

# Cover with St.LukesHealth

Tasmania

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## Welcome to St.LukesHealth

**St.LukesHealth is Tasmania's leading not-for-profit health insurer and we've been caring for the health of our members for 70 years now – a milestone we are proud of. Our vision is to make Tasmania the healthiest island on the planet by 2050.**

St.LukesHealth presents a range of Hospital and Extras products that are specifically designed to provide you with options that suit your lifestyle and financial needs. Our customer care team is trained to provide you with a personalised service to help you choose the level of cover you require.

Our public health system does not provide you with the freedom to choose where or by whom you wish to be treated. With St.LukesHealth, you will have greater control and more choices to meet your health care needs.

**St.LukesHealth offers a number of great features and benefits, including:**

- Child dependants are covered on their family's policy until they turn 23
- Student dependant and dependant extension options available for child dependants
- Half the excess on same-day hospital procedures on selected products
- No hospital excess for child dependants on selected products
- Member rewards for long-term members
- No waiting periods apply when switching to an equivalent level of cover with St.LukesHealth, providing all waiting periods have been served at the previous insurer.

Whether you are new to private health insurance or switching to St.LukesHealth from another insurer, we are here to help.

# Why should you consider private health insurance

## Private hospital care and choice of doctor

Medicare provides you with access to emergency care in a public hospital. However, for elective surgery you will be placed on a waiting list and you may have to wait for a public bed to become available. As a public patient you won't have a choice of doctor as you will be allocated a doctor by the hospital.

Private health insurance gives you the freedom to be treated by your doctor of choice, in a private or public hospital at a time that best suits your needs.

## Extra services not covered by Medicare

In addition to private hospital treatment, there are many Extra health care services that Medicare does not cover. These services include dental, optical appliances, physiotherapy and remedial massage to name a few. St.LukesHealth offers benefits to help meet these additional costs.

Benefits are payable for telehealth consultations where services are deemed appropriate and where treatment is provided by a recognised provider.

## Avoid the Lifetime Health Cover loading

Lifetime Health Cover (LHC) is an Australian Government initiative. Under Lifetime Health Cover you may have to pay a loading on your premium depending on the age you or your partner were when you first took out Hospital cover. To avoid the loading, you must take out private

Hospital cover by July 1 immediately following your 31st birthday. Any delay will result in a 2% loading for each year you are over the age of 30 up to a maximum loading of 70%.

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

**i** For more information on Lifetime Health Cover, refer to page 31 or visit [www.stlukes.com.au](http://www.stlukes.com.au).

## Receive the Australian Government Rebate on your private health insurance

The Australian Government provides a rebate on private health insurance to make private healthcare more affordable. The rebate is subject to an income test so the amount of rebate you are entitled to will depend on your level of income.

All Australians eligible for Medicare may be entitled to receive a rebate depending on their level of income. Higher rebates are available for people aged over 65 and 70.

If you are eligible for a rebate you can lower your health cover premium by applying to receive the rebate as a reduction in the premium you pay to St.LukesHealth, or you can claim the rebate in your annual tax return.

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

**i** For more information on the rebate, refer to page 31 or visit [www.stlukes.com.au](http://www.stlukes.com.au).

## You may avoid 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 our website at [www.stlukes.com.au](http://www.stlukes.com.au) or refer to **The Australian Government Rebate on Private Health Insurance** brochure.

**i** More information about the Medicare Levy Surcharge is also available on the Australian Taxation Office (ATO) website [www.ato.gov.au](http://www.ato.gov.au) or you can call the Australian Taxation Office on 132861.

## Medicare Levy Surcharge Income Tiers

	Income Thresholds			
	Base Tier	Tier 1	Tier 2	Tier 3
Single Income	\$0 - \$93,000	\$93,001 - \$108,000	\$108,001 - \$144,000	\$144,001 +
Families Income	\$0 - \$186,000	\$186,001 - \$216,000	\$216,001 - \$288,000	\$288,001+
Additional Medicare Levy Surcharge	0.0%	1.0%	1.25%	1.5%

## But I'm young and healthy!

Even when you're young and healthy, you don't know when an unexpected illness or injury can hit. It's not just a sporting injury that may see you in hospital, it may be tonsillitis, appendicitis or your wisdom teeth, or it may be an unexpected illness that you thought would never happen to you. If you only have Medicare cover and you require hospital treatment, you may have a delay before a public hospital bed becomes available.

With St.LukesHealth you can choose where or by whom you wish to be treated. St.LukesHealth offers you the flexibility and security you require to control your future healthcare needs.

## Why St.LukesHealth is your best choice

Established in Tasmania, St.LukesHealth has been providing private health insurance to Australians since 1952. Over this time, St.LukesHealth has built a strong reputation on its expertise and ability to supply top quality healthcover and to provide exceptional customer service to its members. Our cover is nationwide so regardless of where you live, doing business with St.LukesHealth is easy.

St.LukesHealth is also an innovator in the industry with a number of standout product features including Preventative Dental, no hospital excess for children on most Hospital covers and a great range of no gap optical partnerships.

# Product features for you and your family

## Great cover for you and your family

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

Under Preventative Dental<sup>^</sup> we pay 100% of the fee charged up to a maximum benefit<sup>^</sup> for each eligible service on selected St.LukesHealth products<sup>#</sup>. This means you may have no out-of-pocket to pay for an examination, x-ray, scale and clean or fissure sealing. If your dentist charges above the maximum benefit<sup>^</sup> an out-of-pocket expense may apply.

We recommend you obtain a benefit quote prior to receiving treatment.

The standout features of Preventative Dental for St.LukesHealth members is that it applies to both adults and children and at your choice of dentist. We don't tell you which dentist you need to go to in order to receive the higher benefit for preventative dental as it applies to all dentists<sup>^</sup>. It's a great way to help you keep your teeth and gums healthy.

An extra feature for children is cover<sup>^</sup> for 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.

### Children are covered until they turn 23

Children are covered on their family's policy for no additional premium until they reach the age of 23.

Full-time student dependants can remain covered for no additional premium until they reach the age of 25, if fully dependant on their parents and providing they are not married or living in a defacto relationship.

### Want to keep your child dependants protected?

Non-student child dependants can remain covered on their family's policy for an additional premium, provided they are not married or living in a defacto relationship. Our Dependant Extension option is available on Packaged Ultimate Gold, and our Gold Hospital products when combined with our Super Extras product, or taken out as a standalone product.

