

# Extras Cover MAINLAND

Effective November 1, 2020



# Extras cover

St.LukesHealth is Australia's Number One Private Health Insurer for Customer Satisfaction in 2016, 2017, 2018 and 2019\* and is a proudly owned and operated Tasmanian company, providing private health insurance to Australians since 1952.

St.LukesHealth offers benefits towards the cost of an extensive range of other healthcare services not covered by our 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 to December.

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

An Extras product can be taken on its own if you only need Extras cover, or you can tailor your own Hospital and Extras package by combining an Extras product with a Hospital product from our Hospital range. For more information on our Hospital cover, refer to our **Hospital Cover** brochure or visit [www.stlukes.com.au](http://www.stlukes.com.au).

*The information contained in this brochure should be read carefully in conjunction with the **Why St.LukesHealth** brochure and the **Important Information about Private Health Insurance** brochure and retained. Brochures can be found at [www.stlukes.com.au](http://www.stlukes.com.au).*

*\* Roy Morgan Customer Satisfaction Awards.*

Extras product	Level of Extras cover
Super Extras	Comprehensive
Budget Extras	Basic

Super Extras is our top Extras cover and offers benefits towards an extensive range of healthcare services. If you prefer a full range of benefits then Super Extras is your best choice.

If a limited range of Extras benefits would best suit your needs, then Budget Extras is designed to provide you with cover for the more common healthcare costs, including general dental, physiotherapy and optical.

The following pages provide examples of the benefits covered on Super Extras and Budget Extras.



## Benefits available with our Extras products.

### Gap Free Preventative Dental for the whole family at your choice of dentist

Under Gap Free Preventative Dental, we offer cover options that pay up to 100% of the average fee\* charged Australia wide up to the maximum benefit for each eligible service. This means that you may have no gap or out-of-pocket to pay for an examination, x-ray, scale and clean or fissure sealing. Placement of sealants in children assessed as having a high risk of tooth decay is a safe and effective way in preventing dental decay in permanent teeth. This will help you keep your teeth and gums healthy and help prevent the need for more extensive treatment later in life. Gap Free Preventative Dental applies to the whole family at your choice of dentist.

To find out more about Gap Free Preventative Dental, refer to the **Why St.LukesHealth** brochure or visit [www.stlukes.com.au](http://www.stlukes.com.au).

\* Average fee refers to the average charged Australia wide for each eligible service.

### Be rewarded for your member loyalty

At St.LukesHealth we value the relationship we have with our members and that's why we have introduced Member Rewards on selected covers. Member Rewards will reward each person who has held Super Extras cover with St.LukesHealth for five years or more with a 5% increase in their dental benefits and annual dental limits.

To find out more about Member Rewards, refer to the **Why St.LukesHealth** brochure or visit [www.stlukes.com.au](http://www.stlukes.com.au).

### 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.

## Super Extras - benefit comparison

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.	Two gap free dental consultations per person up to maximum benefit, per calendar year	Maximum benefits apply		\$1000
		Comprehensive oral examination	100%*	\$75		
		Scaling and cleaning	100%*	\$127		
		Simple extraction	100%*	\$103		
		Mouthguard - limit of one per person, per calendar year	100%*	\$96		
		One surface filling posterior tooth	100%*	\$91		
		Periodontics	100%*		\$1000	
Major Dental	12 months	Endodontics	100%*		\$1000	\$1200
		Crowns and bridges	100%*		\$1000	
		Procedures for dental implants	100%*		\$1000	
		Dentures - limit of one upper and one lower denture per person, payable every two calendar years	100%*	Individual benefits apply	\$800	
		Orthodontics	100%*		\$1000	
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	100%*	\$25				
Physical Therapies	2 months	Physiotherapy	100%*	initial: \$55 subsequent: \$42		\$850
		Approved group sessions (including hydrotherapy)	100%*	\$15	\$300	
		Exercise physiology	100%	initial: \$45 subsequent: \$35	\$200	
		Exercise physiology - approved group sessions	100%*	\$15		
		Antenatal/post-natal	100%*	\$25	\$400	
		Lymphedema	100%*	\$40	\$400	
		Eye therapy	100%*	initial: \$65 subsequent: \$38	\$400	
Pharmacy	2 months	Per non PBS subscription <sup>+</sup>	100%*	\$70		\$600
Podiatry	2 months	Podiatry	100%*	initial: \$40 subsequent: \$32		\$400

\* Up to maximum benefit.

<sup>+</sup> 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.

