st.lukes

Cover with St Lukes

Tasmania

Effective April 1, 2026

Contents

Introducing St Lukes

St Lukes is Tasmania's leading not-for-profit health and wellness organisation, with a vision to make Tasmania the healthiest island on the planet. We provide private health insurance, health services and community preventative health initiatives that connect our members to the right support, the right services, and to each other.

We're Tasmanian

St Lukes has been providing health insurance nationwide since its inception in 1952 with a strong focus on supporting the Tasmanian community.

We're not for profit

As a not-for-profit health and wellness organisation, we act on what we believe in and that is putting your needs first, with profits invested in initiatives that positively contribute to your health and wellness journey. We do not pay shareholders or overseas investors.

We're here for our members

From supporting you in your most vulnerable moments through to your most exciting, we want to ensure that your physical and mental health and wellbeing is in top condition.

We're accessible

Whether it's face-to-face at one of our seven customer care centres or over the phone with our Tasmanian team, nothing is as easy as dealing with a local. It's service for Tasmanians by Tasmanians.

We're part of the community

We believe that we all have a part to play in creating a harmonious and healthy community. That is why we have partnered with sporting teams and organisations that proactively and positively engage with Tasmanians.

We're award winning

St Lukes have been awarded the winner of Canstar's 2023, 2024, and 2025 Outstanding Value Award - Hospital Insurance: TAS. This award highlights St Lukes commitment to providing exceptional health insurance for the Tasmanian community.

We're here to help

Confused about whether you're over or under insured? We can take the guesswork out of your health cover.

Whether you are new to private health insurance or switching from another insurer, we are here to help.

Our local team can review your current policy and help you find the perfect fit.

The benefits of health insurance

Private hospital care and choice of doctor

Medicare provides you with access to emergency care in a public hospital. However, for elective surgery you will be placed on a waiting list and you may have to wait for a public bed to become available. As a public patient you won't have a choice of doctor as you will be allocated a doctor by the hospital.

Private health insurance gives you the freedom to be treated by your doctor of choice, in a private or public hospital at a time that best suits your needs.

Extra services not covered by Medicare

In addition to private hospital treatment, there are many healthcare services not covered by Medicare, such as massage, dental, physiotherapy and optical. St Lukes offers benefits to help meet these additional costs.

Benefits are payable for telehealth consultations where services are deemed appropriate and where treatment is provided by a recognised provider.

Avoid the Lifetime Health Cover loading

Lifetime Health Cover (LHC) is an Australian Government initiative. Under Lifetime Health Cover you may have to pay a loading on your premium depending on the age you or your partner were when you first took out Hospital cover. To avoid the loading, you must take out private Hospital cover before July 1 immediately following your 31st birthday. Any delay will result in a 2% loading for each year you are over the age of 30 up to a maximum loading of 70%.

If a Lifetime Health Cover loading is applied to your premium, it can be removed after you have held Hospital cover for 10 continuous years.

For more information on Lifetime Health Cover, refer to page 31 or visit our website.

Receive the Australian Government Rebate on your private health insurance

The Australian Government provides a rebate on private health insurance to make private healthcare more affordable. The rebate is subject to an income test so the amount of rebate you are entitled to will depend on your level of income.

All Australians eligible for Medicare may be entitled to receive a rebate depending on their level of income. Higher rebates are available for people aged over 65 and 70.

If you are eligible for a rebate you can lower your health cover premium by applying to receive the rebate as a reduction in the premium you pay to St Lukes, or you can claim the rebate in your annual tax return.

The rebate does not apply to any Lifetime Health Cover loading that may apply to a policy, meaning the rebate only applies to the base rate premium of the private health insurance product.

For more information on the rebate, refer to page 31 or visit our website.

You may avoid the Medicare Levy Surcharge

The Medicare Levy Surcharge (MLS) is another Australian Government initiative. If your taxable income is above the defined income thresholds set by the Government, you will be required to pay an additional Medicare Levy Surcharge of up to 1.5% if you don't hold an appropriate level of private Hospital cover. An appropriate level of Hospital cover is one which does not have an excess greater than $750 for single members or greater than $1500 for couples, single parent or family members.

If you take out private Hospital cover with St Lukes, you may be exempt from paying the Medicare Levy Surcharge from the date the policy is effective.

For further information or to view the current income thresholds, refer to The Australian Government Rebate on Private Health Insurance Information Sheet located on our website.

More information about the MedicareLevy Surcharge is also available on the Australian Taxation Office (ATO) website ato.gov.au or you can call the Australian Taxation Office on 132861.

Additional Medicare Levy Surcharge			
Base Tier	Tier 1	Tier 2	Tier 3
0.0%	1.0%	1.25%	1.5%

For the latest income thresholds, please refer to stlukes.com.au/aus-gov-and-phi

But I'm young and healthy

Even when you're young and healthy, you don't know when an unexpected illness or injury can hit. It's not just a sporting injury that may see you in hospital, it may be tonsillitis, appendicitis or your wisdom teeth, or it may be an unexpected illness that you thought would never happen to you. If you only have Medicare cover and you require hospital treatment, you may have a delay before a public hospital bed becomes available.

With St Lukes you can can choose who you are treated by and where you are treated. St Lukes offers you the flexibility and security you require to control your future healthcare needs.

Switch now and claim now

We make switching easy, even contacting your old insurer to have the awkward 'it's-not-me-its-you' conversation. When you sign up for the same level of cover as your old insurer, you can claim straight away as long as all waiting periods have been served. If you transfer to a higher level of cover, some waiting periods may apply for the higher benefits.

For more information on waiting periods refer to page 30 or visit our website.

Product features

No out-of-pocket costs on preventative dental

With eligible extras cover you can access no out-of-pocket costs on preventative dental^ through the St Lukes Dental Network. This means, when you visit a participating dental provider, you'll have no out-of-pocket costs on eligible services including examinations, x-rays, scale and cleans, and fissure sealing. This will help you keep your teeth and gums healthy and may help prevent the need for more extensive treatment later in life. Now that's something to smile about!

Child dependants are covered until they turn 23

Child dependants are covered on their family's policy for no additional premium until they reach the age of 23.

Full-time student dependants can remain covered for no additional premium until they reach the age of 25, providing they are not married or living in a defacto relationship.

Dependant extension options available

Non-student child dependants can remain covered on their family's policy until their 25th birthday for an additional cost, provided they are not married or living in a defacto relationship.

Half the excess on same-day hospital procedures on selected products

For Gold Hospital products with an excess, the excess for adults will apply to both same-day and overnight hospitalisations. The same-day excess will be half the chosen excess up to the maximum product excess.

No hospital excess for child dependants

If you choose an excess you won't have to pay the excess on most Hospital covers if a child dependant covered on your policy needs to go to hospital.

Combine Super Extras with a Hospital cover and receive additional benefits

If you combine Super Extras with a Hospital cover, you will be eligible for benefits towards Health Management programs. These benefits do not apply when Super Extras is taken without Hospital cover.

Great service and great service options

At St Lukes, we pride ourselves on our customer service. Members can visit one of our customer care centres or agents throughout Tasmania, or can access their membership details and transact with us online through St Lukes Connect. Claiming is easy with many options available.

^ *For some preventative dental items on selected products. Selected products are Super Extras, Wellbeing Extras, and Packaged Ultimate Gold.*
Annual limits, policy and fund rules and waiting periods apply. An out-of-pocket expense may apply if your provider's fee is higher than the maximum benefit for each eligible service.

Be rewarded for your member loyalty

At St Lukes we value the relationship we have with our members and that's why we have introduced Member Rewards. Member Rewards will reward each person who has held an eligible Extras cover, either as a stand alone cover or combined with a Hospital product with St Lukes for five years or more with a 5% increase in their dental benefits and annual dental limits.

For more information on member rewards eligiblity, visit our website.

We have great partners too

St Lukes has an alliance with Bank of us and through this alliance St Lukes members and Bank of us customers will be able to take advantage of exclusive special offers.

You can choose from a range of no out-of-pocket* options and discounts from optical providers Eyelines, Specsavers, OPSM, Total Eyecare and Laubman and Pank.

Customers of CareSuper can take advantage of the discount offered through our alliance.

Ask us about our other partnerships that will add value to your membership!

Access to our wellbeing platform

The St Lukes wellbeing platform is provided complimentary to members through St Lukes Connect. Whether you're at home or on the move, it provides valuable tools and information to help you manage and improve your wellbeing.

** subject to your level of cover and policy conditions.*

The St Lukes wellbeing platform contains a range of guided programs, on-demand workouts, activities, and other wellness information. Available on mobile and desktop, you will hear from health experts and coaches in bite-sized formats across videos, podcasts, and articles, making it easier to take care of your wellbeing on the go.

To find out more about the St Lukes wellbeing platform, visit our website.

