

Private Health Information Statement - Combined policy

Pasplan Gold with excess

St Lukes

http://www.stlukes.com.au

general@stlukes.com.au

1300 651 988

Monthly Premium

\$602.40<sup>#</sup>

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)

Available in All States

# 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.

Employees of Minerals and Metals Group, Oz Minerals, Nyrstar and Perilya Ltd

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides benefits for travel or accommodation (outside of hospital) - check with your insurer for details.

This policy does not provide accident cover.

✓ 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)	✓ Miscarriage and termination of pregnancy
✓ Back, neck and spine	✓ Gastrointestinal endoscopy	✓ Pain management
✓ Blood	✓ Gynaecology	✓ Pain management with device
✓ Bone, joint and muscle	✓ Heart and vascular system	✓ Palliative care
✓ Brain and nervous system	✓ Hernia and appendix	✓ Plastic and reconstructive surgery (medically necessary)
✓ Breast surgery (medically necessary)	✓ Hospital psychiatric services	✓ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
✓ Cataracts	✓ Implantation of hearing devices	✓ Pregnancy and birth
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Insulin pumps	✓ Rehabilitation
✓ Dental surgery	✓ Joint reconstructions	✓ Skin
✓ Diabetes management (excluding insulin pumps)	✓ Joint replacements	✓ Sleep studies
✓ Dialysis for chronic kidney failure	✓ Kidney and bladder	✓ Tonsils, adenoids and grommets
✓ Digestive system	✓ Lung and chest	✓ Weight loss surgery
✓ Ear, nose and throat	✓ Male reproductive system	

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 \$150 per person and \$300 per policy per year.

Excess payments do not apply to hospital admissions for day surgery.

**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.

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 100% of your dentist's regular fee up to a maximum benefit per eligible service. This applies to examinations, x-rays, scale and clean and fissure sealing. If your dentist charges above the maximum benefit, or in excess of their regular fee, a gap or out of pocket may apply. Regular fee refers to the average fee your dentist charges to all patients of his or her practice for each eligible service.

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental*	2	\$1,200 per person	Periodic oral examination - 100% of charge Scale & clean - 100% of charge Fluoride treatment - \$36.00 Surgical tooth extraction - \$234.00
Major dental	12	No annual limit (Sub-limits apply)	Full crown veneered - \$1,005.00
Endodontic	12	\$1,000 per person	Filling of one root canal - \$215.00
Orthodontic	12	\$1,000 per person \$2,800 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - 85% of charge
Optical	6	\$300 per person	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals	2	\$600 per person	Per eligible prescription - \$70.00
Physiotherapy	2	\$850 per person (combined limit for physiotherapy, ante-natal/post-natal classes & exercise physiology - Sub-limits apply)	Initial visit - \$72.00 Subsequent visit - \$56.00
Chiropractic	2	\$500 per person (combined limit for chiropractic, osteopathy & other services - Sub-limits apply)	Initial visit - \$53.00 Subsequent visit - \$41.00

Podiatry	2	\$400 per person	Initial visit - \$47.00 Subsequent visit - \$42.00
Psychology	12	Benefits payable towards counselling services - Initial consultation \$85/subsequent consultation \$80 included in \$700 Psychology Limit	Initial visit - \$160.00 Subsequent visit - \$125.00
Acupuncture	2	\$400 per person	Initial visit - \$53.00 Subsequent visit - \$47.00
Remedial massage	2	\$400 per person (combined limit for remedial massage & chinese medicine - <b>Sub-limits apply</b> )	Initial visit - \$53.00 Subsequent visit - \$47.00
Hearing aids	36	2 appliance(s) every 5 years	Hearing aid - \$1,250.00
Blood glucose monitors	12	Overall Limit of \$1000 per person applies to Health Appliances and Aids**. \$250 sub limit applies to foot orthotics.	Per monitor - \$200.00
Audiology	2	2 service(s) every 1 year	Initial visit - \$70.00 Subsequent visit - \$70.00
Ante-natal/Post-natal classes	2	Combined limit - see Physiotherapy	Initial visit - \$56.00 Subsequent visit - \$56.00
Chinese medicine	2	Combined limit - see Remedial massage	Initial visit - \$50.00 Subsequent visit - \$45.00
Dietetics/dietary advice	2	\$400 per person	Initial visit - \$90.00 Subsequent visit - \$55.00
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - \$55.00 Subsequent visit - \$46.00
Eye therapy (orthoptics)	2	\$400 per person	Initial visit - \$75.00 Subsequent visit - \$48.00
Home nursing	2	\$400 per person	Initial visit - \$70.00 Subsequent visit - \$70.00
Occupational therapy	2	\$400 per person	Initial visit - \$85.00 Subsequent visit - \$67.00
Orthotics (podiatric orthoses)	12	Combined limit - see Blood glucose monitors	Orthotics supply & fit - \$250.00
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$65.00 Subsequent visit - \$59.00
Speech therapy	2	\$400 per person	Initial visit - \$130.00 Subsequent visit - \$82.00

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

Generally the benefit is 85% of fee charged up to the listed maximum benefit. Diabetes Education & Nutrition benefits included in Dietetics sub-limit. Other services covered include osteopathy, occ therapy, eye/speech therapy, dietetics, audiology, approved appliances/aids and approved health management programs. Member rewards apply after 5 years continuous membership.

## Ambulance cover

Ambulance cover is provided by the State government in Tasmania ([https://www.health.tas.gov.au/ambulance/fees\\_and\\_accounts](https://www.health.tas.gov.au/ambulance/fees_and_accounts)) and Queensland (<https://www.ambulance.qld.gov.au/>). In other states concession card holders may have free cover and there are subscription services in several states ([https://privatehealth.gov.au/health\\_insurance/what\\_is\\_covered/ambulance.htm](https://privatehealth.gov.au/health_insurance/what_is_covered/ambulance.htm)).

For further information about this policy see

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

### Disclaimer

[PrivateHealth.gov.au](https://PrivateHealth.gov.au)

PolicyID: SLM/J4B/A0300C

Date statement issued: 01 April 2025

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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.