st.lukes HEALTH

Important Information about Private Health Insurance

Effective April 1, 2021

Contents

*The information contained in this brochure should be read carefully in conjunction with the **Why St.LukesHealth** brochure and the **St.LukesHealth Hospital and Extras product** brochures and retained. Brochures can be found at www.stlukes.com.au.*

Waiting Periods

A waiting period is the length of time you wait before you become eligible for benefits. A two-month waiting period applies to all benefits with the following exceptions:

Pre-existing conditions (other than psychiatric treatment^, rehabilitation and palliative care)	12 months
Obstetric-related conditions	12 months
Private Post-natal Services*	12 months
Health Management programs	3 months
Optical	6 months
Major dental (including periodontics, endodontics, crowns and bridges, dental implants, dentures and orthodontics)	12 months
Health appliances and aids	12 months
Orthotic appliances	12 months
Clinical psychology and counselling	12 months
Hearing aids	36 months

Waiting periods apply to new members and to members rejoining after a lapse in cover. Waiting periods may also apply to additional or higher benefits when you change your level of cover.

Transferring from another insurer without loss of benefits?

If you have served all your waiting periods with another insurer, you can transfer to equivalent or lower cover with St.LukesHealth without having to re-serve waiting periods on benefits common to both insurers, providing you transfer within 60 days of ceasing to be covered by your previous insurer. If you transfer to a higher level of cover, some waiting periods may apply for the higher benefits.

^ *Insured people with limited or restricted mental health cover (psychiatric treatment) may upgrade to a higher level of cover without serving a waiting period to access mental health services once per lifetime. This waiting period exemption applies for each person covered on the policy. A two-month waiting period applies to mental health cover (psychiatric treatment) for people new to private health insurance.*

* *This service is available to St.LukesHealth members in Northern Tasmania where there is no access to private hospital post-natal services. For more information, refer to membership condition 7.*

Mothers who deliver at the Launceston General Hospital (LGH) can access the post-natal hotel service regardless of where they live in Northern Tasmania. Mothers and babies will require discharge by their obstetrician from the LGH before accessing this post-discharge service. The post-natal service is available on selected products where the pregnancy and birth clinical category is covered. St.LukesHealth also offers a home-based post-natal service, for further details contact 1300 651 988 or visit www.stlukes.com.au. A 12-month waiting period applies to new members and members transferring from another fund. Members who reside interstate, or in Southern or North-West Tasmania are not eligible for this service, as post-natal services are provided by the private hospitals in these regions, unless they deliver at the LGH.

Lifetime Health Cover

Lifetime Health Cover is an Australian Government initiative. Under Lifetime Health Cover, people who join a Hospital cover earlier in life and maintain their Hospital cover, will pay lower premiums throughout their life compared to someone who joins later in life.

Lifetime Health Cover is a financial loading that may be payable on the full base rate premium for Hospital cover. To qualify for the base rate premium, a person must take out hospital cover by July 1 immediately following their 31st birthday. People who join after this date will pay an additional premium loading of 2% (in addition to the base rate premium) for each year they are over the age of 30, up to a maximum loading of 70%.

The rebate does not apply to any Lifetime Health Cover (LHC) loading that may apply to a policy, meaning the rebate only applies to the base rate premium of the private health insurance product.

If a Lifetime Health Cover loading has been applied to your premium, it can be removed after you have held Hospital cover for a continuous period of 10 years.

Special provisions apply to people who were overseas when they turned 31, migrants, people covered by a Department of Veterans' Affairs Gold Card and members of the Australian Defence Force.

Lifetime Health Cover only applies to Hospital cover. It does not apply to Extras cover.

For further information on Lifetime Health Cover, please visit www.stlukes.com.au.

The Australian Government Rebate

The Australian Government provides a rebate on premiums paid for private health cover. The rebate is subject to income testing, meaning the level of rebate you may be eligible for is based on your level of income. You must also be eligible for Medicare to be entitled to the rebate.