Private Postnatal Service

The St Lukes Private Postnatal Service offers personalised, private postnatal care for new mothers in Tasmania's North and North West. Available for members delivering at certain hospitals, it provides support through midwives and lactation consultants. There are options for hotel or home settings, including a pamper package for new mums.

To find out more or to register for this service, please visit our website or call 1300 651 988.

Access to the St Lukes Dental Network

A healthy smile can change the way you see the world and how the world sees you. So, we've created the St Lukes Dental Network, that puts good oral health within reach. Through creating a network with some of Tasmania's leading dentists, members with eligible extras cover can access no out-of-pocket costs on preventative dental across the state. This means, when you visit a participating dental provider, you'll have no out-of-pocket costs on eligible services including examinations, x-rays, scale and cleans, and fissure sealing.

To find a participating dental provider near you, visit our website or call 1300 651 988.

Manage your health insurance on the go with St Lukes Connect

We're always looking for new ways to interact with you and we want to make it easy for you to take advantage of your health insurance at a time and place that suits you.

St Lukes Connect is your one-stop destination for your private health insurance needs and is available on our website or as an app on your phone.

St Lukes Connect has a range of features that will help you on your health journey, including:

- **Benefit limits**
- **Claim on the go**
- **Payments**
- **Android digital card**
- **Update your information**
- **Access the Wellbeing Platform**

To register for St Lukes Connect, simply download the St Lukes Connect app from either the App Store or Google Play, or sign up online by visiting **connect.stlukes.com.au**.

Exclusive health programs for members

St Lukes offers a range of health programs to support you at every stage of your wellness journey. These programs are tailored to provide comprehensive care and education, for a healthier, more informed you. To find out more about our health programs, visit our website.

Our guarantee

We're certain you'll be satisfied with your St Lukes membership so we offer you our membership guarantee. If within the first 30 days of joining St Lukes you are not fully satisfied with the cover you have chosen, we will refund any premium paid by you providing there have been no claims made against your policy during that period.

Improving the health outcomes for Tasmanians

Helping you navigate better health

Finding health and wellbeing services can be hard. We can help.

Our Health Navigators are here to listen to your needs, provide you with information*, and connect you with services that can help you on your health and wellbeing journey. And the best news is it's completely free for every Tasmanian, member or not.

To find out more about our Health Navigation service, visit our website.

**All information provided through health navigation is for information purposes only and is not a substitute for the advice of a qualified health professional.*

Putting good oral health within reach

Good oral health is so important to our overall health and wellbeing, but we know there are real challenges facing Tasmanians when it comes to accessing affordable ongoing dental care. We've rolled up our sleeves to help by opening our own St Lukes Dental practices across the state, because we believe all Tasmanians have a fundamental right to good oral health.

We have dental practices in Northern and Southern Tasmania with a range of dental practitioners ready to help you with all your dental needs. Our dentists provide general and major dental care, both preventative and emergency. Oral health therapists support both children and adults, and our hygienists are experts in cleaning, oral health advice and gum treatment. They're also supported by a team of dental assistants.

For more information on St Lukes Dental, visit our website.

Community events for everyone

We know health can be a handful. So we've custom built our wellness hubs with only one goal in mind - to make every Tasmanian's health journey a little easier.

We host a range of sessions, events, and activities for both our members and the community to attend. We also work with like-minded Tasmanian organisations to deliver programs.

To find out more about our current events, visit our website.

Payment options

St Lukes offers a variety of easy payment options.

Direct debit

You can have your premium automatically debited from your bank or credit card account. Simply select this option when joining St Lukes. If you wish to change your payment method to direct debit, visit our website to download the form or contact us to organise. For further information on direct debit, refer to membership condition 15 on pages 37 to 38 or visit our website.

Customer care centres and agents

You can pay your premium by credit card or eftpos at any St Lukes customer care centre or agent. You can find the addresses for our Customer Care Centres and agents on our website.

Telephone

You can pay over the phone by credit card by calling 1300 651 988 during business hours.

Online

Register for Connect and you can pay by credit card through our website. For more information on Connect, see page 7.

BPAY® and Post Billpay

You can pay by BPAY using your bank's telephone or internet banking or by Post Billpay through Australia Post.

If you pay quarterly, half yearly or yearly your renewal notice will include BPAY and Post Billpay details and reference numbers. You will need this information to pay via BPAY or Post Billpay.

Claiming options

Hospital and medical claims

Hospital claims and most inpatient medical claims will be sent direct to St Lukes by the provider.

Extras claims

Claims for Extras services can be made by the one of the following methods.

Claims lodged via St Lukes Connect, at Customer Care Centres or Agents must be paid in full prior to submitting for payment.

Mobile Claims
Register for St Lukes Connect and you can submit claims using your mobile phone. For more information, see page 7.

Point of service at your provider (HICAPS/HealthPoint)
Point of service claiming offers members the convenience of automatic claiming on the spot at participating providers via HICAPS or HealthPoint. You may need to pay a gap between the total cost and the maximum benefit provided for the service if applicable.

Customer Care Centres
Claims can be submitted at any St Lukes customer care centre. You can find the addresses for our Customer Care Centres on our website.

Agents
Claims can be made at an agent, visit our website for a list of agents. You will need your St Lukes membership card in order to claim at an agency.

Agents are restricted from paying benefits on some services.

Benefit refunds will be paid by direct credit

Your benefit refund will be deposited directly into your nominated bank account. If you haven't registered your bank account details, you can do this by logging into St Lukes Connect, contacting us on 1300 651 988, visiting one of our Customer Care Centres, or you can download a **'Benefit Refund Form'** from our website and return it to us.

Member Claiming Terms and Conditions

All claims submitted are subject to the Member Claiming Terms and Conditions. Visit our website to view the Terms and Conditions.

Hospital cover

We offer a variety of Hospital products with different excess options available to suit your budget. A Hospital product can be taken on its own, or you can combine a Hospital product with an Extras product (excluding Dental Extras) to create a package.

Dependant Extension option available

Non-student child dependants can remain covered on their family's policy until their 25th birthday for an additional premium, provided they are not married or living in a defacto relationship. Our Dependant Extension option is available on Packaged Ultimate Gold and Gold Hospital products when taken as a stand-alone product, or when combined with our Super Extras product. For more information on Dependant Extension, visit our website.

Hospital Product Tiers

To comply with Australian Government reforms, our Hospital products are classified under the product tiers of Gold, Silver, Bronze and Basic so that you can compare the clinical categories you want to be covered for. For instance, if you want to be covered for all 38 clinical categories you would choose a Gold product. If you want some Hospital cover but not all clinical categories, you would choose Silver, Bronze or Basic.

In addition to this, St Lukes has taken the step to include more than the minimum requirements under each tier. This is denoted by our products having the word "Plus" in their name – just another way we are providing value to you.

To learn more about what clinical categories are covered under our Hospital products, go to pages 13 and 14.

Hospital Cover - Excess Information

	Hospital Excess			
	Singles, Single Parents, Couples & Families policies		Singles & Single Parent policies	Couples & Families policies
	Same-day excess	Overnight excess	Maximum excess	Maximum excess
	Per person, per calendar year, up to the maximum policy excess			
Gold Hospital Cover				
Gold Hospital 300	$150	$300	$300	$600
Gold Hospital 500	$250	$500	$500	$1000
Gold Hospital 750	$375	$750	$750	$1500
Silver Hospital cover				
Planner Silver Plus Hospital 250	$250	$250	$250	$500
Planner Silver Plus Hospital 500	$500	$500	$500	$1000
Protector Silver Plus Hospital 250	$250	$250	$250	$500
Protector Silver Plus Hospital 500	$500	$500	$500	$1000
Protector Silver Plus Hospital 750	$750	$750	$750	$1500
Silver Plus Hospital 250	$250	$250	$250	$500
Silver Plus Hospital 500	$500	$500	$500	$1000
Silver Plus Hospital 750	$750	$750	$750	$1500
Bronze Hospital cover				
Bronze Plus Hospital 250	$250	$250	$250	$500
Bronze Plus Hospital 500	$500	$500	$500	$1000
Bronze Plus Hospital 750	$750	$750	$750	$1500
Bronze Hospital 250	$250	$250	$250	$500
Bronze Hospital 500	$500	$500	$500	$1000
Bronze Hospital 750	$750	$750	$750	$1500
Basic Hospital cover				
Basic Plus Hospital 500	$500	$500	$500	$1000

All Gold Hospital products give you top private Hospital cover with the option to pay an excess if you want to lower your premium.

For Gold Hospital products with an excess, the excess for adults will apply to both same-day and overnight hospitalisations. The same-day excess will be half the chosen excess up to the maximum product excess. **The excess does not apply to child dependants covered on the policy.**

For all Silver Plus Hospital, Bronze Plus Hospital, Bronze Hospital, and Basic Plus Hospital products, the full excess for adults applies to both same-day and overnight hospitalisations. **The excess does not apply to child dependants covered on the policy.**

For more information on how the excess is applied, refer to page 33 or visit our website.

