

## Private Health Information Statement - Combined policy

### Planner Silver Plus Hospital 250 and Super Extras

#### St Lukes

<http://www.stlukes.com.au>  
[general@stlukes.com.au](mailto:general@stlukes.com.au)  
1300 651 988

#### Monthly Premium

**\$660.40<sup>#</sup>**

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)

Available in Northern Territory

Closed to new members

<sup>#</sup> 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.

### Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy does not provide accident cover or benefits for travel and accommodation (outside of hospital).

#### ✓ Covered

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>

#### R Restricted

Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

#### ✗ Not Covered

These categories are not covered by this policy.

This policy ✓ includes cover for

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

This policy ✗ does not include cover for

|                                       |                      |                               |
|---------------------------------------|----------------------|-------------------------------|
| ✗ Cataracts                           | ✗ Insulin pumps      | ✗ Pain management with device |
| ✗ Dialysis for chronic kidney failure | ✗ 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.

**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](#) lets you find out more about the cost of specialist medical services.

Other features of this hospital cover

Ambulance Levy included for NSW/ACT residents. Ambulance is provided free to Tas residents. Unmarried dependants covered until they turn 23 and single F/T students covered until they turn 25.

For further information about this policy see

<https://www.stlukes.com.au>

General Treatment Cover

This health insurer does not operate a preferred provider scheme.

This policy  includes General treatment (Extras) cover for

| Note, for items marked with an asterisk *: Under Preventative Dental, we pay up to 100% 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. A 2-month waiting period applies to Psychology with the exception of functional assessment for the purpose of diagnosing ADHS and/or autism spectrum disorders diagnosis which has a 12-month waiting period. |                         |                                                                                                                                                                  |                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                                                                                                           | Examples of maximum benefits                                                                                                                         |
| General dental*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2                       | \$1,000 per person                                                                                                                                               | Periodic oral examination - 100% of charge<br>Scale & clean - 100% of charge<br>Fluoride treatment - \$36.00<br>Surgical tooth extraction - \$180.00 |
| Major dental                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 12                      | \$1,200 per person<br>(combined limit for major dental & endodontic - <b>Sub-limits apply</b> )                                                                  | Full crown veneered - \$810.00                                                                                                                       |
| Endodontic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 12                      |                                                                                                                                                                  | Filling of one root canal - \$180.00                                                                                                                 |
| Orthodontic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12                      | \$1,000 per person<br>\$2,800 lifetime limit                                                                                                                     | Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge                                                          |
| Optical                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6                       | \$300 per person                                                                                                                                                 | Single vision lenses & frames - \$300.00<br>Multi-focal lenses & frames - \$300.00                                                                   |
| Non PBS pharmaceuticals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2                       | \$600 per person                                                                                                                                                 | Per eligible prescription - \$70.00                                                                                                                  |
| Physiotherapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2                       | \$850 per person<br>(combined limit for physiotherapy, ante-natal/post-natal classes, exercise physiology & eye therapy (orthoptics) - <b>Sub-limits apply</b> ) | Initial visit - \$61.00<br>Subsequent visit - \$51.00                                                                                                |