The amount of rebate you are entitled to is based on which income tier you fall in to. Most Australians will be eligible for the full rebate; however, the rebate is reduced for higher income earners. In addition to the income test, the level of rebate you may be entitled to also depends on the age of the oldest person covered by your policy as the rebate increases when you turn 65 and again when you turn 70.

People earning above the highest income tier may not be eligible for any rebate from the government.

The rebate does not apply to any Lifetime Health Cover (LHC) loading that may apply to a policy, meaning the rebate only applies to the base rate premium of the private health insurance product. If you are eligible for a government rebate and wish to claim the rebate as a premium reduction, you will need to nominate a rebate tier so that we know how much rebate you wish to claim. To register for a premium reduction all you need to do is complete the Australian Government Rebate on Private Health Insurance application form. A copy of the form is available at www.stlukes.com.au.

Alternatively, you can claim the rebate in your annual tax return.

To view the current thresholds, visit www.stlukes.com.au. For more information refer to our separate brochure **The Australian Government Rebate on Private Health Insurance**. We recommend you read this separate brochure or visit our website to see the level of rebate you may be entitled to under the income test. More information is also available on the Australian Taxation Office website at www.ato.gov.au or call the Australian Taxation Office on 13 28 61. We also recommend you consult your tax or financial advisor to see how the rebate income test affects your individual circumstances.

The Medicare Levy Surcharge

The Medicare Levy Surcharge (MLS) is another Australian Government initiative. If your taxable income is above the defined income thresholds set by the government, you will be required to pay an additional Medicare Levy Surcharge of up to 1.5% if you don't hold an appropriate level of private Hospital cover. An appropriate level of Hospital cover is one which does not have an excess greater than $750 for single members or greater than $1500 for couples, single parent or family members.

If you take out private Hospital cover with St.LukesHealth, you may be exempt from paying the Medicare Levy Surcharge from the date the policy is effective on all Hospital covers, with the exception of our high excess product – Gold Hospital 1000.

For further information, visit www.stlukes.com.au or refer to our separate brochure **The Australian Government Rebate on Private Health Insurance**. More information about the Medicare Levy Surcharge is also available on the Australian Taxation Office website **www.ato.gov.au** or you can call the Australian Taxation Office on 13 28 61.

Reciprocal Medicare Card Holders

A Yellow Medicare Reciprocal Health Care Card is issued to visitors to Australia who are residents of countries with which Australia has reciprocal health care agreements. Access to Medicare services is time-limited and does not cover treatment as a private patient in a public or private hospital.

Yellow Medicare card holders can still purchase a Hospital or Extras product with St.LukesHealth, however, they will not be covered for treatment as a private patient in a public or private hospital, as our Hospital cover excludes cover for procedures that are not covered by Medicare. Please contact our Customer Care Team to discuss this prior to receiving Hospital treatment by calling 1300 651 988 or visit www.stlukes.com.au

Yellow Medicare card holders are entitled to claim the full benefits stated on a St.LukesHealth Extras cover, limitations only apply to Hospital cover.

An excess

You can lower your premium by choosing an excess on your Hospital cover.

An excess is the amount you agree to pay in each calendar year towards your hospital treatment. A calendar year runs from January 1 to December 31. Once you have paid your excess for Hospital treatment you will not have to pay another excess for the rest of that calendar year, no matter how many times you are admitted to hospital for treatment.

For families, there is a safety net. The excess on a family policy only applies to the adults who are admitted to hospital in the same calendar year. The excess does not apply to child dependants covered on the policy, with the exception of Gold Hospital 1000 where the excess applies to both adults and children.

For a single-parent policy, the excess only applies to the adult covered on the policy. It does not apply to the child dependants covered on the policy.

The excess will apply to both overnight and same-day hospital treatment for adults on Gold Hospital 300, 500 and 750. The same-day excess is half the chosen excess up to the maximum product excess. The excess does not apply to child dependants covered by the policy.

On our Silver Plus, Bronze Plus, Bronze and Basic Plus Hospital products (where available), the full excess applies to both overnight and same-day hospital treatment for adults, however the excess does not apply to child dependants covered on the policy.