Hospital cover – Clinical Categories

Clinical Categories	Gold Hospital Products	Planner Silver Plus Hospital Products	Protector Silver Plus Hospital Products	Silver Plus Hospital Products	Bronze Plus Hospital Products	Bronze Hospital Products	Basic Plus Hospital Products
Excess levels	$300, $500, $750	$250, $500	$250, $500, $750	$250, $500, $750	$250, $500, $750	$250, $500, $750	$500
Rehabilitation	✓	✓	✓	✓	✓	✓	✓
Hospital psychiatric services	✓	RCP*	✓	RCP*	RCP*	RCP*	RCP*
Palliative care	✓	✓	✓	✓	✓	✓	✓
Ear, nose and throat	✓	✓	✓	✓	✓	✓	✓
Tonsils, adenoids and grommets	✓	✓	✓	✓	✓	✓	✓
Bone, joint and muscle	✓	✓	✓	✓	✓	✓	✗
Joint reconstructions	✓	✓	✓	✓	✓	✓	✓
Hernia and appendix	✓	✓	✓	✓	✓	✓	✓
Gynaecology	✓	✓	✓	✓	✓	✓	✓
Brain and nervous system	✓	✓	✓	✓	✓	✓	✗
Digestive system	✓	✓	✓	✓	✓	✓	✗
Gastrointestinal and endoscopy	✓	✓	✓	✓	✓	✓	✓
Chemotherapy, radiotherapy and immunotherapy for cancer	✓	✓	✓	✓	✓	✓	✗
Pain management	✓	✓	✓	✓	✓	✓	✗
Breast surgery (medically necessary)	✓	✓	✓	✓	✓	✓	✗
Eye (not cataracts)	✓	✓	✓	✓	✓	✓	✗
Kidney and bladder	✓	✓	✓	✓	✓	✓	✗
Male reproductive system	✓	✓	✓	✓	✓	✓	✗
Miscarriage and termination of pregnancy	✓	✓	✓	✓	✓	✓	✓
Skin	✓	✓	✓	✓	✓	✓	✓

✓ Covered

✗ Not Covered

*** RCP** - Restricted Cover Permitted: indicates the clinical category is not a minimum requirement of the product tier. Insurers may choose to offer these as additional clinical categories on a restricted or unrestricted basis.

Hospital cover – Clinical Categories (continued)

Clinical Categories	Gold Hospital Products	Planner Silver Plus Hospital Products	Protector Silver Plus Hospital Products	Silver Plus Hospital Products	Bronze Plus Hospital Products	Bronze Hospital Products	Basic Plus Hospital Products
Excess levels	$300, $500, $750	$250, $500	$250, $500, $750	$250, $500, $750	$250, $500, $750	$250, $500, $750	$500
Diabetes management (excluding insulin pumps)	✓	✓	✓	✓	✓	✓	✗
Dental surgery	✓	✓	✓	✓	✓	✗	✓
Lung and chest	✓	✓	✓	✓	✓	✗	✗
Blood	✓	✓	✓	✓	✓	✗	✗
Plastic and reconstructive surgery (medically necessary)	✓	✓	✓	✓	✓	✗	✗
Implantation of hearing devices	✓	✓	✓	✓	✗	✗	✗
Back, neck and spine (including fusion)	✓	✓	✓	✓	✗	✗	✗
Heart and vascular system	✓	✓	✓	✓	✗	✗	✗
Podiatric surgery (provided by an accredited podiatric surgeon)	✓	✓	✓	✓	✗	✗	✗
Pregnancy and birth	✓	✓	✗	✗	✗	✗	✗
Assisted reproductive services	✓	✓	✗	✗	✗	✗	✗
Insulin pumps	✓	✗	✓	✓	✗	✗	✗
Pain management with device	✓	✗	✓	✗	✗	✗	✗
Sleep studies	✓	✓	✓	✓	✗	✗	✓
Cataracts	✓	✗	✓	✗	✗	✗	✗
Joint replacements	✓	✗	✓	✗	✗	✗	✗
Dialysis for chronic kidney disease	✓	✗	✓	✗	✗	✗	✗
Weight-loss surgery	✓	✗	✗	✗	✗	✗	✗

✓ Covered

✗ Not Covered

*** RCP** - Restricted Cover Permitted: indicates the clinical category is not a minimum requirement of the product tier. Insurers may choose to offer these as additional clinical categories on a restricted or unrestricted basis.

Hospital cover benefits

Hospital Benefit
Full cover for hospital accommodation and theatre fees in all contracted private hospitals and day hospital facilities within Australia (medical certification is required after 35 continuous days in hospital).
Benefits will be paid at no less than the minimum benefit when you elect to be treated as a private patient in all public hospitals within Australia.
Access to our Private Postnatal Care Service for Northern and North West Tasmanian members (see membership condition 7 on page 35 for more details).
Benefits towards approved medical devices and human tissue products (see page 34 for more details).
The gap between the Medicare benefit and the Medicare Benefit Schedule (MBS) fee for medical services performed while you are an inpatient in hospital.
Additional gap benefit for medical services provided by practitioners participating in St Lukes Medical Gap (see page 33 for more details).
Benefits towards uncontracted private hospitals (patient gaps may apply, you should check with St Lukes before being admitted to an uncontracted hospital).
No waiting periods apply when you sign up to the same level of cover as you held with your previous insurer (refer to page 30 and membership conditions 1 and 2 on page 35 for more details).
Full cover for intensive care in all contracted private hospitals (medical certification is required).
Full cover for coronary care in all contracted private hospitals (medical certification is required).
Hospital accommodation for podiatric surgery (refer to membership condition 9 on page 36 for more details).
Excess applies for overnight hospitalisations.
Excess applies for same-day hospitalisations up to the maximum policy excess (only half the same-day excess applies on Gold Hospital 300, 500 and 750).
No excess on hospitalisations for child dependants.
No excluded services (refer to pages 13 and 14 and membership conditions 4 and 5 on page 35 for more details).
Cosmetic surgery and other surgical procedures not covered by Medicare (refer to membership conditions 6 and 8 on pages 35 and 36 for more details).

Hospital cover benefits

Gold Hospital Products	Planner Silver Plus Hospital Products	Protector Silver Plus Hospital Products	Silver Plus Hospital Products	Bronze Plus Hospital Products	Bronze Hospital Products	Basic Plus Hospital Products
✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓
✓	✓	✗	✗	✗	✗	✗
✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✗	✗	✗
✓	✓	✓	✓	✗	✗	✗
✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓
✓	✗	✗	✗	✗	✗	✗
✗	✗	✗	✗	✗	✗	✗

A full list of the private hospitals and day hospital facilities contracted with St Lukes is available on request or visit our website.

Extras cover

St Lukes offers benefits towards the cost of an extensive range of other healthcare services not covered by Hospital cover or by Medicare. Examples of benefits are included in this Extras benefit comparison and where applicable annual limits are per person covered per calendar year unless otherwise specified. A calendar year runs from January 1 to December 31.

Benefits are only payable when claims are paid in full and services are provided by a practitioner in private practice, who is recognised by St Lukes. All claims are subject to the Member Claiming Terms and Conditions, which can be found on our website.

Extras product	Level of Extras cover
Super Extras	Comprehensive
Wellbeing Extras	Mid-level
Starter Extras	Basic

An Extras product can be taken on its own, or you can combine an Extras product with a stand-alone Hospital product to create a package.

If you prefer a full range of Extras benefits then our top Extras cover, Super Extras is your best choice.

Wellbeing Extras provides you with benefits for a number of Extras services, allowing you to take your wellbeing to the next level.

If a limited range of Extras benefits would best suit your needs, then Starter Extras is designed to provide you with cover for the more common healthcare costs.

The following pages provide examples of the benefits covered on our Extras products.

Benefits available with our Extras products

No out-of-pocket costs on preventative dental.

With eligible extras cover you can access no out-of-pocket costs on preventative dental through the St Lukes Dental Network. This means, when you visit a participating dental provider, you'll have no out-of-pocket costs on eligible services including examinations, x-rays, scale and cleans, and fissure sealing.

This will help you keep your teeth and gums healthy and may help prevent the need for more extensive treatment later in life. Now that's something to smile about!

To find out more about no out-of-pocket costs on preventative dental, visit our website.

Be rewarded for your member loyalty

At St Lukes we value the relationship we have with our members and that's why we offer Member Rewards on selected covers. Member Rewards will reward each person who has held an eligible Extras cover (excluding Dental Extras) with St Lukes for five years or more with a 5% increase in their dental benefits and annual dental limits, excluding preventative services paid under preventative dental.