## Super Extras - benefit comparison

Service Category	Waiting Period	Service	Benefit	Maximum Benefit	Sub-limit	Annual limit
Allied Health Therapies	2 months	Dietetics	100%*	initial: \$75 subsequent: \$45	\$200	\$1000
		Diabetes education	100%*	initial: \$55 subsequent: \$45		
		Occupational therapy	100%*	initial: \$70 subsequent: \$49	\$400	
		Speech therapy	100%*	initial: \$80 subsequent: \$52	\$400	
		Home nursing	100%*	initial: \$50 subsequent: \$50	\$500	
		Audiology <sup>^</sup>	100%*	\$40	two per year	
Complimentary Therapies	2 months	Acupuncture	100%*	initial: \$35 subsequent: \$30	\$400	\$500
		Chinese herbal consultation	100%*	initial: \$32 subsequent: \$28	\$400	
		Remedial massage	100%*	initial: \$35 subsequent: \$30	\$400	
		Myotherapy	100%*	initial: \$32 subsequent: \$28	\$400	
Osteopathy and Chiropractic	2 months	Osteopathy	100%*	initial: \$50 subsequent: \$40	\$400	\$400
		Chiropractic	100%*	initial: \$40 subsequent: \$28	\$400	
Mental Wellness	12 months	Clinical Psychology	100%*	initial: \$85 subsequent: \$80	\$400	\$450
		Counselling	100%*	initial: \$35 subsequent: \$30	\$400	
Health Appliances and Aids	12 months	Foot orthotics (custom-made)	85%*		\$200	\$1000
		Repair to custom-made foot orthotics (limit of one repair per person, per calendar year)	\$30			
		Other specific orthotics <sup>#</sup> eg. Spinal brace, lower leg/ankle brace, knee brace, neck brace, shoulder brace, elbow brace, hand/ wrist splint	benefits apply to individual items		Limits apply to individual items	
		Specified prosthetic appliances <sup>#</sup> eg. breast prosthesis after mastectomy Other specified health aids <sup>#</sup> eg. blood glucose monitor, nebuliser				
Hearing Aids	36 months	Initial appliance	100%*	\$1000		Two appliances per person every five calendar years
		Additional appliance (must be for opposite ear to initial appliance)	100%*	\$1000		
Health Management	3 months	Single policy	70%*	\$150		\$150
		Couples and families policy	70%*	\$300		\$300

\* Up to maximum benefit.

<sup>^</sup> 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.

<sup>#</sup> A full list is available at any of our customer care centres.

Annual limits apply per person, per calendar year.

## Budget Extras - benefit comparison

Service Category	Waiting Period	Service	Benefit	Maximum Benefit	Sub-limit	Annual limit
General Dental	2 months	Comprehensive oral examination limit of two general dental consultations per person, per calendar year	100%*	\$33		\$500
		Scaling and cleaning	100%*	\$54		
		Simple extraction	100%*	\$80		
		Mouthguard - limit of one per person, per calendar year	100%*	\$70		
		One surface filling posterior tooth	100%*	\$71		
Major Dental	12 months	Periodontics	X	X	X	X
		Endodontics	X	X	X	
		Crowns and bridges	X	X	X	
		Procedures for dental implants	X	X	X	
		Dentures	X	X	X	
		Orthodontics	X	X	X	
Optical	6 months	Frames		\$95		\$200
		Single-vision lenses		\$105		
		Bi-focal lenses	100% of fee charged up to annual limit	\$105		
		Multi-focal lenses		\$105		
		Soft contacts		\$200		
		Hard contacts		\$200		
		Disposable contacts (12-month supply)		\$200		
Repair to frames	100%*	\$20				
Physiotherapy	2 months	Physiotherapy	100%*	Initial: \$45 Subsequent: \$34		\$500
		Approved group sessions (including hydrotherapy)	100%*	\$15	\$150	
		Exercise physiology	X	X	X	
		Exercise physiology - approved group sessions	X	X	X	
		Antenatal/post-natal	100%*	\$20	Included in physiotherapy limit	
		Lymphedema	100%*	\$32	Included in physiotherapy limit	
Pharmacy	2 months	Per non PBS subscription <sup>+</sup>	X	X	X	X

\* 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.

## Budget Extras - benefit comparison

Service Category	Waiting Period	Service	Benefit	Maximum Benefit	Sub-limit	Annual Limit
Other Therapies	2 months	Podiatry	X	X	X	X
		Occupational therapy	X	X	X	
		Eye therapy	100%*	Initial: \$45 Subsequent: \$30	Included in physiotherapy limit	
		Speech therapy	100%*	Initial: \$35 Subsequent: \$29	Included in physiotherapy limit	
		Dietetics	X	X	X	
Alternative Therapies	2 months	Chiropractic	X	X	X	Included in physiotherapy limit
		Chiropractic x-rays	X	X	X	
		Osteopathic	X	X	X	
		Acupuncture	100%*	Initial: \$25 Subsequent: \$25	\$200	
		Natural therapies - includes Chinese herbal consultation and myotherapy	100%*	Initial: \$29 Subsequent: \$25	\$200	
		Remedial massage	100%*	Initial: \$32 Subsequent: \$27	Included in natural therapies limit	
Mental Wellness	12 months	Clinical psychology	X	X	X	X
Diabetes Education	2 months	Counselling	X	X	X	X
		Consultation	X	X	X	X
Home Nursing	2 months	Per service for services provided by a registered nurse in private practice	X	X	X	X
Health Appliances and Aids	12 months	Foot orthotics (custom-made)	X	X	X	X
		Repair to custom-made foot orthotics (limit of one repair per person, per calendar year)	X	X	X	
		Other specific orthotics <sup>#</sup> eg. custom fitted spinal & knee braces	X	X	X	
		Specified prosthetic appliances <sup>#</sup> eg. breast prosthesis after mastectomy	X	X	X	
		Other specified health aids <sup>#</sup> eg. blood glucose monitor, nebuliser	X	X	X	
Audiology	2 months	per consultation <sup>^</sup>	X	X	X	X
Health Management	3 months	Single policy	X	X	X	X
		Couples and families policy	X	X	X	X

\* Up to maximum benefit.

# a full list is available at any of our customer care centres.

<sup>^</sup> 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.

Annual limits apply per person, per calendar year.



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**Head Office and Customer Care Centre**

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**Customer Care Centres**

Hobart	94 Liverpool Street Hobart 7000
Kingston	Shop 28a Channel Court Kingston 7050
Devonport	26 Rooke Street Devonport 7310
Burnie	27 Cattley Street Burnie 7320
Smithton	18 King Street Smithton 7330

**Agents**

Queenstown	14-16 Orr Street Queenstown 7467
Deloraine	64 Emu Bay Road Deloraine 7304

