

**Astute Simplicity Health****Astute Bronze Plus Hospital 250 and Astute Wellbeing Extras**

Corporate Policy

**\$531.20 / 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 (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 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.

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**Policy ID:** SLM/J9C/QCZM2D**Source:** Private Health Information Statement (PHIS).

## Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

**This policy includes cover for**

- |                                                           |                                   |                                                            |
|-----------------------------------------------------------|-----------------------------------|------------------------------------------------------------|
| ✓ Blood                                                   | ✓ Eye (not cataracts)             | ✓ Miscarriage and termination of pregnancy                 |
| ✓ Bone, joint and muscle                                  | ✓ Gastrointestinal endoscopy      | ✓ Pain management                                          |
| ✓ Brain and nervous system                                | ✓ Gynaecology                     | ✓ Pain management with device                              |
| ✓ Breast surgery (medically necessary)                    | ✓ Hernia and appendix             | ✓ Palliative care                                          |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | R Hospital psychiatric services   | ✓ Plastic and reconstructive surgery (medically necessary) |
| ✓ 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                  |                                                            |
|                                                           | ✓ Male reproductive system        |                                                            |

**This policy does not include cover for**

- |                                  |                                       |                                                                  |
|----------------------------------|---------------------------------------|------------------------------------------------------------------|
| ✗ Assisted reproductive services | ✗ Dialysis for chronic kidney failure | ✗ Podiatric surgery (provided by a registered podiatric surgeon) |
| ✗ 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](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.

This health insurer does not operate a preferred provider scheme.

Policy ID: SLM/J9C/QCZM2D 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 up to 60% 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.

| Treatment & waiting period (months) |   | Benefit limits per 12 months unless otherwise stated                                                                                                           | Examples of maximum benefits                                                                                             |
|-------------------------------------|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                       | 2 | <b>\$300 per person</b><br>combined limit for acupuncture, chinese medicine & remedial massage<br>sub-limits apply                                             | <ul style="list-style-type: none"><li>• Initial visit: \$32</li><li>• Subsequent visit: \$28</li></ul>                   |
| ✓ Ante-natal/Post-natal classes     | 2 | <b>\$350 per person</b><br>combined limit for ante-natal/post-natal classes, exercise physiology, eye therapy (orthoptics) & physiotherapy<br>sub-limits apply | <ul style="list-style-type: none"><li>• Initial visit: 60% of charge</li><li>• Subsequent visit: 60% of charge</li></ul> |
| ✓ Audiology                         | 2 | <b>\$350 per person</b><br>combined limit for audiology, dietetics/dietary advice, home nursing & occupational therapy<br>sub-limits apply                     | <ul style="list-style-type: none"><li>• Initial visit: 60% of charge</li></ul>                                           |