### No hospital excess for child dependants

If you choose an excess you won't have to pay the excess on most Hospital covers if a child dependant covered on your policy needs to go to hospital.

### Great service and great service options

At St.LukesHealth, we pride ourselves on our customer service. Members can visit one of our customer care centres or agents throughout Tasmania, or can access their membership details and transact with us online through St.LukesHealth Connect. Claiming is easy with HICAPS available at many allied health providers or by using St.LukesHealth Connect to claim.

## 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. Member Rewards will reward each person who has held an eligible Extras cover, either as a stand alone cover or combined with a Hospital product with St.LukesHealth for five years or more with a 5% increase in their dental benefits and annual dental limits.

To qualify for member rewards each individual person covered by an eligible Extras cover, either as a stand alone cover or combined with a Hospital product must meet the following criteria:

- You must have held membership of an eligible Extras cover, either as a stand alone cover or combined with a Hospital product with St.LukesHealth for at least five continuous years;
- Qualification is based on the length of membership of the individual covered;
- The additional 5% increase in dental benefit applies to all dental services, excluding preventative services paid under preventative dental; and
- Previous membership of another health insurer does not count towards the five years continuous membership as the reward is for your length of membership with St.LukesHealth.

This is another great reason to take out an eligible Extras cover either as a stand alone cover or combined with a Hospital product with St.LukesHealth.

## We have great partners too

You can choose from a range of no gap\* options and discounts from our optical partners: Eyelines, Specsavers, OPSM, Total Eyecare and Laubman and Pank.

Customers of Spirit Super can take advantage of the discount offered through our alliance partnership.

Ask us about our other partnerships that will add value to your membership!

These features and more, establish St.LukesHealth as your best choice in health 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.

**i** For more information on waiting periods and pre-existing conditions, refer to page 30 or visit [www.stlukes.com.au](http://www.stlukes.com.au).

## Our guarantee

We're certain you'll be satisfied with your St.LukesHealth membership so we offer you our membership guarantee. If within the first 30 days of joining St.LukesHealth you are not fully satisfied with the cover you have chosen, we will refund any premium paid by you providing there have been no claims made against your policy during that period.

\* subject to your level of cover and policy conditions.

<sup>^</sup> For some preventative dental items on selected products<sup>#</sup>. Annual limits, policy and fund rules and waiting periods apply. An out-of-pocket expense may apply if your provider's fee is higher than the maximum benefit for each eligible service.

<sup>#</sup> Selected products are Super Extras, Wellbeing Extras, Packaged Ultimate Gold and Pasplan products.



## Payment options

St.LukesHealth offers a variety of easy payment options.

### Automated payment options

#### Direct debit

You can have your premium automatically debited from your financial institution or credit card account. Simply select this option when joining St.LukesHealth. To choose this method of payment, contact St.LukesHealth or visit [www.stlukes.com.au](http://www.stlukes.com.au) to download the form. For further information on direct debit, refer to membership condition 15 on pages 37 and 38 or visit [www.stlukes.com.au](http://www.stlukes.com.au)

### Other payment options

#### Customer care centres and agents

You can pay direct at any St.LukesHealth customer care centre or agent. A list of customer care centres is shown on the back cover of this brochure or visit [www.stlukes.com.au](http://www.stlukes.com.au) for a list of agents.

#### Telephone

You can pay over the phone by credit card by calling 1300 651 988 between 9am and 5pm, Monday to Friday.

#### Online

If you register for St.LukesHealth Connect you can pay by credit card through our website at [www.stlukes.com.au](http://www.stlukes.com.au). For more information on St.LukesHealth Connect, see page 9.

#### BPAY® and Post Billpay

You can pay by BPAY using your financial institution's telephone or internet banking or by Post Billpay through Australia Post.

Renewal notices sent to St.LukesHealth members paying quarterly, half yearly or yearly will display a BPAY Biller Code and reference number and a Post Billpay barcode, reference number and Billpay code.

This information will be required when paying your renewal through BPAY or Post Billpay.

For more information on BPAY contact your financial institution or visit [www.bpay.com.au](http://www.bpay.com.au). For more information on Post Billpay visit, [www.postbillpay.com.au](http://www.postbillpay.com.au).

## Claiming options

Hospital claims and most inpatient medical claims will be sent direct to St.LukesHealth by the provider. Claims for Extras benefits can be made by one of the following methods.

### Point of service (HICAPS)

St.LukesHealth is a participant in the Health Industry Claims and Payments Service (HICAPS).

HICAPS is an electronic claiming process which offers members the convenience of automatic claims processing, on the spot at the point of service. HICAPS is currently available at participating dentists, optometrists, physiotherapists, podiatrists, chiropractors, clinical psychologists, occupational therapists, acupuncturists, remedial masseurs, dieticians and speech therapists.

### Mobile Claims – iOS/Android

Claims can be submitted using your iPhone or Android phone through St.LukesHealth Connect. For more information, see page 9.

### Customer care centres and Agents

Claims can be submitted at any St.LukesHealth customer care centre or agent. A list of customer care centres is shown on the back cover of this brochure, or visit [www.stlukes.com.au](http://www.stlukes.com.au) for a list of agents.

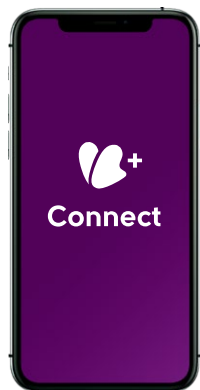
You will need your St.LukesHealth membership card in order to claim at an agency.

Agents are restricted from paying benefits on some services.

### Receive your benefit refund by direct credit

If you have already paid your provider for services being claimed, your benefit refund can be deposited directly into your nominated financial institution account. To choose this method of benefit payment, visit [www.stlukes.com.au](http://www.stlukes.com.au) to download a '**Benefit Deposit Request Form**'.

## St.LukesHealth Connect



We're always looking for new ways to interact with you and we want to make it easy for you to take advantage of your health insurance at a time and place that suits you.

St.LukesHealth Connect is your one-stop destination for your private health insurance needs and is available at [www.stlukes.com.au](http://www.stlukes.com.au) or as an app on your phone.

### What are the features of St.LukesHealth Connect?

We've added plenty of new features that will help you on your health journey, including:

- **Benefit limits**
- **Claim on the go**
- **Payments**
- **Digital card**
- **Update your information**
- **Access the Wellbeing Platform**

To register for St.LukesHealth Connect, simply download the St.LukesHealth Connect app from either the App Store or Google Play, or sign up online by visiting <https://connect.stlukes.com.au>.