To find out more about Member Rewards, visit our website

Combine Extras with a Hospital cover and receive additional benefits

If you combine Extras (excluding Dental Extras) with a Hospital cover, you will be eligible for benefits towards Health Management programs. These benefits do not apply when Extras is taken without Hospital cover.

			Super Extras			
Service Category	Waiting Period	Service	Benefit	Maximum Benefit	Sub-limit	Annual limit
General Dental	2 months	**Preventative dental** (examination, x-ray, scale and clean and fissure sealing) Average fee refers to the average charged Australia wide for each eligible service *For preventative dental we recommend you obtain a benefit quote prior to receiving treatment.*	Two dental consultations per person up to maximum benefit, per calendar year	Maximum benefits apply		$1000
		Comprehensive oral examination	100%*	$77		
		Scaling and cleaning	100%*	$134		
		Simple extraction	100%*	$125		
		Mouthguard - limit of one per person, per calendar year	100%*	$96		
		One surface filling posterior tooth	100%*	$100		
Major Dental	12 months	**Periodontics**	up to 100%	Individual benefits apply	$1000	$1200
		Endodontics	up to 100%		$1000	
		Crowns and bridges	up to 100%		$1000	
		Procedures for dental implants	up to 100%		$1000	
		Dentures - limit of one upper and one lower denture per person, payable every two calendar years	up to 100%		$800	
		Orthodontics	up to 100%		$1000 Lifetime limit of $2800	
Optical	6 months	**Frames**	100% of fee charged up to annual limit			$300
		Single-vision lenses				
		Bi-focal lenses				
		Multi-focal lenses				
		Soft contacts				
		Hard contacts				
		Disposable contacts (12-month supply)				
		Repair to frames	$25	$25		
Physical Therapies	2 months	**Physiotherapy**	100%*	Initial: $61 Subsequent: $51		$850
		Approved group sessions (including hydrotherapy)	100%*	$17	$300	
		Exercise physiology	100%*	Initial: $58 Subsequent: $41	$500	
		Exercise physiology - approved group sessions	100%*	$15	$300#	
		Antenatal/post-natal	100%*	$51	$400	
		Lymphedema	100%*	$55	$400	
		Eye therapy	100%	Initial: $65 Subsequent: $38	$400	
Pharmacy	2 months	**Per non PBS prescription^**	100%*	$70		$600
Podiatry	2 months	**Podiatry**	100%*	Initial: $50 Subsequent: $41		$400

** Up to maximum benefit.*
^ For prescriptions not covered by the PBS, excluding anabolic steroids, items normally available without prescription and drugs not approved for sale in Australia. A co-payment applies to each prescription item equal to the current non-concessional PBS co-payment amount. Annual limits apply per person, per calendar year unless otherwise specified.
 # The $300 sub-limit for Exercise physiology group sessions is included in the $500 Exercise Physiology sub-limit.

Wellbeing Extras				Starter Extras			
Benefit	Maximum Benefit	Sub-limit	Annual limit	Benefit	Maximum Benefit	Sub-limit	Annual limit
One dental consultation up to the maximum benefit, per person per calendar year	Maximum benefits apply		$750	✗	✗	✗	$500
60%*	$77			50%*	$75		
60%*	$134			50%*	$127		
60%*	$123			50%*	$123		
60%*	$96			50%*	$96		
60%*	$100			50%*	$96		
60%*	Individual benefits apply	$500	$500	✗	✗	✗	✗
60%*		$500		✗	✗	✗	
60%*		$500		✗	✗	✗	
60%*		$500		✗	✗	✗	
60%*		$500		✗	✗	✗	
✗	✗	✗	✗	✗	✗	✗	
100% of fee charged up to annual limit			$200	100% of fee charged up to annual limit			$150
$25	$25			$25	$25		
100%*	Initial: $56 Subsequent: $49		$600	100%*	Initial: $44 Subsequent: $38		$400
100%*	$17	$175		100%*	$10	$150	
60%*	Initial: $43 Subsequent: $33	$175		50%*	Initial: $35 Subsequent: $25	$150	
60%*	$15			50%*	$10		
60%*	$49	$175		50%*	$38	$150	
60%*	$40	$175		50%*	$40	$150	
100%*	Initial: $43 Subsequent: $33	$175		100%*	Initial: $35 Subsequent: $25	$150	
60%*	$60		$300	50%*	$50		$200
100%*	Initial: $44 Subsequent: $38		$200	✗	✗	✗	✗

** Up to maximum benefit.*
Annual limits apply per person, per calendar year unless otherwise specified.

			Super Extras			
Service Category	Waiting Period	Service	Benefit	Maximum Benefit	Sub-limit	Annual limit
Allied Health Therapies	2 months	Dietetics	100%*	Initial: $75 Subsequent: $45	$500	$1000
		Diabetes education	100%*	Initial: $75 Subsequent: $45		
		Nutrition	100%*	Initial: $75 Subsequent: $45		
		Occupational therapy	100%*	Initial: $80 Subsequent: $59	$400	
		Speech therapy	100%*	Initial: $120 Subsequent: $81	$400	
		Home nursing	100%*	$50	$500	
		Audiology^	100%*	$50	Two per year	
Complementary Therapies	2 months	Acupuncture	100%*	Initial: $35 Subsequent: $30		$500
		Chinese herbal consultation	100%*	Initial: $35 Subsequent: $30		
		Remedial massage	100%*	Initial: $35 Subsequent: $30		
		Myotherapy	100%*	Initial: $35 Subsequent: $30		
		Alexander Technique	100%*	Initial: $30 Subsequent: $25		
		Naturopathy	100%*	Initial: $30 Subsequent: $25		
		Shiatsu	100%*	Initial: $30 Subsequent: $25		
		Western Herbal Medicine	100%*	Initial: $30 Subsequent: $25		
Osteopathy and Chiropractic	2 months	Osteopathy	100%*	Initial: $60 Subsequent: $47		$400
		Chiropractic	100%*	Initial: $41 Subsequent: $30		
Mental Wellness	2 months+	Psychology (Including Telehealth)	100%*	Initial: $145 Subsequent: $110		$600
		Counselling / Social Worker (Including Telehealth)	100%*	Initial: $85 Subsequent: $77		
Health Appliances and Aids	12 months	Foot orthotics (custom-made)	100%*		$250	$1000
		Repair to custom-made foot orthotics (limit of one repair per person, per calendar year)	$30			
		Other specific orthotics# eg. knee brace.	Benefits apply to individual items		Limits apply to individual items	
		Specified prosthetic appliances# eg. breast prosthesis after mastectomy				
		Specified health aids# eg. blood glucose monitor, nebuliser				
Hearing Aids	36 months	Initial appliance	100%*	$1000		2 appliances per person every 5 calendar years
		Additional appliance (must be for opposite ear to initial appliance)	100%*	$1000		
Health Management	3 months	Per person	70%*	$300	$300	$300
		Only available when Super, Wellbeing or Starter Extras is taken with a Hospital product. Benefits are payable for approved health management programs. Contact St Lukes for more information.				

Wellbeing Extras				Starter Extras			
Benefit	Maximum Benefit	Sub-limit	Annual limit	Benefit	Maximum Benefit	Sub-limit	Annual limit
100%*	Initial: $60 Subsequent: $40	$300	$350	100%*	Initial: $50 Subsequent: $35	$200	$300
100%*	Initial: $60 Subsequent: $40			100%*	Initial: $50 Subsequent: $35		
100%*	Initial: $60 Subsequent: $40			100%*	Initial: $50 Subsequent: $35		
100%*	Initial: $55 Subsequent: $40	$175		100%*	Initial: $45 Subsequent: $35	$150	
✗	✗	✗		✗	✗	✗	
100%*	$50	$250		100%*	$50	$200	
60%*	$50	Two per year		50%*	$50	Two per year	
100%*	Initial: $32 Subsequent: $28		$300	✗	✗	✗	✗
100%*	Initial: $32 Subsequent: $28			✗	✗	✗	
100%*	Initial: $32 Subsequent: $28			✗	✗	✗	
100%*	Initial: $32 Subsequent: $28			✗	✗	✗	
100%	Initial: $28 Subsequent: $22			✗	✗	✗	
100%	Initial: $28 Subsequent: $22			✗	✗	✗	
100%	Initial: $28 Subsequent: $22			✗	✗	✗	
100%	Initial: $28 Subsequent: $22			✗	✗	✗	
100%*	Initial: $46 Subsequent: $42		$350	100%*	Initial: $38 Subsequent: $33		$300
100%*	Initial: $38 Subsequent: $27			100%*	Initial: $36 Subsequent: $26		
100%*	Initial: $110 Subsequent: $90		$400	100%*	Initial: $85 Subsequent: $55		$300
100%*	Initial: $60 Subsequent: $45			100%*	Initial: $30 Subsequent: $25		
✗	✗	✗	✗	✗	✗	✗	✗
✗	✗	✗		✗	✗	✗	
✗	✗	✗		✗	✗	✗	
✗	✗	✗		✗	✗	✗	
✗	✗	✗		✗	✗	✗	
✗	✗	✗	✗	✗	✗	✗	✗
✗	✗	✗		✗	✗	✗	
60%*	$200	$200	$200	50%*	$150	$150	$150

* *Up to maximum benefit.*
^ *Only payable when service rendered by an Audiologist in private practice and approved by this fund. Benefit will not be payable if the service is claimable from any other source.*
\# *For more information contact St Lukes.Annual limits apply per person, per calendar year unless otherwise specified.*
\+ *With the exception of functional assessment for the purpose of diagnosing ADHD and/or autism spectrum disorders diagnosis which has a 12 month waiting period.*

* *Up to maximum benefit.*
Annual limits apply per person, per calendar year unless otherwise specified.