|                            |    |                                                                                                                                                                |                                                                                                                                                                                                                                   |
|----------------------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Chinese medicine         | 2  | <b>\$300 per person</b><br>combined limit for acupuncture, chinese medicine & remedial massage<br>sub-limits apply                                             | <ul style="list-style-type: none"> <li>Initial visit: \$32</li> <li>Subsequent visit: \$28</li> </ul>                                                                                                                             |
| ✓ Chiropractic             | 2  | <b>\$350 per person</b><br>combined limit for chiropractic & osteopathy<br>sub-limits apply                                                                    | <ul style="list-style-type: none"> <li>Initial visit: \$38</li> <li>Subsequent visit: \$27</li> </ul>                                                                                                                             |
| ✓ Dietetics/dietary advice | 2  | <b>\$350 per person</b><br>combined limit for audiology, dietetics/dietary advice, home nursing & occupational therapy<br>sub-limits apply                     | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$30</li> </ul>                                                                                                                             |
| ✓ Endodontic               | 12 | <b>\$500 per person</b><br>combined limit for endodontic & major dental<br>sub-limits apply                                                                    | <ul style="list-style-type: none"> <li>Filling of one root canal: 60% of charge</li> </ul>                                                                                                                                        |
| ✓ Exercise physiology      | 2  | <b>\$350 per person</b><br>combined limit for ante-natal/post-natal classes, exercise physiology, eye therapy (orthoptics) & physiotherapy<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: 60% of charge</li> <li>Subsequent visit: 60% of charge</li> </ul>                                                                                                           |
| ✓ Eye therapy (orthoptics) | 2  | <b>\$350 per person</b><br>combined limit for ante-natal/post-natal classes, exercise physiology, eye therapy (orthoptics) & physiotherapy<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$43</li> <li>Subsequent visit: \$33</li> </ul>                                                                                                                             |
| ✓ General dental*          | 2  | <b>\$750 per person</b>                                                                                                                                        | <ul style="list-style-type: none"> <li>Fluoride treatment: 60% of charge</li> <li>Scale &amp; clean: 60% of charge</li> <li>Surgical tooth extraction: 60% of charge</li> <li>Periodic oral examination: 60% of charge</li> </ul> |
| ✓ Home nursing             | 2  | <b>\$350 per person</b><br>combined limit for audiology, dietetics/dietary advice, home nursing & occupational therapy<br>sub-limits apply                     | <ul style="list-style-type: none"> <li>Initial visit: \$50</li> <li>Subsequent visit: \$50</li> </ul>                                                                                                                             |
| ✓ Major dental             | 12 | <b>\$500 per person</b><br>combined limit for endodontic & major dental<br>sub-limits apply                                                                    | <ul style="list-style-type: none"> <li>Full crown veneered: 60% of charge</li> </ul>                                                                                                                                              |
| ✓ Non PBS pharmaceuticals  | 2  | <b>\$300 per person</b>                                                                                                                                        | <ul style="list-style-type: none"> <li>Per eligible prescription: 60% of charge</li> </ul>                                                                                                                                        |
| ✓ Occupational therapy     | 2  | <b>\$350 per person</b><br>combined limit for audiology, dietetics/dietary advice, home nursing & occupational therapy<br>sub-limits apply                     | <ul style="list-style-type: none"> <li>Initial visit: \$55</li> <li>Subsequent visit: \$40</li> </ul>                                                                                                                             |
| ✓ Optical                  | 6  | <b>\$200 per person</b>                                                                                                                                        | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: \$200</li> <li>Single vision lenses &amp; frames: \$200</li> </ul>                                                                                        |
| ✓ Osteopathy               | 2  | <b>\$350 per person</b><br>combined limit for chiropractic & osteopathy<br>sub-limits apply                                                                    | <ul style="list-style-type: none"> <li>Initial visit: \$43</li> <li>Subsequent visit: \$40</li> </ul>                                                                                                                             |

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|---------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| ✓ <b>Physiotherapy</b>    | 2  | <b>\$350 per person</b><br>combined limit for ante-natal/post-natal classes, exercise physiology, eye therapy (orthoptics) & physiotherapy sub-limits apply | <ul style="list-style-type: none"><li>Initial visit: \$53</li><li>Subsequent visit: \$47</li></ul>  |
| ✓ <b>Podiatry</b>         | 2  | <b>\$200 per person</b>                                                                                                                                     | <ul style="list-style-type: none"><li>Initial visit: \$40</li><li>Subsequent visit: \$33</li></ul>  |
| ✓ <b>Psychology</b>       | 12 | <b>Benefits payable towards counselling services - Initial consultation \$60/subsequent consultation \$45 included in \$400 Psychology Limit.</b>           | <ul style="list-style-type: none"><li>Initial visit: \$110</li><li>Subsequent visit: \$75</li></ul> |
| ✓ <b>Remedial massage</b> | 2  | <b>\$300 per person</b><br>combined limit for acupuncture, chinese medicine & remedial massage sub-limits apply                                             | <ul style="list-style-type: none"><li>Initial visit: \$32</li><li>Subsequent visit: \$28</li></ul>  |

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

- |                                         |                                  |                  |
|-----------------------------------------|----------------------------------|------------------|
| ✗ Blood glucose monitors                | ✗ Hearing aids                   | ✗ Speech therapy |
| ✗ Health management / Healthy lifestyle | ✗ Orthodontic                    | ✗ Vaccinations   |
|                                         | ✗ Orthotics (podiatric orthoses) |                  |

**Other features of this general treatment cover:** Approved health management programs when Wellbeing Extras is taken with hospital cover. Benefits payable at 60% of fee charged, up to maximum benefit. Diabetes Education & Nutrition benefits included in Dietetics sub-limit.

### 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>

### Insurer Details

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Corporate Policy

**\$531.20 / month**

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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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