On Gold Hospital 1000, an excess of $200 per admission applies to same-day hospital treatment, up to the maximum excess of $1000 per person. The full excess of $1000 per person applies to overnight hospital treatment (less any excess that has already been applied to same-day hospital treatment for that person in the same calendar year). The excess applies to both adults and child dependants on Gold Hospital 1000.

On products where the excess does not apply to child dependants and when there are no adults on the policy, the excess will be applied to the child dependant who is nominated as the policyholder.

The excess does not apply to inpatient medical services or Extras benefits.

St.LukesHealth Medical Gap Cover

St.LukesHealth Medical Gap Cover is designed to eliminate or reduce the 'gap' between the Medicare Benefits Schedule (MBS) fee and the doctor's charge for medical services provided in hospital by a participating doctor.

St.LukesHealth Medical Gap Cover provides a schedule of fees that participating doctors use when treating eligible St.LukesHealth members.

A doctor who participates in St.LukesHealth Medical Gap Cover can either agree to charge no more than St.LukesHealth's Medical Gap Cover schedule fee, in which case there will be 'no gap' or out-of-pocket expense for the patient. Alternatively, a doctor may charge a specified 'known gap' in which case the patient will be advised by the doctor of what their out-of-pocket expense will be.

Prior to going to hospital, you should ask your doctor if he or she and other doctors involved in your hospital treatment are participating in St.LukesHealth Medical Gap Cover. If your doctor is not aware of the arrangement, please ask your doctor to contact St.LukesHealth for details.

For further information on St.LukesHealth Medical Gap Cover, please refer to our separate brochure or visit www.stlukes.com.au.

Surgically implanted prostheses

A surgically implanted prosthesis that is provided as part of an episode of hospital treatment, where the service attracts Medicare benefit, is covered on all Hospital products providing the prosthesis has been approved for the payment of private health insurance benefits by the Department of Health.

A limited number may require a patient contribution or 'gap' to be paid.

If you require surgery that involves a surgically implanted prosthesis, you should check with your surgeon to see if the prosthesis attracts a patient gap.

If the prosthesis does attract a patient gap, discuss with your surgeon the option of using a no gap listed prosthesis.

No benefit is payable towards prostheses for services that are excluded from a product.

Complaints, compliments and suggestions

St.LukesHealth is committed to providing the highest quality customer service. As part of our continual aim to maintain the highest quality service, we welcome your feedback.

We endeavour to ensure that all complaints are resolved satisfactorily and in a timely manner with professionalism, fairness and equity.

We will respect your privacy and keep your information confidential at all times.

For more information on our complaints resolution policy or on providing us with your feedback, please ask for our Complaints, Compliments and Suggestions brochure, or visit www.stlukes.com.au.

If at any time you are not satisfied with how we have dealt with your complaint, you can request an independent review from the Private Health Insurance Ombudsman (PHIO). These services are free to members.

To make a complaint, contact the Commonwealth Ombudsman at www.ombudsman.gov.au

For general information about private health insurance, see www.privatehealth.gov.au

The contact details for the Private Health Insurance Ombudsman are:

Private Health Insurance Ombudsman

GPO Box 442
Canberra ACT 2601

Phone: 1300 362 072

Membership conditions

(summary only)

1. Waiting periods

A waiting period is the length of time you must wait before you become eligible for benefits. For more information on waiting periods, refer to page 2.

2. Pre-existing condition

A pre-existing condition is an ailment, illness or condition the signs or symptoms of which, in the opinion of an independent medical practitioner appointed by St.LukesHealth, existed at any time in the period of six months ending on the day on which the person became insured under the policy. A 12-month waiting period applies to all pre-existing conditions.

3. Accidents

Hospital treatment that results from an accident, which occurred after joining, is covered immediately on hospital cover, providing there is no right to claim compensation and damages from another source. An accident is an event or occurrence which is unforeseen and unintended, which results in physical hurt or damage to the body and requires immediate treatment. An accident does not include an obstetric-related condition, or an unforeseen ailment, illness or condition brought on by medical causes, or any excluded clinical categories under your selected level of cover.