## Nourish Baby Program

St.LukesHealth offers eligible members exclusive access to the Nourish Baby learning hub. The Nourish Baby Program helps parents enjoy a healthy pregnancy, positive labour and early parenting success.

The Nourish Baby Program is designed to educate and support a member throughout their pregnancy journey. Parents can learn about their options and choices for antenatal care through to labour, developmental milestones after birth, immunisation and what to expect in the toddler years.

The program is Australian Council of Healthcare Standards EQuIP6 accredited and Nourish Baby works with a team of health professionals to create and publish relevant and up-to-date content.

As part of our offering to members, the program incorporates an iCope screening process to ensure that every mother is provided with the right mental health support during their perinatal period.

To be eligible for the program you must be on a St.LukesHealth Hospital Product that includes pregnancy and obstetric-related services and provide us with documentation from your obstetrician that you are pregnant, including your due date.

For more information about the Nourish Baby Program, or to register, email [general@stlukes.com.au](mailto:general@stlukes.com.au) or call 1300 651 988.

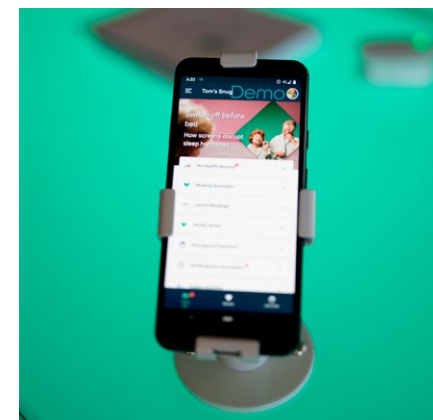
## Snug – Free for St.LukesHealth members

St.LukesHealth offers Snug free to St.LukesHealth members. Snug is Australia's most innovative and easy to use digital health record – putting you in control of your health at the touch of a fingertip. From managing diabetes to tracking your fitness, Snug is a mobile app that allows you to reach your goals and live better each day.

Snug can be used by parents looking to develop a life-long health record for their children from birth and to keep track of immunisations, medications, developmental milestones, doctors' notes and more. It can also be used by those with chronic illness to manage medications and keep track of blood glucose levels or blood pressure readings, while carers will be able to, with the correct permissions, view up-to-date medical information of their loved one.

Snug has four features for St.LukesHealth members.

- 1. MyHR:** As a St.LukesHealth member you can choose to connect with the Australian Government's My Health Record. MyHR is a secure online summary of your health information. You can control what goes into it and who is allowed to access it. You can choose to share your health information with your doctors, hospitals and other healthcare providers.
- 2. My Circle of Care:** Share your record with those close to you so that your loved ones have an overview of your health and well-being. You can keep track of appointments and share notes from your health professionals.



- 3. My Home Devices:** Keep track of your sleeping patterns, set goals around fitness and connect to a range of fitness apps. You can also connect your Snug account to scales and medical devices.
- 4. My Providers:** Share your information with your health provider to help inform their decisions around treatment.

Snug is available to download and can be found in the App Store or Google Play by searching for Snug. Best of all, it is free for St.LukesHealth members. Once you have downloaded the app, you can set up your own personal Snug profile, connect to relevant devices, decide who you would like to have access to your profile and more. It is easy! Rest assured, the only people who are allowed to have access to your Snug record are the people that you allow.

For more information about Snug and how to use this innovative product, visit [www.snughealth.com.au](http://www.snughealth.com.au) or connect to Snug on Facebook @SnugHealth.

# #1 for hospital cover in Tasmania.

Winner of Canstar's 2023 Outstanding Value Award - Hospital Insurance: TAS



## Hospital cover

We offer a variety of Hospital products with different excess options available to suit your lifestyle. A Hospital product can be taken on its own, or you can tailor your own Hospital and Extras package by combining a Hospital product with an Extras product.

### Hospital Product Tiers

We want to make it easier for you to choose, use and understand your private health insurance.

As a result, all of our Hospital and Packaged products are classified under the product tiers of Gold, Silver, Bronze and Basic so that you can compare what clinical categories you want to be covered for. For instance, if you want to be covered for all 38 clinical categories you would choose a Gold product. If you want some Hospital cover but not all clinical categories, you would choose Silver, Bronze or Basic.

In addition to this, St.LukesHealth has taken the step to include more than the minimum requirements under each tier. This is denoted by our products having the word "Plus" in their name – just another way we are providing value to you.

### Dependant Extension option available

Non-student child dependants can remain covered on their family's policy until their 25th birthday for an additional premium, provided they are not married or living in a de facto relationship.

Our Dependant Extension option is available on Packaged Ultimate Gold and Gold Hospital products when taken out as a stand-alone product, or when combined with our Super Extras product. For more information on Dependant Extension, visit [www.stlukes.com.au](http://www.stlukes.com.au).

## Hospital Cover - Excess Information

	Hospital Excess			
	Singles, Couples & Families policies		Singles policies	Couples & Families policies
	Same-day excess	Overnight excess	Maximum excess	Maximum excess
	Per person, per calendar year			
<b>Gold Hospital Cover</b>				
Gold Hospital	nil	nil	nil	nil
Gold Hospital 300	\$150	\$300	\$300	\$600
Gold Hospital 500	\$250	\$500	\$500	\$1000
Gold Hospital 750	\$375	\$750	\$750	\$1500
Gold Hospital 1000*	\$200	\$1000	\$1000	\$2000
<b>Silver Hospital cover</b>				
Planner Silver Plus Hospital 250	\$250	\$250	\$250	\$500
Planner Silver Plus Hospital 500	\$500	\$500	\$500	\$1000
Protector Silver Plus Hospital 250	\$250	\$250	\$250	\$500
Protector Silver Plus Hospital 500	\$500	\$500	\$500	\$1000
Protector Silver Plus Hospital 750	\$750	\$750	\$750	\$1500
Silver Plus Hospital 250	\$250	\$250	\$250	\$500
Silver Plus Hospital 500	\$500	\$500	\$500	\$1000
Silver Plus Hospital 750	\$750	\$750	\$750	\$1500
<b>Bronze Hospital cover</b>				
Bronze Plus Hospital 250	\$250	\$250	\$250	\$500
Bronze Plus Hospital 500	\$500	\$500	\$500	\$1000
Bronze Plus Hospital 750	\$750	\$750	\$750	\$1500
Bronze Hospital 250	\$250	\$250	\$250	\$500
Bronze Hospital 500	\$500	\$500	\$500	\$1000
Bronze Hospital 750	\$750	\$750	\$750	\$1500
<b>Basic Hospital cover</b>				
Basic Plus Hospital 500	\$500	\$500	\$500	\$1000

\*Gold Hospital 1000 will not exempt high income earners from having to pay the additional Medicare Levy Surcharge. For more information regarding the Medicare Levy Surcharge, refer to page 32 or visit [www.stlukes.com.au](http://www.stlukes.com.au)

All Gold Hospital products give you top private Hospital cover with the option to have no excess or to pay an excess if you want to lower your premium.

