

**Astute Simplicity Health****Astute Silver Plus Hospital 250 and Astute Extras Protect**

Corporate Policy

**\$825.50 / month**

(Before Rebate, Discount &amp; Loading)

Available in QLD

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:** Two adults & dependants, including non-student dependants (3 or more people, only 2 of whom are adults).

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

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

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

- This policy exempts you from the Medicare Levy Surcharge.
- This policy does not provide accident cover.
- This policy does not provide benefits for travel or accommodation outside of hospital.

Policy ID: SLM/J13A/QDBU2Y

Source: Private Health Information Statement (PHIS).

## Hospital Cover

Covered

Restricted Cover

Not Covered

**This policy includes cover for**

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

**This policy does not include cover for**

- |                                       |                               |                       |
|---------------------------------------|-------------------------------|-----------------------|
| ✗ Assisted reproductive services      | ✗ Joint replacements          | ✗ Weight loss surgery |
| ✗ Cataracts                           | ✗ Pain management with device |                       |
| ✗ Dialysis for chronic kidney failure | ✗ 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) 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 \$250 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 (<https://www.health.gov.au/resources/apps-and-tools/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.

This health insurer does not operate a preferred provider scheme.

Policy ID: SLM/J13A/QDBU2Y 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 | <p><b>Overall limit of \$1000 per person applies to Health Appliances &amp; Aids**. \$200 sub-limit applies to foot orthotics.</b></p> <p>combined limit for blood glucose monitors &amp; orthotics (podiatric orthoses)</p>                                            | <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  | <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>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 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>

#### Insurer Details



#### Astute Simplicity Health

Astute Silver Plus Hospital 250 and Astute Extras Protect  
Corporate Policy

**\$825.50 / month**

(Before Rebate, Discount & Loading)

Available in QLD

Call now  1300 090 960 Sponsor link

#### Astute Simplicity Health

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