4. Restricted service

Benefits for a restricted service are limited to a shared room benefit in a public hospital should you elect to be treated as a private patient. There is very limited cover in a private hospital meaning you will have significant out-of-pocket costs if you use a private hospital for a restricted service. These costs include accommodation fees and theatre fees charged by the private hospital. You are entitled to Medicare Benefit Schedule rates for any medical services and therefore you may also have an out-of-pocket cost from your doctors. Your prosthesis costs will be in accordance with normal fund rules.

5. Excluded services

Benefits for excluded services are not payable therefore there is no cover as a private patient in a public hospital or a private hospital meaning that you will have significant out-of-pocket costs if you opt to be treated as a private patient in a public hospital or in a private hospital for an excluded service. No benefit is payable towards prostheses for services that are excluded from a product.

6. Cosmetic surgery and surgical procedures not covered by Medicare

No benefit is payable on any Hospital cover for treatment relating to cosmetic surgery or other surgical treatment that does not meet the eligibility criteria for the payment of Medicare benefits, or is not listed in the Medicare Benefits Schedule (with the exceptions of membership conditions 8 and 9).

7. Obstetric-related services

A 12-month waiting period applies to obstetric-related conditions. After the 12-month waiting period has been served, the mother's hospitalisation will be covered on a single policy and both the mother and baby will be covered on a family policy. To ensure coverage of a newborn child, a single policy must be upgraded to a family cover from the child's date of birth, providing the change occurs within 30 days of the child's birth. A newborn child should also be added to a family cover within 30 days of the child's birth to ensure that no waiting periods apply to the child. Premature births or complications arising from a pregnancy where a medical practitioner confirms the baby's expected date of birth is after the 12-month waiting period, will be covered.

St.LukesHealth offers a private post-natal service to Northern Tasmanian members on selected products where the pregnancy and birth clinical category is covered. A 12-month waiting period applies to new members and members transferring from another insurer. Members who reside interstate, or in Southern or North-West Tasmania are not eligible for this service, as post-natal services are provided by the private hospitals in these regions, unless they deliver at the Launceston General Hospital.

8. Sterilisation/Vasectomy or reversal of

Sterilisation, vasectomies and reversals of, are only covered on our Hospital covers when they attract a Medicare benefit. Benefit is not payable for procedures not covered by Medicare. Where Medicare benefit is payable, a 12-month waiting period will apply under the pre-existing rule.

9. Podiatric surgery

St.LukesHealth will pay hospital accommodation benefits on its Gold and Silver products for surgical procedures performed by a registered podiatric surgeon. Surgical procedures performed by a podiatric surgeon do not attract a Medicare benefit and therefore no medical benefit will be paid towards the charges raised by a podiatric surgeon.

10. Overseas treatment

No benefit is payable for services or treatment rendered or appliances purchased outside of Australia.

11. Who is covered?

A single membership covers the individual only.

A couples membership covers the member and their partner/spouse.

A family membership covers the member, partner/spouse and child dependants.

A dependant extension membership covers the member, partner/spouse and child dependants including non-student child dependants.

On a family membership, child dependants include children under 23 years of age and full and part-time students under 25 years of age who are not married or living in a defacto relationship and if totally dependent on their parents.

On a Dependant Extension membership, child dependants include non-student child dependants who are not married or living in a defacto relationship. Dependants will receive immediate cover for equivalent benefits providing they join their own membership within 60 days of ceasing to qualify as a child dependant or non-student child dependant and providing all waiting periods have been served under their parent's policy.

12. Transferring to higher cover

When changing to higher levels of cover, waiting periods and the pre-existing condition rule will apply for the additional benefit payable on the higher cover, except for benefits for psychiatric treatment where a one-off lifetime waiting period exemption may apply. In the interim, your previous level of cover applies provided you have served the waiting periods on your previous level.