For Gold Hospital products with an excess (with the exception of Gold Hospital 1000), the excess for adults will apply to both same-day and overnight hospitalisations. The same-day excess will be half the chosen excess up to the maximum product excess. **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 hospitalisations, up to the maximum excess of \$1000 per person. The full excess of \$1000 per person applies

to overnight hospitalisations (less any excess that has already been applied to same-day hospitalisations for that person in the same calendar year).

**The excess applies to both adults and child dependants covered on the policy.**

For all Silver Plus Hospital, Bronze Plus Hospital, Bronze Hospital, and Basic Plus Hospital products, the full excess for adults applies to both same-day and overnight hospitalisations. **The excess does not apply to child dependants covered on the policy.**

For more information on how the excess is applied, refer to page 33 or visit [www.stlukes.com.au](http://www.stlukes.com.au).

## Hospital cover – Clinical Categories

Clinical Categories	Gold Hospital Products	Planner Silver Plus Hospital Products	Protector Silver Plus Hospital Products	Silver Plus Hospital Products	Bronze Plus Hospital Products	Bronze Hospital Products	Basic Plus Hospital Products
Excess levels	nil, \$300, \$500, \$750, \$1000	\$250, \$500	\$250, \$500, \$750	\$250, \$500, \$750	\$250, \$500, \$750	\$250, \$500, \$750	\$500
Rehabilitation	✓	✓	✓	✓	✓	✓	✓
Hospital psychiatric services	✓	RCP*	✓	RCP*	RCP*	RCP*	RCP*
Palliative care	✓	✓	✓	✓	✓	✓	✓
Ear, nose and throat	✓	✓	✓	✓	✓	✓	✓
Tonsils, adenoids and grommets	✓	✓	✓	✓	✓	✓	✓
Bone, joint and muscle	✓	✓	✓	✓	✓	✓	✗
Joint reconstructions	✓	✓	✓	✓	✓	✓	✓
Hernia and appendix	✓	✓	✓	✓	✓	✓	✓
Gynaecology	✓	✓	✓	✓	✓	✓	✓
Brain and nervous system	✓	✓	✓	✓	✓	✓	✗
Digestive system	✓	✓	✓	✓	✓	✓	✗
Gastrointestinal and endoscopy	✓	✓	✓	✓	✓	✓	✓
Chemotherapy, radiotherapy and immunotherapy for cancer	✓	✓	✓	✓	✓	✓	✗
Pain management	✓	✓	✓	✓	✓	✓	✗
Breast surgery (medically necessary)	✓	✓	✓	✓	✓	✓	✗
Eye (not cataracts)	✓	✓	✓	✓	✓	✓	✗
Kidney and bladder	✓	✓	✓	✓	✓	✓	✗
Male reproductive system	✓	✓	✓	✓	✓	✓	✗
Miscarriage and termination of pregnancy	✓	✓	✓	✓	✓	✓	✓
Skin	✓	✓	✓	✓	✓	✓	✓

✓ Covered  
✗ Not Covered

\* RCP - Restricted Cover Permitted: indicates the clinical category is not a minimum requirement of the product tier. Insurers may choose to offer these as additional clinical categories on a restricted or unrestricted basis.

## Hospital cover – Clinical Categories (continued)

Clinical Categories	Gold Hospital Products	Planner Silver Plus Hospital Products	Protector Silver Plus Hospital Products	Silver Plus Hospital Products	Bronze Plus Hospital Products	Bronze Hospital Products	Basic Plus Hospital Products
Excess levels	nil, \$300, \$500, \$750, \$1000	\$250, \$500	\$250, \$500, \$750	\$250, \$500, \$750	\$250, \$500, \$750	\$250, \$500, \$750	\$500
Diabetes management (excluding insulin pumps)	✓	✓	✓	✓	✓	✓	✗
Dental surgery	✓	✓	✓	✓	✓	✗	✓
Lung and chest	✓	✓	✓	✓	✓	✗	✗
Blood	✓	✓	✓	✓	✓	✗	✗
Plastic and reconstructive surgery (medically necessary)	✓	✓	✓	✓	✓	✗	✗
Implantation of hearing devices	✓	✓	✓	✓	✗	✗	✗
Back, neck and spine (including fusion)	✓	✓	✓	✓	✗	✗	✗
Heart and vascular system	✓	✓	✓	✓	✗	✗	✗
Podiatric surgery (provided by an accredited podiatric surgeon)	✓	✓	✓	✓	✗	✗	✗
Pregnancy and birth	✓	✓	✗	✗	✗	✗	✗
Assisted reproductive services	✓	✓	✗	✗	✗	✗	✗
Insulin pumps	✓	✗	✓	✓	✗	✗	✗
Pain management with device	✓	✗	✓	✗	✗	✗	✗
Sleep studies	✓	✓	✓	✓	✗	✗	✓
Cataracts	✓	✗	✓	✗	✗	✗	✗
Joint replacements	✓	✗	✓	✗	✗	✗	✗
Dialysis for chronic kidney disease	✓	✗	✓	✗	✗	✗	✗
Weight-loss surgery	✓	✗	✗	✗	✗	✗	✗

✓ Covered  
✗ Not Covered

\* RCP - Restricted Cover Permitted: indicates the clinical category is not a minimum requirement of the product tier. Insurers may choose to offer these as additional clinical categories on a restricted or unrestricted basis.