Packaged Ultimate Gold

Packaged Ultimate Gold offers you top Hospital cover with no excess combined with the highest level of benefit refunds for Extra healthcare services.

Dependant Extension option available

Non-student child dependants can remain covered on their family's policy until their 25th birthday for an additional premium, provided they are not married or living in a defacto relationship. For more information on Dependant Extension, visit our website.

Excess Information

Packaged Ultimate Gold		
Hospital Excess		
Singles & Single Parent policies	Couples & Families policies	
Per calendar year	Per person, per calendar year	Maximum per policy, per calendar year
nil	nil	nil

Clinical Categories

Clinical Categories	Packaged Ultimate Gold
Rehabilitation	✓
Hospital psychiatric services	✓
Palliative care	✓
Ear, nose and throat	✓
Tonsils, adenoids and grommets	✓
Bone, joint and muscle	✓
Joint reconstructions	✓
Hernia and appendix	✓
Gynaecology	✓
Brain and nervous system	✓
Digestive system	✓
Gastrointestinal and endoscopy	✓
Chemotherapy, radiotherapy and immunotherapy for cancer	✓
Pain management	✓
Breast surgery (medically necessary)	✓
Eye (not cataracts)	✓
Kidney and bladder	✓
Male reproductive system	✓
Miscarriage and termination of pregnancy	✓

Clinical Categories	Packaged Ultimate Gold
Skin	✓
Diabetes	✓
Dental surgery	✓
Lung and chest	✓
Blood	✓
Plastic and reconstructive surgery (medically necessary)	✓
Implantation of hearing devices	✓
Back, neck and spine (including fusion)	✓
Heart and vascular system	✓
Podiatric surgery (provided by an accredited podiatric surgeon)	✓
Pregnancy and birth	✓
Assisted reproductive services	✓
Insulin pumps	✓
Pain management with device	✓
Sleep studies	✓
Cataracts	✓
Joint replacements	✓
Dialysis for chronic kidney disease	✓
Weight-loss surgery	✓

✓ Covered

✗ Not Covered

*** RCP** - Restricted Cover Permitted: indicates the clinical category is not a minimum requirement of the product tier. Insurers may choose to offer these as additional clinical categories on a restricted or unrestricted basis.

Hospital Benefits

Hospital Benefit	Packaged Ultimate Gold
Full cover for hospital accommodation and theatre fees in all contracted private hospitals and day hospital facilities within Australia (medical certification is required after 35 continuous days in hospital).	✓
Benefits will be paid at no less than the minimum benefit when you elect to be treated as a private patient in all public hospitals within Australia.	✓
Access to our Private Postnatal Care Service for Northern and North West Tasmanian members (see membership condition 7 on page 36 for more details).	✓
Benefits towards approved medical devices and human tissue products (see page 34 for more details).	✓
The gap between the Medicare benefit and the Medicare Benefit Schedule (MBS) fee for medical services performed while you are an inpatient in hospital.	✓
Additional gap benefit for medical services provided by practitioners participating in St Lukes Medical Gap (see page 33 for more details).	✓
Benefits towards uncontracted private hospitals (patient gaps may apply, you should check with St Lukes before being admitted to an uncontracted hospital).	✓
No excess for child dependants for hospitalisations.	✓
No waiting periods apply when you sign up to the same level of cover as you held with your previous insurer (refer to page 27 and membership conditions 1 and 2 on page 31 for more details).	✓
Full cover for intensive care in all contracted private hospitals (medical certification is required).	✓
Full cover for coronary care in all contracted private hospitals (medical certification is required).	✓
Hospital accommodation for podiatric surgery (refer to membership condition 9 on page 36 for more details).	✓
No excess applies for overnight hospitalisations.	✓
No excess applies for same-day hospitalisations.	✓
No excluded services (refer to page 24 and membership conditions 4 and 5 on page 32 for more details).	✓
Cosmetic surgery and other surgical procedures not covered by Medicare (refer to membership conditions 6 and 8 on pages 35 and 36 for more details).	✗

A full list of the private hospitals and day hospital facilities contracted with St Lukes is available on request or visit our website.

Packaged Ultimate Gold - Extras

St Lukes offers benefits towards the cost of an extensive range of other healthcare services not covered by Hospital cover or by Medicare. Examples of benefits are included in this Extras benefit comparison and where applicable annual limits are per person covered per calendar year unless otherwise specified. A calendar year runs from January 1 to December 31.

Benefits are only payable when provided by a practitioner in private practice who is recognised by St Lukes.

The following pages provide examples of the Extras benefits covered on Packaged Ultimate Gold.

Packaged Ultimate Gold - Benefits

No out-of-pocket costs on preventative dental
With eligible extras cover you can access no out-of-pocket costs* on preventative dental through the St Lukes Dental Network. This means, when you visit a participating dental provider, you'll have no out-of-pocket costs on eligible services including examinations, x-rays, scale and cleans, and fissure sealing.

This will help you keep your teeth and gums healthy and may help prevent the need for more extensive treatment later in life. Now that's something to smile about!

To find out more about no out-of-pocket costs on preventative dental, visit our website.

Be rewarded for your member loyalty
At St Lukes we value the relationship we have with our members and that's why we offer Member Rewards on selected covers. Member Rewards will reward each person who has held an eligible Extras cover with St Lukes for five years or more with a 5% increase in their dental benefits and annual dental limits, excluding preventative services paid under preventative dental.

To find out more about Member Rewards, visit our website.

Benefits for health management programs
When you join Packaged Ultimate Gold, you will be eligible for benefits towards Health Management programs. These benefits do not apply when Extras is taken without Hospital cover.

Level of Extras cover

Packaged cover plan	Level of Extras cover
Packaged Ultimate Gold	Our highest

** An out-of-pocket expense may apply if your provider's fee is higher than the maximum benefit for each eligible service*

Packaged Ultimate Gold - Extras benefit

Service Category	Waiting Period	Service	Benefit	Maximum Benefit	Sub-limit	Annual limit
General Dental	2 months	**Preventative dental** (examination, x-ray, scale and clean and fissure sealing) Average fee refers to the average charged Australia wide for each eligible service. For preventative dental we recommend you obtain a benefit quote prior to receiving treatment.	Two dental consultations per person up to maximum benefit, per calendar year	Maximum benefits apply		$1250
		Comprehensive oral examination	100%*	$86		
		Scaling and cleaning	100%*	$170		
		Simple extraction	100%*	$135		
		Mouthguard - limit of one per person, per calendar year	100%*	$111		
		One surface filling posterior tooth	100%*	$110		
Major Dental	12 months	**Periodontics**	100%*	Individual benefits apply	$1500	$2000
		Endodontics	100%*		$1500	
		Crowns and bridges	100%*		$1500	
		Procedures for dental implants	100%*		$1500	
		Dentures - limit of one upper and one lower denture per person, payable every two calendar years	100%*		$1000	
		Orthodontics	100%*	Set benefits apply	$1200 Lifetime limit of $3000	
Optical	6 months	**Frames**	100% of fee charged up to annual limit			$350
		Single-vision lenses				
		Bi-focal lenses				
		Multi-focal lenses				
		Soft contacts				
		Hard contacts				
		Disposable contacts (12-month supply)				
		Repair to frames	100%*	$30		
Physiotherapy	2 months	**Physiotherapy**	100%*	Initial: $61 Subsequent: $56		$1000
		Approved group sessions (including hydrotherapy)	100%*	$25	$500	
		Exercise physiology	100%*	Initial: $60 Subsequent: $45	$500	
		Exercise physiology - approved group sessions	100%*	$25		
		Antenatal/post-natal	100%*	$56	$500	
		Lymphedema	100%*	$60	Included in physiotherapy limit	
Pharmacy	2 months	**Per non PBS prescription**+	100%*	$90		$600

* *Up to maximum benefit.*
\+ *For prescriptions not covered by the PBS, excluding anabolic steroids, items normally available without prescription and drugs not approved for sale in Australia. A co-payment applies to each prescription item equal to the current non-concessional PBS co-payment amount.*
Annual limits apply per person, per calendar year unless otherwise specified.