13. Transferring from other insurers

Members who transfer from another Australian registered private health insurer within 60 days of ceasing financial membership of the previous insurer, may do so without waiting periods providing the benefits are common to both insurers, the transfer is to equivalent or lower levels of cover and all waiting periods have been served with the previous insurer. If a break in Hospital cover does occur on transfer, the days without hospital cover will be counted as a period of absence for Lifetime Health Cover. Should the transfer be to a higher level of cover or a higher benefit than the previous insurer then all waiting periods, including the pre-existing condition waiting period will apply for the additional benefit, with the exception of benefits for psychiatric treatment where a one-off lifetime waiting period exemption may apply. When transferring from another insurer, your original age at joining Hospital cover with your previous insurer will be taken into consideration for the calculation of any premium loading payable under Lifetime Health Cover.

14. Payment of contributions

Contributions are payable in advance. A discount is available for those persons who pay half-yearly or yearly in advance.

15. Direct Debit Request Service Agreement

Debiting your account

By signing a direct debit request or by providing St.LukesHealth with a valid instruction, you have authorised St.LukesHealth to arrange for funds to be debited from your account. We will only arrange for funds to be debited from your account as authorised in the direct debit request. If the debit day falls on a weekend or public holiday, we may direct your financial institution to debit your account on the following banking day. Monthly, quarterly, half-yearly and yearly direct debits are deducted on the day of the month that you nominate or within two business days after that day. Premiums will be deducted for the following calendar month, quarter, half year or year. Weekly and fortnightly are deducted on the day of the week that you nominate or within two business days after that day. An adjustment may be taken with your first direct debit payment to bring your payments in line with your chosen direct debit cycle.

Amendments by us

St.LukesHealth may vary any details of this Agreement or a Direct Debit Request at any time by giving you at least 14 days written notice.

Amendments by you

You may change or defer a debit payment, or terminate this Agreement by providing us with at least seven days notification in writing.

Your obligations

It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the direct debit request. If there are insufficient clear funds in your account to meet a debit payment you may be charged a fee and/or interest by your financial institution or you may also incur fees or charges imposed or incurred by us. You must arrange for the debit payment to be made by another method or contact us to arrange an alternative date that we can process the debit payment. If a scheduled debit payment fails then we will notify you and re-attempt the transaction after 14 calendar days. You must contact us to make alternative arrangement if you do not want this to occur. You should check your account statement to verify that the amounts debited from your account are correct.

Dispute

If you believe that there has been an error in debiting your account, you should notify St.LukesHealth as soon as possible either in person at one of our Customer Care Centres, by phone, by email or by contacting us via one of the methods listed on the back of this brochure. Alternatively you can take it up with your financial institution.

If St.LukesHealth concludes as a result of our investigation that your account has been incorrectly debited we will advise you of our findings and arrange for your financial institution to apply a correction and will notify you of the details of the adjustment.

Accounts

You should check with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions. You should also check that your account details which you have provided to us are correct by checking them against a recent account statement and you should check with your financial institution before completing the direct debit request if you have any queries about how to complete the direct debit request.

Confidentiality

St.LukesHealth will keep information (including your account details) in your direct debit request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

St.LukesHealth will only disclose information that we have about you to the extent specifically required by law, or for the purposes of this Agreement (including disclosing information in connection with any query or claim).

Notice

If you wish to notify us in writing about anything relating to this Agreement, you should write to us at the head office or email the address on the back page of this brochure. St.LukesHealth will notify you by

sending a notice in the ordinary post to the address you have given us in the direct debit request. Any notice will be deemed to have been received on the third banking day (other than a Saturday, Sunday or public holiday listed throughout Australia) after posting.

16. Overdue payments

If contributions are in arrears, payments will not automatically be accepted. It may be necessary to re-serve waiting periods from the date of payment of the arrears and entitlement to benefit for services rendered while in an unfinancial period may be lost. If premiums fall more than two months in arrears, the policy will be subject to cancellation and all waiting periods may have to be re-served.

17. Claims lodgement

Benefits are not payable where a claim is lodged more than two years after the date of service.

18. Compensation from other sources

Benefits are not payable for any condition for which members or dependants have the right to recover costs from any other source, including third party, worker's compensation or persons liable at law.