## Hospital cover benefits

Hospital Benefit
Full cover for hospital accommodation and theatre fees in all contracted private hospitals and day hospital facilities within Australia (medical certification is required after 35 continuous days in hospital).
Benefits will be paid at no less than the minimum benefit when you elect to be treated as a private patient in all public hospitals within Australia.
Access to our Private Postnatal Care Service for Northern Tasmanian members (see membership condition 7 on page 36 for more details).
Benefits towards approved surgically implanted prostheses (see page 34 for more details).
The gap between the Medicare benefit and the Medicare Benefit Schedule (MBS) fee for medical services performed while you are an inpatient in hospital.
Additional gap benefit for medical services provided by practitioners participating in St.LukesHealth Medical Gap (see page 33 for more details).
Benefits towards uncontracted private hospitals (patient gaps may apply, you should check with St.LukesHealth before being admitted to an uncontracted hospital).
No waiting periods apply if switching to an equivalent or lower level of cover (refer to page 30 and membership conditions 1 and 2 on page 35 for more details).
Full cover for intensive care in all contracted private hospitals (medical certification is required).
Full cover for coronary care in all contracted private hospitals (medical certification is required).
Hospital accommodation for podiatric surgery (refer to membership condition 9 on page 36 for more details).
Excess applies for overnight hospitalisations.
Excess applies for same-day hospitalisations (only half the same-day excess applies on Gold Hospital 300, 500 and 750).
No excess on hospitalisations for child dependants (with the exception of Gold Hospital 1000).
Exempts high income earners from having to pay the additional Medicare Levy Surcharge.
No excluded services (refer to pages 13 and 14 and membership conditions 4 and 5 on page 35 for more details).
Cosmetic surgery and other surgical procedures not covered by Medicare (refer to membership conditions 6 and 8 on pages 35 and 36 for more details).

## Hospital cover benefits

Gold Hospital	Gold Hospital 300, 500, 750	Gold Hospital 1000	Planner Silver Plus Hospital Products	Protector Silver Plus Hospital Products	Silver Plus Hospital Products	Bronze Plus Hospital Products	Bronze Hospital Products	Basic Plus Hospital Products
✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✗	✗	✗	✗	✗
✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✗	✗	✗
✓	✓	✓	✓	✓	✓	✗	✗	✗
✗	✓	✓	✓	✓	✓	✓	✓	✓
✗	✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✗	✓	✓	✓	✓	✓	✓
✓	✓	✗	✓	✓	✓	✓	✓	✓
✓	✓	✓	✗	✗	✗	✗	✗	✗
✗	✗	✗	✗	✗	✗	✗	✗	✗

A full list of the private hospitals and day hospital facilities contracted with St.LukesHealth is available on request or visit [www.stlukes.com.au](http://www.stlukes.com.au).



# Extras cover

St.LukesHealth offers benefits towards the cost of an extensive range of other healthcare services not covered by 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 1 to December 31.

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

An Extras product can be taken on its own, or you can tailor your own Hospital and Extras package by combining an Extras product with a Hospital product.

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.

Wellbeing Extras provides you with benefits for a number of Extras services, allowing you to take your wellbeing to the next level.

If a limited range of Extras benefits would best suit your needs, then Starter 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 our Extras products.

Extras product	Level of Extras cover
Super Extras	Comprehensive
Wellbeing Extras	Mid-level
Starter Extras	Basic

## Benefits available with our Extras products

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

Under Preventative Dental, we offer cover options that pay up to 100% of the fee charged 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. Preventative Dental applies to the whole family at your choice of dentist.

To find out more about Preventative Dental, visit [www.stlukes.com.au](http://www.stlukes.com.au).

### Be rewarded for your member loyalty

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

To find out more about Member Rewards, visit [www.stlukes.com.au](http://www.stlukes.com.au).

### Combine Extras with a Hospital cover and receive additional benefits

If you combine Extras with a Hospital cover, you will be eligible for benefits towards Health Management programs. These benefits do not apply when Extras is taken without Hospital cover.

\* An out-of-pocket expense may apply if your provider's fee is higher than the maximum benefit for each eligible service

Service Category	Waiting Period	Service	Super Extras			
			Benefit	Maximum Benefit	Sub-limit	Annual limit
General Dental	2 months	<b>Preventative dental</b> (examination, x-ray, scale and clean and fissure sealing) Average fee refers to the average charged Australia wide for each eligible service <i>For preventative dental we recommend you obtain a benefit quote prior to receiving treatment.</i>	Two dental consultations per person up to maximum benefit, per calendar year	Maximum benefits apply		\$1000
		<b>Comprehensive oral examination</b>	100%*	\$77		
		<b>Scaling and cleaning</b>	100%*	\$134		
		<b>Simple extraction</b>	100%*	\$105		
		<b>Mouthguard</b> - limit of one per person, per calendar year	100%*	\$96		
		<b>One surface filling posterior tooth</b>	100%*	\$95		
Major Dental	12 months	<b>Periodontics</b>	100%*		\$1000	\$1200
		<b>Endodontics</b>	100%*		\$1000	
		<b>Crowns and bridges</b>	100%*		\$1000	
		<b>Procedures for dental implants</b>	100%*		\$1000	
		<b>Dentures</b> - limit of one upper and one lower denture per person, payable every two calendar years	100%*	Individual benefits apply	\$800	
		<b>Orthodontics</b>	100%*		\$1000 Lifetime limit of \$2800	
Optical	6 months	<b>Frames</b>	100% of fee charged up to annual limit			\$300
		<b>Single-vision lenses</b>				
		<b>Bi-focal lenses</b>				
		<b>Multi-focal lenses</b>				
		<b>Soft contacts</b>				
		<b>Hard contacts</b>				
		<b>Disposable contacts</b> (12-month supply)				
<b>Repair to frames</b>	\$25	\$25				
Physical Therapies	2 months	<b>Physiotherapy</b>	100%*	Initial: \$56 Subsequent: \$44		\$850
		<b>Approved group sessions</b> (including hydrotherapy)	100%*	\$15	\$300	
		<b>Exercise physiology</b>	100%*	Initial: \$45 Subsequent: \$36	\$300	
		<b>Exercise physiology</b> - approved group sessions	100%*	\$15	\$300	
		<b>Antenatal/post-natal</b>	100%*	\$25	\$400	
		<b>Lymphedema</b>	100%*	\$40	\$400	
		<b>Eye therapy</b>	100%	Initial: \$65 Subsequent: \$38	\$400	
		<b>Pharmacy</b>	2 months	<b>Per non PBS prescription<sup>^</sup></b>	100%*	
<b>Podiatry</b>	2 months	<b>Podiatry</b>	100%*	Initial: \$45 Subsequent: \$35		\$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 unless otherwise specified.