Packaged Ultimate Gold - Extras benefit (continued)

Service Category	Waiting Period	Service	Benefit	Maximum Benefit	Sub-limit	Annual limit
Other Therapies	2 months	**Podiatry**	100%*	Initial: $55 Subsequent: $45	$500	$1000
		Occupational therapy	100%*	Initial: $85 Subsequent: $60	$500	
		Eye therapy	100%*	Initial: $70 Subsequent: $43	$500	
		Speech therapy	100%*	Initial: $130 Subsequent: $82	$500	
		Dietetics	100%*	Initial: $80 Subsequent: $50	$500	
		Nutrition	100%*	Initial: $80 Subsequent: $50	Included in dietetics limit	
Alternative Therapies	2 months	**Chiropractic**	100%*	Initial: $46 Subsequent: $34	$500	$1000
		Chiropractic x-rays	100%*	$60	Included in chiropractic limit	
		Osteopathic	100%*	Initial: $60 Subsequent: $50	Included in chiropractic limit	
		Acupuncture	100%*	Initial: $40 Subsequent: $35	$500	
		Natural therapies - includes Chinese herbal consultation and myotherapy	100%*	Initial: $37 Subsequent: $33	$500	
		Remedial massage	100%*	Initial: $40 Subsequent: $35	Included in natural therapies limit	
		Alexander Technique	100%	Initial: $32 Subsequent: $28		
		Naturopathy	100%	Initial: $32 Subsequent: $28		
		Shiatsu	100%	Initial: $32 Subsequent: $28		
		Western Herbal Medicine	100%	Initial: $32 Subsequent: $28		
Mental Wellness	2 months+	**Psychology (including Telehealth)**	100%*	Initial: $160 Subsequent: $125		$700
		Counselling / Social Worker (including Telehealth)	100%*	Initial: $85 Subsequent: $80		
Diabetes Education	2 months	**Consultation**	100%*	Initial: $60 Subsequent: $50	Included in dietetics limit	Included in dietetics limit
Home Nursing	2 months	**Per service** - for services provided by a registered nurse in private practice	100%*	$55		$500
Health Appliances and Aids	12 months	**Foot orthotics** (custom-made)	100%*		$250	$1500
		Repair to custom-made foot orthotics (limit of one repair per person, per calendar year)	100%*	$35		
		Other specific orthotics# eg. knee braces	90%*		Limits apply to individual items	
		Specified prosthetic appliances# - eg. breast prosthesis after mastectomy	90%*		Limits apply to individual items	
		Specified health aids# eg. blood glucose monitor	90%*		Limits apply to individual items	
Audiology	2 months	**Per consultation^**	100%*	$55		2 per year
Hearing Aids	36 months	**Initial appliance**	100%*	$1250		2 appliances per person every 5 calendar years
		Additional appliance (must be for opposite ear to initial appliance)	100%*	$1250		
Health Management	3 months	**Per person**	70%*	$300		$300
		Benefits are payable for approved Health Management programs. Contact St Lukes for more information.				

* *Up to maximum benefit.*
^ *Only payable when service rendered by an Audiologist in private practice and approved by this fund. Benefit will not be payable if the service is claimable from any other source.*
\# *For more information contact St Lukes. Annual limits apply per person, per calendar year unless otherwise specified.*
\+ *With the exception of functional assessment for the purpose of diagnosing ADHD and/or autism spectrum disorders diagnosis which has a 12 month waiting period.*

Waiting Periods

A waiting period is the length of time you wait before you become eligible for benefits. A two-month waiting period applies to all benefits with the following exceptions:

Pre-existing conditions (other than psychiatric treatment^, rehabilitation and palliative care)	12 months
Obstetric-related conditions	12 months
Private Post-natal Services*	12 months
Health Management programs	3 months
Optical	6 months
Major dental (including periodontics, endodontics, crowns and bridges, dental implants, dentures and orthodontics)	12 months
Health appliances and aids	12 months
Orthotic appliances	12 months
Mental wellness (functional assessment for the purpose of diagnosing ADHD and/or autism spectrum disorders diagnosis)	12 months
Hearing aids	36 months

Waiting periods apply to new members and to members rejoining after a lapse in cover. Waiting periods may also apply to additional or higher benefits when you change your level of cover.

Looking to switch from another health insurer?

We make switching easy, even contacting your old insurer to have the awkward 'it's-not-me-its-you' conversation. When you sign up for the same level of cover as your old insurer, you can claim straight away providing all waiting periods have been served. If you transfer to a higher level of cover, some waiting periods may apply for the higher benefits.

^Insured people with limited or restricted mental health cover (psychiatric treatment) may upgrade to a higher level of cover providing you have held any level of hospital cover for 2 months with your current insurer to access mental health services. This exemption applies once per lifetime. This waiting period applies for each person covered on the policy. A two month waiting period applies to mental health cover (psychiatric treatment) for people new to health insurance.

** This service is available to St Lukes members in Northern and North West Tasmania where there is no access to private hospital post-natal services. For more information, refer to membership condition 7.*

Mothers who deliver at the Launceston General Hospital (LGH) or the North West Regional Hospital (NWRH) can access the post-natal hotel service regardless of where they live in North or North West Tasmania. Mothers and babies will require discharge by their obstetrician from the LGH or NWRH before accessing this post-discharge service. The post-natal service is available on selected products where the pregnancy and birth clinical category is covered. St Lukes also offers a home based post-natal service, for further details contact 1300 651 988 or visit our website. A 12 month waiting period applies to new members and members transferring from another private health insurer. Members who reside interstate or in Southern Tasmania are not eligible for this service, as post-natal services are currently provided by private hospitals in these regions, unless they deliver at the LGH or NWRH.

Lifetime Health Cover

Lifetime Health Cover is an Australian Government initiative. Under Lifetime Health Cover, people who join a Hospital cover earlier in life and maintain their Hospital cover, will pay lower premiums throughout their life compared to someone who joins later in life.

Lifetime Health Cover is a financial loading that may be payable on the full base rate premium for Hospital cover. To qualify for the base rate premium, a person must take out hospital cover before July 1 immediately following their 31st birthday. People who join on or after this date will pay an additional premium loading of 2% (in addition to the base rate premium) for each year they are over the age of 30, up to a maximum loading of 70%.

If a Lifetime Health Cover loading has been applied to your premium, it can be removed after you have held Hospital cover for a continuous period of 10 years.

Special provisions apply to people who were overseas when they turned 31, migrants, people covered by a Department of Veterans' Affairs Gold Card and members of the Australian Defence Force.

Lifetime Health Cover only applies to Hospital cover. It does not apply to Extras cover.

For further information on Lifetime Health Cover, please visit our website.

The Australian Government Rebate

The Australian Government provides a rebate on premiums paid for private health cover. The rebate is subject to income testing, meaning the level of rebate you may be eligible for is based on your level of income. You must also be eligible for Medicare to be entitled to the rebate.

The amount of rebate you are entitled to is based on which income tier you fall in to. Most Australians will be eligible for the full rebate; however, the rebate is reduced for higher income earners. In addition to the income test, the level of rebate you may be entitled to also depends on the age of the oldest person covered by your policy as the rebate increases when you turn 65 and again when you turn 70.

People earning above the highest income tier may not be eligible for any rebate from the government.

The rebate does not apply to any Lifetime Health Cover (LHC) loading that may apply to a policy, meaning the rebate only applies to the base rate premium of the private health insurance product. If you are eligible for a government rebate and wish to claim the rebate as a premium reduction, you will need to nominate a rebate tier so that we know how much rebate you wish to claim. To register for the Australian Government Rebate on Private Health Insurance as a premium reduction contact us on 1300 651 988 or download the application from our website.

Alternatively, you can claim the rebate in your annual tax return.

To view the current thresholds, visit our website. For more information refer to our separate flyer **The Australian Government Rebate on Private Health Insurance** or contact us on 1300 651 988. We recommend you read this separate flyer or visit our website to see the level of rebate you may be entitled to under the income thresholds. More information is also available on the Australian Taxation Office website at ato.gov.au or call the Australian Taxation Office on 13 28 61. We also recommend you consult your tax or financial advisor to see how the rebate income thresholds affect your individual circumstances.

The Medicare Levy Surcharge

The Medicare Levy Surcharge (MLS) is another Australian Government initiative. If your taxable income is above the defined income thresholds set by the government, you will be required to pay an additional Medicare Levy Surcharge of up to 1.5% if you don't hold an appropriate level of private Hospital cover.
An appropriate level of Hospital cover is one which does not have an excess greater than $750 for single members or greater than $1500 for couples, single parent or family members.