19. Approved providers

Benefits are only payable when rendered by a practitioner in private practice who has been approved and registered with this fund.

The approval and registration by St.LukesHealth of a provider, medical practitioner, hospital or day hospital facility (as defined in the St.LukesHealth fund rules) for the payment of benefits does not constitute a representation or recommendation by St.LukesHealth or any of its agents that any particular provider, medical practitioner, hospital or day hospital facility or any service, product or treatment recommended or provided by that provider, medical practitioner, hospital or day hospital facility, will or may be of benefit to St.LukesHealth members. St.LukesHealth thus accepts no responsibility for the outcome of any advice, service, product or treatment given to members by a provider, medical practitioner, hospital or day hospital facility registered with this fund.

20. Hospital claims

Benefits are payable at the insured rate for 365 days for all persons covered in any one year (subject to conditions 1, 2, 6, 8, 9, 16 and 21). For hospitalisation that extends beyond 35 continuous days, benefits will be reduced unless a medical certificate for ongoing acute care is provided by the patient's doctor and approved by St.LukesHealth.

21. Benefit limited to fee charged

Benefits shall be limited to the fee charged or the insured amount, whichever is the lesser.

22. Medicare Benefits Schedule fee

The Medicare Benefit Schedule fee is set for the purpose of paying Medicare Benefits. It does not necessarily indicate the amount that the doctor will charge but forms the basis from which the Medicare and 'medical gap' benefit is determined.

23. Periods of absence from Hospital cover

Under Lifetime Health Cover, if you cease your Hospital membership for three years or more over your lifetime, an additional premium loading may apply when you rejoin. For more information, visit www.stlukes.com.au.

24. Policy suspension

Members may suspend their policy in certain circumstances on application to St.LukesHealth. St.LukesHealth will consider suspension for periods of extended overseas travel, and may consider suspension under special cases. A suspension application will need to be completed. An additional Medicare Levy Surcharge may apply to high income earners during any period of policy suspension. Refer to our website at www.stlukes.com.au.

25. Privacy policy

St.LukesHealth is committed to respecting your right to privacy and protecting your personal information. We are bound by the Australian Privacy Principles in the Privacy Act 1988 (Commonwealth), as amended, which regulates how we collect and manage your personal information. Our staff are trained to respect your privacy in accordance with our standards, policies and procedures. Our Privacy Policy outlines how we manage your personal information.

It also describes in general terms the type of personal information held, for what purposes, and how that information is collected, stored, used and disclosed.

Our Privacy Policy applies to all your dealings with us whether at one of our customer care centres, via our website or with one of our customer care or business development consultants. To view our privacy statement, visit www.stlukes.com.au.

26. Private Health Insurance Code of Conduct

St.LukesHealth supports the Private Health Insurance Code of Conduct.

The PHI Code of Conduct is an industry self-regulatory code which aims to promote informed relationships between private health insurers, consumers, agents and brokers. To view a copy of the code, visit www.stlukes.com.au.

27. Private Health Insurance Ombudsman

If you are unable to resolve a complaint with us to your satisfaction, you have the right to address your complaint to

the Private Health Insurance Ombudsman (PHIO). These services are free to members.

To make a complaint, contact the Commonwealth Ombudsman at www.ombudsman.gov.au

For general information about private health insurance, see www.privatehealth.gov.au

The contact details for the Private Health Insurance Ombudsman are:

Private Health Insurance Ombudsman
GPO Box 442
Canberra ACT 2601
Phone: 1300 362 072

Notation

The Membership Conditions are a summary of the St.LukesHealth Fund Rules. The complete Fund Rules are available to all members for examination on request at any St.LukesHealth customer care centre. The information contained in this brochure cancels and supersedes all previously published material. The Fund Rules may be amended from time to time. If they are, as a member of St.LukesHealth you agree to be bound by any amendments which are made.

st.lukes HEALTH

1300 651 988
stlukes.com.au
general@stlukes.com.au

Head Office and Customer Care Centre

Launceston 17 The Quadrant Mall Launceston 7250

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

ABN 81 009 479 618

Private Health Insurance Code of Conduct