Wellbeing Extras				Starter Extras					
Benefit	Maximum Benefit	Sub-limit	Annual limit	Benefit	Maximum Benefit	Sub-limit	Annual limit		
One dental consultation up to the maximum benefit, per person per calendar year	Maximum benefits apply		\$750	X	X	X	\$500		
				60%*	\$77			50%*	\$75
				60%*	\$134			50%*	\$127
				60%*	\$103			50%*	\$103
				60%*	\$96			50%*	\$96
				60%*	\$95			50%*	\$91
60%*	Individual benefits apply	\$500	\$500	X	X	X	X		
60%*		\$500		X	X	X			
60%*		\$500		X	X	X			
60%*		\$500		X	X	X			
60%*		\$500		X	X	X			
X	X	X	X	X	X	X			
100% of fee charged up to annual limit			\$200	100% of fee charged up to annual limit			\$150		
								\$25	\$25
100%*	Initial: \$50 Subsequent: \$40		\$350	100%*	Initial: \$42 Subsequent: \$32		\$300		
100%*	\$12	\$175		100%*	\$10	\$150			
60%*	Initial: \$43 Subsequent: \$33	\$175		50%*	Initial: \$35 Subsequent: \$25	\$150			
60%*	\$12	\$175		50%*	\$10	\$150			
60%*	\$25	\$175		50%*	\$25	\$150			
60%*	\$40	\$175		50%*	\$40	\$150			
100%*	Initial: \$43 Subsequent: \$33	\$175		100%*	Initial: \$35 Subsequent: \$25	\$150			
60%*	\$60			\$300	50%*	\$50			\$200
100%*	Initial: \$40 Subsequent: \$30		\$200	X	X	X	X		

\* Up to maximum benefit.

Annual limits apply per person, per calendar year unless otherwise specified.

Service Category	Waiting Period	Service	Super Extras			
			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		
		Nutrition	100%*	Initial: \$75 Subsequent: \$45		
		Occupational therapy	100%*	Initial: \$75 Subsequent: \$49	\$400	
		Speech therapy	100%*	Initial: \$80 Subsequent: \$59	\$400	
		Home nursing	100%*	Initial: \$50 Subsequent: \$50	\$500	
		Audiology^	100%*	\$40	Two per year	
Complementary 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: \$51 Subsequent: \$41	\$400	\$400
		Chiropractic	100%*	Initial: \$41 Subsequent: \$29	\$400	
Mental Wellness	12 months	Clinical Psychology	100%*	Initial: \$100 Subsequent: \$95	\$400	\$450
		Counselling	100%*	Initial: \$40 Subsequent: \$35	\$400	
Health Appliances and Aids	12 months	Foot orthotics (custom-made)	85%*	\$30	\$200	\$1000
		Repair to custom-made foot orthotics (limit of one repair per person, per calendar year)	\$30			
		Other specific orthotics# 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# eg. breast prosthesis after mastectomy				
		Other specified health aids# eg. blood glucose monitor, nebuliser				
Hearing Aids	36 months	Initial appliance	100%*	\$1000	\$150	2 appliances per person every 5 calendar years
		Additional appliance (must be for opposite ear to initial appliance)	100%*	\$1000		
Health Management	3 months	Single policy	70%*	\$150	\$150	\$150
		Couples and families policy	70%*	\$300	\$300	\$300

Only available when Extras is taken with a Hospital product. Benefits are payable for approved health management programs. Limits apply to the policy, not to each person covered by the policy. Contact St.LukesHealth for more information on approved health management programs.

\* Up to maximum benefit.

^ 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.

# For more information contact St.LukesHealth.

Annual limits apply per person, per calendar year unless otherwise specified.

Wellbeing Extras				Starter Extras			
Benefit	Maximum Benefit	Sub-limit	Annual limit	Benefit	Maximum Benefit	Sub-limit	Annual limit
100%*	Initial: \$40 Subsequent: \$30	\$175	\$350	100%*	Initial: \$35 Subsequent: \$30	\$150	\$300
100%*	Initial: \$40 Subsequent: \$30						
100%*	Initial: \$40 Subsequent: \$30	\$175	\$350	100%*	Initial: \$35 Subsequent: \$30	\$150	\$300
100%*	Initial: \$43 Subsequent: \$33						
X	X	X		X	X	X	
100%*	Initial: \$50 Subsequent: \$50	\$250		100%*	Initial: \$50 Subsequent: \$50	\$200	
60%*	\$38	Two per year		50%*	\$36	Two per year	
100%*	Initial: \$32 Subsequent: \$28	\$300	\$300	X	X	X	X
100%*	Initial: \$32 Subsequent: \$28	\$300					
100%*	Initial: \$32 Subsequent: \$28	\$300					
100%*	Initial: \$32 Subsequent: \$28	\$300					
100%*	Initial: \$43 Subsequent: \$32	\$350	\$350	100%*	Initial: \$38 Subsequent: \$28	\$300	\$300
100%*	Initial: \$38 Subsequent: \$27	\$350					
100%*	Initial: \$70 Subsequent: \$50	\$200	\$250	100%*	Initial: \$50 Subsequent: \$30	\$100	\$150
100%*	Initial: \$25 Subsequent: \$20	\$200					
X	X	X		X	X	X	
X	X	X		X	X	X	
X	X	X	X	X	X	X	X
X	X	X		X	X	X	
X	X	X	X	X	X	X	X
60%*	\$100	\$100	\$100	50%*	\$75	\$75	\$75
60%*	\$200	\$200	\$200	50%*	\$150	\$150	\$150

\* Up to maximum benefit.

Annual limits apply per person, per calendar year unless otherwise specified.



# Packaged Ultimate Gold

Packaged Ultimate Gold offers you top Hospital cover with no excess combined with the highest level of benefit refunds for Extra healthcare services.

## Dependant Extension option available

Non-student child dependants can remain covered on their family's policy until their 25th birthday for an additional premium, provided they are not married or living in a defacto relationship. For more information on Dependant Extension, visit [www.stlukes.com.au](http://www.stlukes.com.au).