|                                                                                                                                                                            |    |                                                                                                                                                                                             |                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Chiropractic                                                                                                                                                               | 2  | \$400 per person<br>(combined limit for chiropractic & osteopathy - <b>Sub-limits apply</b> )                                                                                               | Initial visit - \$41.00<br>Subsequent visit - \$30.00   |
| Podiatry                                                                                                                                                                   | 2  | \$400 per person                                                                                                                                                                            | Initial visit - \$50.00<br>Subsequent visit - \$41.00   |
| Psychology                                                                                                                                                                 | 2  | Benefits payable towards counselling services - Initial consultation \$85/subsequent consultation \$77 included in \$600 Psychology Limit.                                                  | Initial visit - \$145.00<br>Subsequent visit - \$110.00 |
| Acupuncture                                                                                                                                                                | 2  | \$500 per person<br>(combined limit for acupuncture, remedial massage & chinese medicine - <b>Sub-limits apply</b> )                                                                        | Initial visit - \$35.00<br>Subsequent visit - \$30.00   |
| Remedial massage                                                                                                                                                           | 2  |                                                                                                                                                                                             | Initial visit - \$35.00<br>Subsequent visit - \$30.00   |
| Hearing aids                                                                                                                                                               | 36 | 2 appliance(s) every 5 years                                                                                                                                                                | Hearing aid - \$1,000.00                                |
| Blood glucose monitors                                                                                                                                                     | 12 | \$1,000 per person<br>(combined limit for blood glucose monitors & orthotics (podiatric orthoses) - <b>Sub-limits apply</b> )                                                               | Per monitor - \$200.00                                  |
| Audiology                                                                                                                                                                  | 2  | \$1,000 per person<br>2 service(s) every 1 year<br>(combined limit for audiology, dietetics/dietary advice, home nursing, occupational therapy & speech therapy - <b>Sub-limits apply</b> ) | Initial visit - \$50.00<br>Subsequent visit - \$40.00   |
| Ante-natal/Post-natal classes                                                                                                                                              | 2  | Combined limit - see Physiotherapy                                                                                                                                                          | Initial visit - \$51.00<br>Subsequent visit - \$51.00   |
| Chinese medicine                                                                                                                                                           | 2  | Combined limit - see Acupuncture                                                                                                                                                            | Initial visit - \$32.00<br>Subsequent visit - \$28.00   |
| Dietetics/dietary advice                                                                                                                                                   | 2  | Combined limit - see Audiology                                                                                                                                                              | Initial visit - \$75.00<br>Subsequent visit - \$45.00   |
| Exercise physiology                                                                                                                                                        | 2  | Combined limit - see Physiotherapy                                                                                                                                                          | Initial visit - \$58.00<br>Subsequent visit - \$41.00   |
| Eye therapy (orthoptics)                                                                                                                                                   | 2  | Combined limit - see Physiotherapy                                                                                                                                                          | Initial visit - \$65.00<br>Subsequent visit - \$38.00   |
| Home nursing                                                                                                                                                               | 2  | Combined limit - see Audiology                                                                                                                                                              | Initial visit - \$50.00<br>Subsequent visit - \$50.00   |
| Occupational therapy                                                                                                                                                       | 2  | Combined limit - see Audiology                                                                                                                                                              | Initial visit - \$80.00<br>Subsequent visit - \$59.00   |
| Orthotics (podiatric orthoses)                                                                                                                                             | 12 | Combined limit - see Blood glucose monitors                                                                                                                                                 | Orthotics supply & fit - 100% of charge                 |
| Osteopathy                                                                                                                                                                 | 2  | Combined limit - see Chiropractic                                                                                                                                                           | Initial visit - \$60.00<br>Subsequent visit - \$47.00   |
| Speech therapy                                                                                                                                                             | 2  | Combined limit - see Audiology                                                                                                                                                              | Initial visit - \$120.00<br>Subsequent visit - \$81.00  |
| Acupuncture, Remedial massage, Western herbal medicine, Alexander Technique, Myotherapy, Naturopathy and Shiatsu are included in the Complimentary Therapies annual limit. |    |                                                                                                                                                                                             |                                                         |

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

**X** Other treatments - check with your insurer

#### Other features of this general treatment cover

Orthodontic limit included in annual Major Dental limit. Diabetes Education & Nutrition benefits included in Dietetics sub-limit. Overall limit of \$1000 per person applies to Health Appliances & Aids, individual limits apply. \$250 sub-limit applies to foot orthotics. Approved health management programs when Super Extras taken with hospital cover. Member rewards apply after 5 years continuous membership.

For further information about this policy see

<https://www.stlukes.com.au>

## Ambulance cover

Pensioner Concession Card and Commonwealth Seniors Health Card holders are entitled to free ambulance transport services. St John's ambulance offers a subscription service for ambulance cover in the Northern Territory (<https://www.stjohnnt.org.au/ambulance/ambulance-cover.php>). Cover is included whilst interstate for less than 21 days.

For further information about this policy see

<https://www.stlukes.com.au/forms-brochures?tag=Information+sheet>

### Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.