

## Private Health Information Statement - Combined policy

### Astute Bronze Plus Hospital 250 and Astute Wellbeing Extras

#### 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

**\$223.00 #**

(before any rebate, loading or discount)

Covers only one person  
Available in Western Australia

# 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 and customers of Astute Financial

### 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

|   |  |  |
|---|--|--|
| ✓ Blood   | ✓ Gastrointestinal endoscopy               | ✓ Pain management  |
| ✓ Bone, joint and muscle                                  | ✓ Gynaecology                              | ✓ Pain management with device                              |
| ✓ Brain and nervous system                                | ✓ Hernia and appendix                      | ✓ Palliative care  |
| ✓ Breast surgery (medically necessary)                    | ✓ Implantation of hearing devices          | ✓ Plastic and reconstructive surgery (medically necessary) |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Insulin pumps                            | ✓ Rehabilitation   |
| ✓ Dental surgery  | ✓ Joint reconstructions                    | ✓ Skin   |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Kidney and bladder                       | ✓ Sleep studies  |
| ✓ Digestive system  | ✓ Lung and chest                           | ✓ Tonsils, adenoids and grommets                           |
| ✓ Ear, nose and throat                                    | ✓ Male reproductive system                 | R Hospital psychiatric services                            |
| ✓ Eye (not cataracts)                                     | ✓ Miscarriage and termination of pregnancy |  |

This policy ✗ does not include cover for

|                                  |                                       |   |
|----------------------------------|---------------------------------------|---|
| ✗ Assisted reproductive services | ✗ Dialysis for chronic kidney failure | ✗ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits) |
| ✗ Back, neck and spine           | ✗ Heart and vascular system           | ✗ Pregnancy and birth   |
| ✗ Cataracts                      | ✗ Joint replacements                  | ✗ Weight loss surgery   |

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on [privatehealth.gov.au](https://privatehealth.gov.au) for which hospitals have arrangements with your insurer – <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

[The following payments may also apply for hospital admissions](#)

**Excess:** You will have to pay an excess on admission. This is limited to a maximum of \$250 per person and \$250 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](#)

Half excess applies to day surgery up to maximum product excess. Ambulance subscriptions are claimable up to an annual premium, where there is no state based Ambulance scheme or levy.

**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 60% of the average fee charged Australia wide up to the maximum benefit for each eligible service. This applies to examinations, x-rays, scale and clean and fissure sealing. If your dentist charges above the maximum benefit, or in excess of the average fee, a gap or out of pocket may apply. Annual limits, fund rules and waiting periods apply. 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                       | \$750 per policy   | Periodic oral examination - 60% of charge<br>Scale & clean - 60% of charge<br>Fluoride treatment - 60% of charge<br>Surgical tooth extraction - 60% of charge |
| Major dental            | 12                      | \$500 per policy<br>(combined limit for major dental & endodontic - <b>Sub-limits apply</b> )  | Full crown veneered - 60% of charge   |
| Endodontic              | 12                      |  | Filling of one root canal - 60% of charge   |
| Optical                 | 6                       | \$200 per policy   | Single vision lenses & frames - \$200.00<br>Multi-focal lenses & frames - \$200.00  |
| Non PBS pharmaceuticals | 2                       | \$300 per policy   | Per eligible prescription - 60% of charge   |
| Physiotherapy           | 2                       | \$350 per policy<br>(combined limit for physiotherapy, ante-natal/post-natal classes, exercise physiology & eye therapy (orthoptics) - <b>Sub-limits apply</b> ) | Initial visit - \$56.00<br>Subsequent visit - \$49.00   |
| Chiropractic            | 2                       | \$350 per policy<br>(combined limit for chiropractic & osteopathy - <b>Sub-limits apply</b> )  | Initial visit - \$38.00<br>Subsequent visit - \$27.00   |

|  |   |   |   |
|--|---|---|---|
| Podiatry   | 2 | \$200 per policy  | Initial visit - \$40.00<br>Subsequent visit - \$33.00             |
| Psychology   | 2 | Benefits payable towards counselling services - Initial consultation \$60/subsequent consultation \$45 included in \$400 Psychology Limit.                                | Initial visit - \$110.00<br>Subsequent visit - \$90.00            |
| Acupuncture  | 2 | \$300 per policy<br>(combined limit for acupuncture, remedial massage & chinese medicine - <b>Sub-limits apply</b> )  | Initial visit - \$32.00<br>Subsequent visit - \$28.00             |
| Remedial massage   | 2 |   | Initial visit - \$32.00<br>Subsequent visit - \$28.00             |
| Audiology  | 2 | \$350 per policy<br>1 service(s) every 1 year<br>(combined limit for audiology, dietetics/dietary advice, home nursing & occupational therapy - <b>Sub-limits apply</b> ) | Initial visit - 60% of charge                                     |
| Ante-natal/Post-natal classes  | 2 | Combined limit - see Physiotherapy  | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| 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 - \$60.00<br>Subsequent visit - \$40.00             |
| Exercise physiology  | 2 | Combined limit - see Physiotherapy  | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Eye therapy (orthoptics)   | 2 | Combined limit - see Physiotherapy  | Initial visit - \$43.00<br>Subsequent visit - \$33.00             |
| 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 - \$55.00<br>Subsequent visit - \$40.00             |
| Osteopathy   | 2 | Combined limit - see Chiropractic   | Initial visit - \$46.00<br>Subsequent visit - \$42.00             |
| 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

|                                 |   |
|---------------------------------|---|
| <b>X</b> Blood glucose monitors | <b>X</b> Orthodontic                                |
| <b>X</b> Hearing aids           | <b>X</b> Other treatments - check with your insurer |

### Other features of this general treatment cover

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

### Ambulance cover

Aged Pensioner concession holders are entitled to free ambulance transport services. If you are not eligible for a concession and want to be covered, you can purchase insurance from a private health fund or a subscription through the state ambulance service.

### 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.