## Excess Information

Packaged Ultimate Gold		
Hospital Excess		
Single policy	Couple & Family policies	
Per calendar year	Per person, per calendar year	Maximum per policy, per calendar year
nil	nil	nil

## Level of Extras cover

Packaged cover plan	Level of Extras cover
Packaged Ultimate Gold	Our highest

## Clinical Categories

Clinical Categories	Packaged Ultimate Gold
Rehabilitation	✓
Hospital psychiatric services	✓
Palliative care	✓
Ear, nose and throat	✓
Tonsils, adenoids and grommets	✓
Bone, joint and muscle	✓
Joint reconstructions	✓
Hernia and appendix	✓
Gynaecology	✓
Brain and nervous system	✓
Digestive system	✓
Gastrointestinal and endoscopy	✓
Chemotherapy, radiotherapy and immunotherapy for cancer	✓
Pain management	✓
Breast surgery (medically necessary)	✓
Eye (not cataracts)	✓
Kidney and bladder	✓
Male reproductive system	✓
Miscarriage and termination of pregnancy	✓

Clinical Categories	Packaged Ultimate Gold
Skin	✓
Diabetes	✓
Dental surgery	✓
Lung and chest	✓
Blood	✓
Plastic and reconstructive surgery (medically necessary)	✓
Implantation of hearing devices	✓
Back, neck and spine (including fusion)	✓
Heart and vascular system	✓
Podiatric surgery (provided by an accredited podiatric surgeon)	✓
Pregnancy and birth	✓
Assisted reproductive services	✓
Insulin pumps	✓
Pain management with device	✓
Sleep studies	✓
Cataracts	✓
Joint replacements	✓
Dialysis for chronic kidney disease	✓
Weight-loss surgery	✓

- ✓ Covered
- ✗ Not Covered

\* RCP - Restricted Cover Permitted: indicates the clinical category is not a minimum requirement of the product tier. Insurers may choose to offer these as additional clinical categories on a restricted or unrestricted basis.

## Hospital Benefits

Hospital Benefit	Packaged Ultimate Gold
Full cover for hospital accommodation and theatre fees in all contracted private hospitals and day hospital facilities within Australia (medical certification is required after 35 continuous days in hospital).	✓
Benefits will be paid at no less than the minimum benefit when you elect to be treated as a private patient in all public hospitals within Australia.	✓
Access to our Private Post-Natal Care Service for Northern Tasmanian members (see membership condition 7 on page 36 for more details).	✓
Benefits towards approved surgically implanted prostheses (see page 34 for more details).	✓
The gap between the Medicare benefit and the Medicare Benefit Schedule (MBS) fee for medical services performed while you are an inpatient in hospital.	✓
Additional gap benefit for medical services provided by practitioners participating in St.LukesHealth Medical Gap (see page 33 for more details).	✓
Benefits towards uncontracted private hospitals (patient gaps may apply, you should check with St.LukesHealth before being admitted to an uncontracted hospital).	✓
No excess for child dependants for hospitalisations.	✓
No waiting periods apply if switching to an equivalent or lower level of cover (refer to page 30 and membership conditions 1 and 2 on page 35 for more details).	✓
Exempts high income earners from having to pay the additional Medicare Levy Surcharge.	✓
Full cover for intensive care in all contracted private hospitals (medical certification is required).	✓
Full cover for coronary care in all contracted private hospitals (medical certification is required).	✓
Hospital accommodation for podiatric surgery (refer to membership condition 9 on page 36 for more details).	✓
No excess applies for overnight hospitalisations.	✓
No excess applies for same-day hospitalisations.	✓
No excluded services (refer to page 24 and membership conditions 4 and 5 on page 35 for more details).	✓
Cosmetic surgery and other surgical procedures not covered by Medicare (refer to membership conditions 6 and 8 on pages 35 and 36 for more details).	✗

A full list of the private hospitals and day hospital facilities contracted with St.LukesHealth is available on request or visit [www.stlukes.com.au](http://www.stlukes.com.au).

## Packaged Ultimate Gold - Extras

St.LukesHealth offers benefits towards the cost of an extensive range of other healthcare services not covered by 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 1 to December 31.

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

The following pages provide examples of the Extras benefits covered on Packaged Ultimate Gold.

## Packaged Ultimate Gold - Benefits

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

Under Preventative Dental, we offer cover options that pay 100% of the fee charged 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

\* An out-of-pocket expense may apply if your provider's fee is higher than the maximum benefit for each eligible service

need for more extensive treatment later in life. Preventative Dental applies to the whole family at your choice of dentist.

To find out more about Preventative Dental, visit [www.stlukes.com.au](http://www.stlukes.com.au).

### Be rewarded for your member loyalty

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

To find out more about Member Rewards, visit [www.stlukes.com.au](http://www.stlukes.com.au).

### Benefits for health management programs

When you join Packaged Ultimate Gold, you will be eligible for benefits towards Health Management programs. These benefits do not apply when Extras is taken without Hospital cover.

## Packaged Ultimate Gold - Extras benefit

Service Category	Waiting Period	Service	Benefit	Maximum Benefit	Sub-limit	Annual limit
General Dental	2 months	<b>Preventative dental</b> (examination, x-ray, scale and clean and fissure sealing) Limit of two general dental consultations per person, per calendar year <sup>o</sup> Regular fee refers to the average fee your dentist charges to all patients of his or her practice for each eligible service. For preventative dental we recommend you obtain a benefit quote prior to receiving treatment.	100% of dentist's regular fee up to maximum benefit per eligible service <sup>o</sup>	Maximum benefits apply		\$1250
		<b>Comprehensive oral examination</b> - Limit of two general dental consultations per person, per calendar year	See above	\$86		
		<b>Scaling and cleaning</b>	See above	\$170		
		<b>Simple extraction</b>	100%*	\$115		
		<b>Mouthguard</b> - limit of one per person, per calendar year	100%*	\$111		
		<b>One surface filling posterior tooth</b>	100%*	\$106		
Major Dental	12 months	<b>Periodontics</b>	100%*		\$1500	\$2000
		<b>Endodontics</b>	100%*		\$1500	
		<b>Crowns and bridges</b>	100%*	Individual benefits apply	\$1500	
		<b>Procedures for dental implants</b>	100%*		\$1500	
		<b>Dentures</b> - limit of one upper and one lower denture per person, payable every two calendar years	100%*		\$1000	
		<b>Orthodontics</b>	100%*	Set benefits apply	\$1200 Lifetime limit of \$3000	
Optical	6 months	<b>Frames</b>	100% of fee charged up to annual limit			\$350
		<b>Single-vision lenses</b>				
		<b>Bi-focal lenses</b>				
		<b>Multi-focal lenses</b>				
		<b>Soft contacts</b>				
		<b>Hard contacts</b>				
<b>Disposable contacts</b> (12-month supply)	100%*	\$30				
Physiotherapy	2 months	<b>Physiotherapy</b>	100%*	Initial: \$61 Subsequent: \$48		\$1000
		<b>Approved group sessions</b> (including hydrotherapy)	100%*	\$25	\$500	
		<b>Exercise physiology</b>	100%*	Initial: \$50 Subsequent: \$39	\$300	
		<b>Exercise physiology</b> - approved group sessions	100%*	\$25		
		<b>Antenatal/post-natal</b>	100%*	\$25	\$500	
		<b>Lymphedema</b>	100%*	\$45	Included in physiotherapy limit	
Pharmacy	2 months	<b>Per non PBS prescription<sup>+</sup></b>	100%*	\$90		\$600

\* 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 unless otherwise specified.