If you take out private Hospital cover with St Lukes, you may be exempt from paying the Medicare Levy Surcharge from the date the policy is effective on all Hospital covers.

For further information, visit our website or refer to our separate flyer **The Australian Government Rebate on Private Health Insurance**. More information about the Medicare Levy Surcharge is also available on the Australian Taxation Office website **ato.gov.au** or you can call the Australian Taxation Office on 13 28 61.

Reciprocal Medicare Card Holders

A Yellow Medicare Reciprocal Health Care Card is issued to visitors to Australia who are residents of countries with which Australia has reciprocal health care agreements. Access to Medicare services is time-limited and does not cover treatment as a private patient in a public or private hospital.

Yellow Medicare card holders can still purchase a Hospital or Extras product with St Lukes, however, they will not be covered for treatment as a private patient in a public or private hospital, as our Hospital cover excludes cover for procedures that are not covered by Medicare. Please contact us to discuss this prior to receiving Hospital treatment by calling 1300 651 988 or visit our website.

Yellow Medicare card holders are entitled to claim the full benefits stated on a St Lukes Extras cover, limitations only apply to Hospital cover.

An excess

You can lower your premium by choosing an excess on your Hospital cover.

An excess is the amount you agree to pay in each calendar year towards your hospital admission. A calendar year runs from January 1 to December 31. Once you have paid your excess for Hospital admission you will not have to pay another excess for the rest of that calendar year, no matter how many times you are admitted to hospital for treatment.

For families, there is a safety net. The excess on a family policy only applies to the adults who are admitted to hospital in the same calendar year. The excess does not apply to child dependants covered on the policy.

For a single-parent policy, the excess only applies to the adult covered on the policy. It does not apply to the child dependants covered on the policy.

The excess will apply to both overnight and same-day hospital treatment for adults on Gold Hospital 300, 500 and 750. The same-day excess is half the chosen excess up to the maximum product excess. The excess does not apply to child dependants covered by the policy.

On our Silver Plus, Bronze Plus, Bronze and Basic Plus Hospital products (where available), the full excess applies to both overnight and same-day hospital treatment for adults, however the excess does not apply to child dependants covered on the policy.

On products where the excess does not apply to child dependants and when there are no adults on the policy, the excess will be applied to the child dependant who is nominated as the policyholder.

The excess does not apply to inpatient medical services or Extras benefits.

St Lukes Medical Gap

St Lukes Medical Gap is designed to eliminate or reduce the 'gap' between the Medicare Benefits Schedule (MBS) fee and the doctor's charge for medical services provided in hospital by a participating doctor.

St Lukes Medical Gap provides a schedule of fees that participating doctors use when treating eligible St Lukes members.

A doctor who participates in St Lukes Medical Gap can either agree to charge no more than St Lukes' Medical Gap schedule fee, in which case there will be 'no gap' or out-of-pocket expense for the patient. Alternatively, a doctor may charge a maximum $500 out-of-pocket for services related to your hospital stay.

Prior to going to hospital, you should ask your doctor if he or she and other doctors involved in your hospital treatment are participating in St Lukes Medical Gap. If your doctor is not aware of the arrangement, please ask your doctor to contact St Lukes for details.

For further information on St Lukes Medical Gap, please refer to our separate brochure or visit our website.

Medical devices and human tissue products

The Government's Prescribed List of Medical Devices and Human Tissue Products ("the Prescribed List") includes surgically implanted medical devices, devices designed and essential for implantation or for maintaining the implant, human tissue items and other specified devices. This includes items such as hip, knee or shoulder joint replacement devices, cardiac implantable electronic devices such as pacemakers, vascular and cardiac stents, human tissue items like bone fragments, vascular grafts, corneas and heart valves.

If you have appropriate cover, and the product listed on the Prescribed List was provided to you, used during a procedure, or implanted into your body as part of your hospital treatment, you should not have any out-of-pocket costs.

A limited number may require a patient contribution or 'gap' to be paid.

If you require surgery that involves an item on the Prescribed List or a non-listed product, you should check with your surgeon to see if it attracts a patient gap.

If the item does attract a patient gap, discuss with your surgeon the option of using a no gap item.

No benefit is payable from the Fund where the medical service is excluded from a product.

Before you have your treatment, please ensure that you have been provided with full details on the costs and any out of pocket expenses associated with your procedure and check your cover by calling St Lukes.

Complaints, compliments and suggestions

St Lukes is committed to providing the highest quality customer service. As part of our continual aim to maintain the highest quality service, we welcome your feedback.

We endeavour to ensure that all complaints are resolved satisfactorily and in a timely manner with professionalism, fairness and equity.

We will respect your privacy and keep your information confidential at all times.

For more information on our complaints resolution policy or on providing us with feedback, please visit our website.

If at any time you are not satisfied with how we have dealt with your complaint, you can request an independent review from the Commonwealth Ombudsman. These services are free to members.

To make a complaint, contact the Commonwealth Ombudsman at ombudsman.gov.au

For general information about private health insurance, see privatehealth.gov.au

The contact details for the Commonwealth Ombudsman are:

Commonwealth Ombudsman

GPO Box 442
Canberra ACT 2601

Phone: 1300 362 072

Membership conditions (summary only)

1. Waiting periods

A waiting period is the length of time you must wait before you become eligible for benefits. For more information on waiting periods, refer to page 30.

2. Pre-existing condition

A pre-existing condition is an ailment, illness or condition the signs or symptoms of which, in the opinion of an independent medical practitioner appointed by St Lukes, existed at any time in the period of six months ending on the day on which the person became insured under the policy. A 12-month waiting period applies to all pre-existing conditions.

3. Accidents

Cover will be approved if hospital treatment that occurs after joining is as a result of an accident and does not include any exclusions listed. A medical certificate, certified by a medical practitioner, is to be provided to St Lukes, at the hospitals earliest possible convenience. An accident is an event or occurrence which is unforeseen and unintended, which results in physical hurt or damage to the body and requires immediate treatment. An accident does not include an obstetric-related condition, or an unforeseen ailment, illness or condition brought on by medical causes, or any excluded clinical categories under your selected level of cover.

4. Restricted service

Benefits for a restricted service are limited to a shared room benefit in a public hospital should you elect to be treated as a private patient. There is very limited cover in a private hospital meaning you will have significant out-of-pocket costs if you use a private hospital for a restricted service. These costs include accommodation fees and theatre fees charged by the private hospital. You are entitled to Medicare Benefit Schedule rates for any medical services and therefore you may also have an out-of-pocket cost from your doctors. Your medical devices and human tissue product costs will be in accordance with normal fund rules.

5. Excluded services

Benefits for excluded services are not payable therefore there is no cover as a private patient in a public hospital or a private hospital meaning that you will have significant out-of-pocket costs for an excluded service. No benefit is payable towards medical devices and human tissue products that are excluded from a product.

6. Cosmetic surgery and surgical procedures not covered by Medicare

No benefit is payable on any Hospital cover for treatment relating to cosmetic surgery or other surgical treatment that does not meet the eligibility criteria for the payment of Medicare benefits, or is not listed in the Medicare Benefits Schedule (with the exceptions of membership conditions 8 and 9).

7. Obstetric-related services

A 12-month waiting period applies to obstetric-related conditions. After the 12-month waiting period has been served, the mother's hospitalisation will be covered on a single policy and both the mother and baby will be covered on a family policy. To ensure coverage of a newborn child, a single policy must be upgraded to a family cover from the child's date of birth, providing the change occurs within 90 days of the child's birth. A newborn child should also be added to a family cover within 90 days of the child's birth to ensure that no waiting periods apply to the child. Premature births or complications arising from a pregnancy where a medical practitioner confirms the baby's expected date of birth is after the 12-month waiting period, will be covered.

St Lukes offers a private post-natal service to North and North West Tasmanian members on selected products where the pregnancy and birth clinical category is covered. A 12 month waiting period applies to new members and members transferring from another private health insurer. Members who reside interstate or in Southern Tasmania are not eligible for this service, as post-natal services are currently provided by private hospitals in these regions, unless they deliver at the LGH or NWRH.

8. Sterilisation/Vasectomy or reversal of

Sterilisation, vasectomies and reversals of, are only covered on our Hospital covers when they attract a Medicare benefit. Benefit is not payable for procedures not covered by Medicare. Where Medicare benefit is payable, a 12-month waiting period will apply under the pre-existing rule.

9. Podiatric surgery

St Lukes will pay hospital accommodation benefits on its Gold and Silver products for surgical procedures performed by a registered podiatric surgeon. Surgical procedures performed by a podiatric surgeon do not attract a Medicare benefit and therefore no medical benefit will be paid towards the charges raised by a podiatric surgeon.

