>Combined limit of \$500 per person for chiropractic/osteopathy, acupuncture and other services. \$400 sub-limit applies per person, per service.</b><br>combined limit for acupuncture, chinese medicine, chiropractic, osteopathy & remedial massage | <ul style="list-style-type: none"><li>Initial visit: \$32</li><li>Subsequent visit: \$28</li></ul> |

|                                  |    |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                    |
|----------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Chiropractic                   | 2  | <b>Combined limit of \$500 per person for chiropractic/osteopathy, acupuncture and other services. \$400 sub-limit applies per person, per service.</b><br><br>combined limit for acupuncture, chinese medicine, chiropractic, osteopathy & remedial massage | <ul style="list-style-type: none"> <li>Initial visit: \$41</li> <li>Subsequent visit: \$30</li> </ul>                                                                                                              |
| ✓ Dietetics/dietary advice       | 2  | <b>\$1,000 per person</b><br><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, podiatry & speech therapy<br><br>sub-limits apply                                                                              | <ul style="list-style-type: none"> <li>Initial visit: \$75</li> <li>Subsequent visit: \$45</li> </ul>                                                                                                              |
| ✓ Endodontic                     | 12 | <b>\$1,500 per person</b><br><br>combined limit for endodontic & major dental<br><br>sub-limits apply                                                                                                                                                        | <ul style="list-style-type: none"> <li>Filling of one root canal: \$180</li> </ul>                                                                                                                                 |
| ✓ Exercise physiology            | 2  | <b>\$850 per person</b><br><br>combined limit for ante-natal/post-natal classes, exercise physiology & physiotherapy<br><br>sub-limits apply                                                                                                                 | <ul style="list-style-type: none"> <li>Initial visit: \$53</li> <li>Subsequent visit: \$40</li> </ul>                                                                                                              |
| ✓ Eye therapy (orthoptics)       | 2  | <b>\$1,000 per person</b><br><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, podiatry & speech therapy<br><br>sub-limits apply                                                                              | <ul style="list-style-type: none"> <li>Initial visit: \$65</li> <li>Subsequent visit: \$38</li> </ul>                                                                                                              |
| ✓ General dental*                | 2  | <b>\$1,000 per person</b>                                                                                                                                                                                                                                    | <ul style="list-style-type: none"> <li>Fluoride treatment: \$36</li> <li>Scale &amp; clean: 100% of charge</li> <li>Surgical tooth extraction: \$180</li> <li>Periodic oral examination: 100% of charge</li> </ul> |
| ✓ Hearing aids                   | 36 |                                                                                                                                                                                                                                                              | <ul style="list-style-type: none"> <li>Hearing aid: \$1000</li> </ul>                                                                                                                                              |
| ✓ Home nursing                   | 2  | <b>\$500 per person</b>                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>Initial visit: \$50</li> <li>Subsequent visit: \$50</li> </ul>                                                                                                              |
| ✓ Major dental                   | 12 | <b>\$1,500 per person</b><br><br>combined limit for endodontic & major dental<br><br>sub-limits apply                                                                                                                                                        | <ul style="list-style-type: none"> <li>Full crown veneered: \$810</li> </ul>                                                                                                                                       |
| ✓ Non PBS pharmaceuticals        | 2  | <b>\$600 per person</b>                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>Per eligible prescription: \$70</li> </ul>                                                                                                                                  |
| ✓ Occupational therapy           | 2  | <b>\$1,000 per person</b><br><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, podiatry & speech therapy                                                                                                      | <ul style="list-style-type: none"> <li>Initial visit: \$80</li> <li>Subsequent visit: \$55</li> </ul>                                                                                                              |
| ✓ Optical                        | 6  | <b>\$300 per person</b>                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: \$300</li> <li>Single vision lenses &amp; frames: \$300</li> </ul>                                                                         |
| ✓ Orthodontic                    | 12 | <b>\$1,000 per person</b><br>\$2,800 lifetime limit                                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: 100% of charge</li> </ul>                                                                   |
| ✓ Orthotics (podiatric orthoses) | 2  | <b>Overall limit of \$1000 per person applies to Health Appliances &amp; Aids**. \$200 sub-limit applies to foot orthotics.</b><br><br>combined limit for blood glucose monitors & orthotics (podiatric orthoses)                                            | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 90% of charge</li> </ul>                                                                                                                        |

|                    |    |                                                                                                                                                                                                                                                          |                                                                                                         |
|--------------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| ✓ Osteopathy       | 2  | <b>Combined limit of \$500 per person for chiropractic/osteopathy, acupuncture and other services. \$400 sub-limit applies per person, per service.</b><br>combined limit for acupuncture, chinese medicine, chiropractic, osteopathy & remedial massage | <ul style="list-style-type: none"> <li>Initial visit: \$57</li> <li>Subsequent visit: \$45</li> </ul>   |
| ✓ Physiotherapy    | 2  | <b>\$850 per person</b><br>combined limit for ante-natal/post-natal classes, exercise physiology & physiotherapy<br>sub-limits apply                                                                                                                     | <ul style="list-style-type: none"> <li>Initial visit: \$57</li> <li>Subsequent visit: \$49</li> </ul>   |
| ✓ Podiatry         | 2  | <b>\$1,000 per person</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, podiatry & speech therapy                                                                                                      | <ul style="list-style-type: none"> <li>Initial visit: \$47</li> <li>Subsequent visit: \$38</li> </ul>   |
| ✓ Psychology       | 12 | <b>Benefits payable towards counselling services - Initial consultation \$80/subsequent consultation \$70 included in \$600 Psychology Limit</b>                                                                                                         | <ul style="list-style-type: none"> <li>Initial visit: \$145</li> <li>Subsequent visit: \$110</li> </ul> |
| ✓ Remedial massage | 2  | <b>Combined limit of \$500 per person for chiropractic/osteopathy, acupuncture and other services. \$400 sub-limit applies per person, per service.</b><br>combined limit for acupuncture, chinese medicine, chiropractic, osteopathy & remedial massage | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$30</li> </ul>   |
| ✓ Speech therapy   | 2  | <b>\$1,000 per person</b><br>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, podiatry & speech therapy<br>sub-limits apply                                                                                  | <ul style="list-style-type: none"> <li>Initial visit: \$120</li> <li>Subsequent visit: \$67</li> </ul>  |

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

- ✗ Health management / Healthy lifestyle
- ✗ Vaccinations

**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

South Australia has a subscription service to cover ambulance within the state, with an additional fee to cover interstate travel (<http://www.saambulance.com.au/ProductsServices/AmbulanceCover.aspx>).

**For further information about this policy see:** <https://www.stlukes.com.au/forms-brochures?tag=Information+sheet>

## Insurer Details



**Astute Simplicity Health**  
**Astute Extras Protect**

Corporate Policy

**\$204.00 / month**

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Available in SA

Call now  **1300 090 960**  
Sponsor link

**Astute Simplicity Health**

 <https://astutesimplicityhealth.com.au/>

 [astute@stlukes.com.au](mailto:astute@stlukes.com.au)

 **1300 090 960**

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Private Health Information Statement is available from the Private Health Insurance Ombudsman website at <https://privatehealth.gov.au/dynamic/Premium/PHIS/SLM/I5/SAOT20>