## Packaged Ultimate Gold - Extras benefit (continued)

Service Category	Waiting Period	Service	Benefit	Maximum Benefit	Sub-limit	Annual limit
Other Therapies	2 months	<b>Podiatry</b>	100%*	Initial: \$45 Subsequent: \$36	\$500	\$1000
		<b>Occupational therapy</b>	100%*	Initial: \$75 Subsequent: \$54	\$500	
		<b>Eye therapy</b>	100%*	Initial: \$70 Subsequent: \$43	\$500	
		<b>Speech therapy</b>	100%*	Initial: \$90 Subsequent: \$59	\$500	
		<b>Dietetics</b>	100%*	Initial: \$80 Subsequent: \$50	\$500	
		<b>Nutrition</b>	100%*	Initial: \$80 Subsequent: \$50	Included in dietetics limit	
Alternative Therapies	2 months	<b>Chiropractic</b>	100%*	Initial: \$46 Subsequent: \$34	\$500	\$1000
		<b>Chiropractic x-rays</b>	100%*	\$60	Included in chiropractic limit	
		<b>Osteopathic</b>	100%*	Initial: \$55 Subsequent: \$45	Included in chiropractic limit	
		<b>Acupuncture</b>	100%*	Initial: \$40 Subsequent: \$35	\$500	
		<b>Natural therapies</b> - includes Chinese herbal consultation and myotherapy	100%*	Initial: \$37 Subsequent: \$33	\$500	
		<b>Remedial massage</b>	100%*	Initial: \$40 Subsequent: \$35	Included in natural therapies limit	
Mental Wellness	12 months	<b>Clinical psychology</b>	100%*	Initial: \$105 Subsequent: \$100		\$500
		<b>Counselling</b>	100%*	Initial: \$45 Subsequent: \$40		
Diabetes Education	2 months	<b>Consultation</b>	100%*	Initial: \$60 Subsequent: \$50	Included in dietetics limit	Included in dietetics limit
Home Nursing	2 months	<b>Per service</b> - for services provided by a registered nurse in private practice	100%*	\$55		\$500
Health Appliances and Aids	12 months	<b>Foot orthotics</b> (custom-made)	90%*			\$1500
		<b>Repair to custom-made foot orthotics</b> (limit of one repair per person, per calendar year)	100%*	\$35	\$250	
		<b>Other specific orthotics<sup>#</sup></b> eg. custom fitted spinal & knee braces	90%*		Limits apply to individual items	
		<b>Specified prosthetic appliances<sup>#</sup></b> - eg. breast prosthesis after mastectomy	90%*		Limits apply to individual items	
		<b>Other specified health aids<sup>#</sup></b> eg. blood glucose monitor, nebuliser	90%*		Limits apply to individual items	
Audiology	2 months	<b>Per consultation<sup>^</sup></b>	100%*	\$45		2 per year
Hearing Aids	36 months	<b>Initial appliance</b>	100%*	\$1250		2 appliances per person every 5 calendar years
		<b>Additional appliance</b> (must be for opposite ear to initial appliance)	100%*	\$1250		
Health Management	3 months	<b>Single policy</b>	70%*	\$150		\$150
		<b>Couples and families policy</b>	70%*	\$300		\$300
Benefits are payable for approved Health Management programs. Limits apply to the policy, not to each person covered by the policy. Contact St.LukesHealth for more information on approved Health Management programs.						

\* 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> For more information contact St.LukesHealth.

Annual limits apply per person, per calendar year unless otherwise specified.



## 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:

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

<sup>^</sup> 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](http://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 currently 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 before 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.

**i** For further information on Lifetime Health Cover, please visit [www.stlukes.com.au](http://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](http://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](http://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](http://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](http://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](http://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](http://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

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

A doctor who participates in St.LukesHealth Medical Gap can either agree to charge no more than St.LukesHealth's Medical Gap schedule fee, in which case there will be 'no gap' or out-of-pocket expense for the patient. Alternatively, a doctor may charge a maximum \$500 out-of-pocket for services related to your hospital stay.

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. If your doctor is not aware of the arrangement, please ask your doctor to contact St.LukesHealth for details.

**i** For further information on St.LukesHealth Medical Gap, please refer to our separate brochure or visit [www.stlukes.com.au](http://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 feedback, please visit [www.stlukes.com.au](http://www.stlukes.com.au) and download the Complaints, Compliments or Suggestions form.

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](http://www.ombudsman.gov.au)

For general information about private health insurance, see [www.privatehealth.gov.au](http://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 30.

### 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

Cover will be approved if hospital treatment that occurs after joining is as a result of an accident and does not include any exclusions listed. A medical certificate, certified by a medical practitioner, is to be provided to St.LukesHealth, at the hospitals earliest possible convenience. 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 90 days of the child's birth. A newborn child should also be added to a family cover within 90 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 provided 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 who are not married or living in a defacto relationship.

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

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 provided 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. Payment of benefits**

Benefits are payable for face to face consultations and telehealth consultations where services are deemed appropriate by St.LukesHealth and where treatment is provided by a recognised provider.

#### **18. Claims lodgement**

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

#### **19. 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.

#### **20. Approved providers**

Benefits are only payable when provided 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.

#### **21. 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.

#### **22. Benefit limited to fee charged**

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

#### **23. 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.

#### **24. 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](http://www.stlukes.com.au).

#### **25. 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](http://www.stlukes.com.au).

#### **26. 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 corporate relationship specialists. To view our privacy statement, visit [www.stlukes.com.au](http://www.stlukes.com.au).

#### **27. 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](http://www.stlukes.com.au).

## 28. 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](http://www.ombudsman.gov.au)

For general information about private health insurance, see [www.privatehealth.gov.au](http://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.



**Drop into one of our 6 locations statewide.**

Or call 1300 651 988, or visit [stlukes.com.au](http://stlukes.com.au)



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## Head Office and Customer Care Centre

Launceston 17 The Quadrant Mall Launceston 7250

## Customer Care Centres

Hobart 72 Elizabeth Street Hobart 7000  
Kingston Shop 28a Channel Court Kingston 7050  
Rosny Park 2/7 Bayfield Street Rosny Park 7018  
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