10. Overseas treatment

No benefit is payable for services or treatment provided or appliances purchased outside of Australia.

11. Who is covered?

A single membership covers the individual only.

A couples membership covers the member and their partner/spouse.

A single parent membership covers the member and child dependants.

A family membership covers the member, partner/spouse and child dependants.

On a single parent or family membership, child dependants include children under 23 years of age and full time students under 25 years of age who are not married or living in a defacto relationship.

A dependant extension membership covers the member, partner/spouse and child dependants including non-student child dependants under 25, who are not married or living in a defacto relationship

Dependants will receive immediate cover for equivalent benefits providing they join their own membership within 60 days of ceasing to qualify as a child dependant or non-student child dependant and providing all waiting periods have been served under their parent's policy.

12. Transferring to higher cover

When changing to higher levels of cover, waiting periods and the pre-existing condition rule will apply for the additional benefit payable on the higher cover, except for benefits for psychiatric treatment where a one-off lifetime waiting period exemption may apply. In the interim, your previous level of cover applies provided you have served the waiting periods on your previous level.

13. Switching from other insurers

Members who transfer from another Australian registered private health insurer within 60 days of ceasing financial membership with the previous insurer, may do so without waiting periods providing the benefits are common to both insurers, the transfer is to the same level of cover and all waiting periods have been served with the previous insurer. If a break in Hospital cover does occur on transfer, the days without hospital cover will be counted as a period of absence for Lifetime Health Cover. Should the transfer be to a higher level of cover or a higher benefit than the previous insurer then all waiting periods, including the pre-existing condition waiting period will apply for the additional benefit, with the exception of benefits for psychiatric treatment where a one-off lifetime waiting period exemption may apply. When transferring from another insurer, your original age at joining Hospital cover with your previous insurer will be taken into consideration for the calculation of any premium loading payable under Lifetime Health Cover.

14. Payment of contributions

Contributions are payable in advance. A discount is available for half-yearly or yearly payments in advance.

15. Direct Debit Request Service Agreement

Debiting your account

By signing a direct debit request or by providing St Lukes with a valid instruction, you have authorised St Lukes to arrange for funds to be debited from your account. We will only arrange for funds to be debited from your account as authorised in the direct debit request. If the debit day falls on a weekend or public holiday, we may direct your financial institution to debit your account on the following banking day. Monthly, quarterly, half-yearly and yearly direct debits are deducted on the day of the month that you nominate or within two business days after that day. Premiums will be deducted for the following calendar month, quarter, half year or year. Weekly and fortnightly are deducted on the day of the week that you nominate or within two business days after that day. An adjustment may be taken with your first direct debit payment to bring your payments in line with your chosen direct debit cycle.

Amendments by us

St Lukes may vary any details of this Agreement or a Direct Debit Request at any time by giving you at least 14 days written notice.

Amendments by you

You may change or defer a debit payment, or terminate this Agreement by providing us with at least seven days notification in writing.

Your obligations

It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the direct debit request. If there are insufficient clear funds in your account to meet a debit payment you may be charged a fee and/or interest by your financial institution or you may also incur fees or charges imposed or incurred by us. You must arrange for the debit payment to be made by another method or contact us to arrange an alternative date that we can process the debit payment. If a scheduled debit payment fails then we will notify you and re-attempt the transaction after 14 calendar days. You must contact us to make alternative arrangement if you do not want this to occur. You should check your account statement to verify that the amounts debited from your account are correct.

Dispute

If you believe that there has been an error in debiting your account, you should notify St Lukes as soon as possible either in person at one of our Customer Care Centres, by phone, by email or by contacting us via one of the methods listed on the back of this brochure. Alternatively you can take it up with your financial institution.

If St Lukes concludes as a result of our investigation that your account has been incorrectly debited we will advise you of our findings and arrange for your financial institution to apply a correction and will notify you of the details of the adjustment.

Accounts

You should check with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions. You should also check that your account details which you have provided to us are correct by checking them against a recent account statement and you should check with your financial institution before completing the direct debit request if you have any queries about how to complete the direct debit request.

Confidentiality

St Lukes will keep information (including your account details) in your direct debit request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

St Lukes will only disclose information that we have about you to the extent specifically required by law, or for the purposes of this Agreement (including disclosing information in connection with any query or claim).

Notice

If you wish to notify us in writing about anything relating to this Agreement, you should write to us at the head office or email the address on the back page of this brochure. St Lukes will notify you by sending a notice in the ordinary post to the address you have given us in the direct debit request.

Any notice will be deemed to have been received on the third banking day (other than a Saturday, Sunday or public holiday listed throughout Australia) after posting.

16. Overdue payments

If contributions are in arrears, payments will not automatically be accepted. It may be necessary to re-serve waiting periods from the date of payment of the arrears and entitlement to benefit for services provided while in an unfinancial period may be lost. If premiums fall more than 60 days in arrears, the policy will be subject to cancellation and all waiting periods may have to be re-served.

17. Payment of benefits

Benefits are payable for face to face consultations and telehealth consultations where services are deemed appropriate by St Lukes and where treatment is provided by a recognised provider.

18. Claims lodgement

Benefits are not payable where the service is not paid in full or a claim is lodged more than two years after the date of service.

19. Compensation from other sources

Benefits are not payable for any condition for which members or dependants have the right to recover costs from any other source, including third party, worker's compensation or persons liable at law.

20. Approved providers

Benefits are only payable when provided by a practitioner in private practice who has been approved and registered with St Lukes.

The approval and registration by St Lukes of a provider, medical practitioner, hospital or day hospital facility (as defined in the St Lukes fund rules) for the payment of benefits does not constitute a representation or recommendation by St Lukes or any of its agents that any particular provider, medical practitioner, hospital or day hospital facility or any service, product or treatment recommended or provided by that provider, medical practitioner, hospital or day hospital facility, will or may be of benefit to St Lukes members. St Lukes thus accepts no responsibility for the outcome of any advice, service, product or treatment given to members by a provider, medical practitioner, hospital or day hospital facility registered with St Lukes.

21. Hospital claims

Benefits are payable at the insured rate for 365 days for all persons covered in any one year (subject to conditions 1, 2, 6, 8, 9, 16 and 21). For hospitalisation that extends beyond 35 continuous days, benefits will be reduced unless a medical certificate for ongoing acute care is provided by the patient's doctor and approved by St Lukes.

22. Benefit limited to fee charged

Benefits shall be limited to the fee charged or the insured amount, whichever is the lesser.

23. Medicare Benefits Schedule fee

The Medicare Benefit Schedule fee is set for the purpose of paying Medicare Benefits. It does not necessarily indicate the amount that the doctor will charge but forms the basis from which the Medicare and 'medical gap' benefit is determined.

24. Periods of absence from Hospital cover

Under Lifetime Health Cover, if you cease your Hospital membership for 1094 days or more over your lifetime, an additional premium loading may apply when you rejoin. For more information, visit our website.

25. Policy suspension

Members may suspend their policy in certain circumstances on application to St Lukes. St Lukes will consider suspension for periods of extended overseas travel, and may consider suspension under special cases. A suspension application will need to be completed. An additional Medicare Levy Surcharge may apply to high income earners during any period of policy suspension. Refer to our website.

26. Privacy policy

St Lukes is committed to respecting your right to privacy and protecting your personal information. We are bound by the Australian Privacy Principles in the Privacy Act 1988 (Commonwealth), as amended, which regulates how we collect and manage your personal information. Our staff are trained to respect your privacy in accordance with our standards, policies and procedures. Our Privacy Policy outlines how we manage your personal information.

It also describes in general terms the type of personal information held, for what purposes, and how that information is collected, stored, used and disclosed.

Our Privacy Policy applies to all your dealings with us whether at one of our customer care centres, via our website or with one of our customer care or corporate relationship specialists. To view our privacy statement, visit our website and search for Privacy Policy.

27. Private Health Insurance Code of Conduct

St Lukes supports the Private Health Insurance Code of Conduct.

The PHI Code of Conduct is an industry self-regulatory code which aims to promote informed relationships between private health insurers, consumers, agents and brokers. To view a copy of the code, visit our website.

Notation

The Membership Conditions are a summary of the St Lukes Fund Rules. The information contained in this brochure cancels and supersedes all previously published material. The Fund Rules may be amended from time to time. If they are, as a member of St Lukes you agree to be bound by any amendments which are made.

st.lukes

p 1300 651 988
w stlukes.com.au
e general@stlukes.com.au

PO Box 915
Launceston 7250

Head Office and Customer Care Centre

Launceston

Customer Care Centres

Hobart
Kingston
Rosny Park
Devonport
Burnie
Smithton

Agents

Queenstown
Deloraine

Private Health Insurance Code of Conduct

ABN 81 009 479 618