

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

Corporate Policy

**\$245.20 / month**

(Before Rebate, Discount &amp; Loading)

Available in VIC

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 & dependants (3 or more people, only 2 of whom are adults).

Children (0 - 17), non-classified\* dependant (18 - 22) and students (23 - 24), as well as persons with a disability who qualify as a child, non-classified\* dependant and student in these age ranges.

\*Non-classified dependant: Dependent under the age of 23.

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

This health insurer does not operate a preferred provider scheme.

**Policy ID:** SLM/I5/VALY2D**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><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><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><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  | <p><b>Combined limit of \$500 per person for chiropractic/osteopathy, acupuncture and other services. \$400 sub-limit applies per person, per service.</b></p> <p>combined limit for acupuncture, chinese medicine, chiropractic, osteopathy &amp; remedial massage</p> | <ul style="list-style-type: none"> <li>Initial visit: \$32</li> <li>Subsequent visit: \$28</li> </ul>                                                                                                              |
| ✓ Chiropractic             | 2  | <p><b>Combined limit of \$500 per person for chiropractic/osteopathy, acupuncture and other services. \$400 sub-limit applies per person, per service.</b></p> <p>combined limit for acupuncture, chinese medicine, chiropractic, osteopathy &amp; remedial massage</p> | <ul style="list-style-type: none"> <li>Initial visit: \$41</li> <li>Subsequent visit: \$30</li> </ul>                                                                                                              |
| ✓ Dietetics/dietary advice | 2  | <p><b>\$1,000 per person</b></p> <p>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, podiatry &amp; speech therapy</p> <p>sub-limits apply</p>                                                                              | <ul style="list-style-type: none"> <li>Initial visit: \$75</li> <li>Subsequent visit: \$45</li> </ul>                                                                                                              |
| ✓ Endodontic               | 12 | <p><b>\$1,500 per person</b></p> <p>combined limit for endodontic &amp; major dental</p> <p>sub-limits apply</p>                                                                                                                                                        | <ul style="list-style-type: none"> <li>Filling of one root canal: \$180</li> </ul>                                                                                                                                 |
| ✓ Exercise physiology      | 2  | <p><b>\$850 per person</b></p> <p>combined limit for ante-natal/post-natal classes, exercise physiology &amp; physiotherapy</p> <p>sub-limits apply</p>                                                                                                                 | <ul style="list-style-type: none"> <li>Initial visit: \$53</li> <li>Subsequent visit: \$40</li> </ul>                                                                                                              |
| ✓ Eye therapy (orthoptics) | 2  | <p><b>\$1,000 per person</b></p> <p>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, podiatry &amp; speech therapy</p> <p>sub-limits apply</p>                                                                              | <ul style="list-style-type: none"> <li>Initial visit: \$65</li> <li>Subsequent visit: \$38</li> </ul>                                                                                                              |
| ✓ General dental*          | 2  | <p><b>\$1,000 per person</b></p>                                                                                                                                                                                                                                        | <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  | <p><b>\$500 per person</b></p>                                                                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>Initial visit: \$50</li> <li>Subsequent visit: \$50</li> </ul>                                                                                                              |
| ✓ Major dental             | 12 | <p><b>\$1,500 per person</b></p> <p>combined limit for endodontic &amp; major dental</p> <p>sub-limits apply</p>                                                                                                                                                        | <ul style="list-style-type: none"> <li>Full crown veneered: \$810</li> </ul>                                                                                                                                       |
| ✓ Non PBS pharmaceuticals  | 2  | <p><b>\$600 per person</b></p>                                                                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>Per eligible prescription: \$70</li> </ul>                                                                                                                                  |
| ✓ Occupational therapy     | 2  | <p><b>\$1,000 per person</b></p> <p>combined limit for dietetics/dietary advice, eye therapy (orthoptics), occupational therapy, podiatry &amp; speech therapy</p>                                                                                                      | <ul style="list-style-type: none"> <li>Initial visit: \$80</li> <li>Subsequent visit: \$55</li> </ul>                                                                                                              |
| ✓ Optical                  | 6  | <p><b>\$300 per person</b></p>                                                                                                                                                                                                                                          | <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 | <p><b>\$1,000 per person</b></p> <p>\$2,800 lifetime limit</p>                                                                                                                                                                                                          | <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>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

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>).

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

## Insurer Details



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**Astute Extras Protect**

Corporate Policy

**\$245.20 / month**

(Before Rebate, Discount & Loading)

Available in VIC

Call now 1300 090 960  
Sponsor link

### Astute Simplicity Health

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