

## Private Health Information Statement - General treatment policy

### Astute Extras Protect

#### Astute Simplicity Health

<https://astutesimplicityhealth.com.au/>

[astute@stlukes.com.au](mailto:astute@stlukes.com.au)

1300 090 960

Underwritten by St Lukes

#### Monthly Premium

**\$216.20<sup>#</sup>**

(before any rebate or insurer discount)

Covers 2 adults (and no-one else)

Available in South Australia

<sup>#</sup> You may be entitled to an Australian Government rebate on the above premium. Your premium may also include an insurer discount. Check with your insurer for details.

Employees and customers of Astute Financial

### 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                      | \$1,500 per person                                                                                                                                                        | Full crown veneered - \$810.00                                                                                                                       |
| Endodontic              | 12                      | (combined limit for major dental & endodontic - <b>Sub-limits apply</b> )                                                                                                 | 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 - <b>Sub-limits apply</b> )                                    | Initial visit - \$61.00<br>Subsequent visit - \$51.00                                                                                                |
| Chiropractic            | 2                       | Combined limit of \$500 per person for chiropractic/osteopathy, acupuncture and other services. \$400 sub-limit applies per person, per service.                          | Initial visit - \$41.00<br>Subsequent visit - \$30.00                                                                                                |
| Podiatry                | 2                       | \$1,000 per person<br>(combined limit for podiatry, dietetics/dietary advice, eye therapy (orthoptics), occupational therapy & speech therapy - <b>Sub-limits apply</b> ) | 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                       | Combined limit - see Chiropractic                                                                                                                                         | Initial visit - \$35.00<br>Subsequent visit - \$30.00                                                                                                |

|                                                                                                                                                                          |    |                                                                                                                      |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Remedial massage                                                                                                                                                         | 2  | Combined limit - see Chiropractic                                                                                    | 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 | Overall limit of \$1000 per person applies to Health Appliances & Aids**. \$250 sub-limit applies to foot orthotics. | Per monitor - \$200.00                                 |
| Audiology                                                                                                                                                                | 2  | 2 service(s) every 1 year                                                                                            | 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 Chiropractic                                                                                    | Initial visit - \$35.00<br>Subsequent visit - \$30.00  |
| Dietetics/dietary advice                                                                                                                                                 | 2  | Combined limit - see Podiatry                                                                                        | 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 Podiatry                                                                                        | Initial visit - \$65.00<br>Subsequent visit - \$38.00  |
| Home nursing                                                                                                                                                             | 2  | \$500 per person                                                                                                     | Initial visit - \$50.00<br>Subsequent visit - \$50.00  |
| Occupational therapy                                                                                                                                                     | 2  | Combined limit - see Podiatry                                                                                        | Initial visit - \$80.00<br>Subsequent visit - \$59.00  |
| Orthotics (podiatric orthoses)                                                                                                                                           | 2  | 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 Podiatry                                                                                        | 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 Alternative 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. Approved health management programs when Extras Protect is taken with hospital cover. Member rewards apply after 5 years continuous membership. \*\*Limits apply to individual Health Appliances & Aids.

### Ambulance cover

South Australia has a subscription service to cover ambulance within the state, with an additional fee to cover interstate travel (<http://www.saambulance.com.au/ProductsServices/AmbulanceCover.aspx>).

### 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.