

VIC PREMIUMS & BENEFITS GUIDE

1 April 2025



A Members
Health Fund

With over 100,000 members nationally Emergency Services Health is Australia's only health cover devoted to the emergency services community.

Emergency Services Health offers gold level health insurance exclusive to emergency services and allied health workers, volunteers, their families and close relations.

When it comes to your health, you can't predict what you're going to need cover for, the same way a firefighter or paramedic can't predict each emergency call. Which is why we only offer **top cover** as we believe anything less would be a disservice to you.









We keep our cover simple. Choose between Hospital, Extras or combine both.

Read on to find out more about our products and premiums as well as an explanation about how the Australian Government Rebate on Private Health Insurance and Medicare Levy Surcharge work. For a full description on cover and important information, please read our Product & Benefits Guide.

You've got our backs in the community – we have yours when it comes to *your health*.




What cover is right for me?

Policy	Who is Covered?	
Single Policy	Just yourself	
Single Parent Family Policy	Yourself and your dependent children (aged less than 21) and/or dependent students (aged 21-31 inclusive)*	
Family Policy (includes couples)	Yourself, partner and your dependent children (aged less than 21) and/or dependent students (aged 21-31 inclusive)* 	Yourself and your partner 
Extended Family Policy and Extended Single Parent Family Policy	Yourself, partner and at least one child who is a dependent non-student (aged 21-24 inclusive) and if any younger dependent children (aged less than 21) and/or dependent students (aged 21-31 inclusive)* 	Yourself and at least one child who is a dependent non-student (aged 21-24 inclusive) and if any younger dependent children (aged less than 21) and/or dependent students (aged 21-31 inclusive)* 
Continued Care Family	Yourself, partner and at least one child who is registered with us as a dependent person with a disability, and if any younger dependent children (aged less than 21), dependent non-students (aged 21-24 inclusive) and dependent students (aged 21-31 inclusive)* 	
Single Parent Continued Care Family	Yourself and at least one child who is registered with us as a dependent person with a disability, and if any younger dependent children (aged less than 21), dependent non-students (aged 21-24 inclusive) and dependent students (aged 21-31 inclusive)* 	


Our products

To take the confusion out of health insurance, we have just three top level products to choose from:




Gold Hospital


Hospital only product available for:




Single




Couple



Family




Single Parent Family




Rolling Extras


Extras only product available for:




Single




Couple



Family




Single Parent Family




Gold Combined


A combination of Gold Hospital and Rolling Extras available for:




Single




Couple




Family




Single Parent Family




Extended Family



Extended Single Parent Family



Continued Care Family



Single Parent Continued Care Family

Note: A single membership can be created for a child provided the membership has a person over 18 years old authorised to operate the membership. *See page 11 for a definition of the term ‘dependent’.

Understanding the Australian Government Rebate on Private Health Insurance and Medicare Levy Surcharge

Most Australians with private health insurance currently receive a rebate from the Australian Government to help cover the cost of their premiums. The private health insurance rebate is income tested.

The Medicare Levy Surcharge (MLS) is a levy paid by Australian tax payers who do not have private hospital cover and who earn above a certain income. The MLS aims to encourage individuals to take out private hospital cover, and where possible, to use the private system to reduce the demand on the public Medicare system.

The table below details the different rebate amounts and Medicare Levy Surcharge levels.

Income thresholds	Base Tier	Tier 1	Tier 2	Tier 3 (No Rebate)
for 2024-25 financial year (1 July 2024 – 30 June 2025)				
Your single income is	\$97,000 or less	\$97,001 - \$113,000	\$113,001 - \$151,000	\$151,001 or more
Your family income is	\$194,000 or less	\$194,001 - \$226,000	\$226,001 - \$302,000	\$302,001 or more
for 2025-26 financial year (1 July 2025 – 30 June 2026)				
Your single income is	\$101,000 or less	\$101,001 - \$118,000	\$118,001 - \$158,000	\$158,001 or more
Your family income is	\$202,000 or less	\$202,001 - \$236,000	\$236,001 - \$316,000	\$316,001 or more
The families’ threshold is increased by \$1,500 for each dependent child after the first. Families include couples and single parent families.				
Rebate percentage (for period 1 April 2025 – 31 March 2026)				
Under age 65	24.288%	16.192%	8.095%	0.000%
Age 65 - 69	28.337%	20.240%	12.143%	0.000%
Age 70 or over	32.385%	24.288%	16.192%	0.000%
Medicare Levy Surcharge				
All ages	0.0%	1.0%	1.25%	1.5%

Income for Rebate purposes will be calculated by the Australian Taxation Office (ATO), they will apply the same rules that apply for the Medicare Levy Surcharge. Further assistance can be found on the ATO website ato.gov.au

UPDATING YOUR NOMINATED REBATE TIER

You can change your nominated Rebate Tier any time simply by advising Emergency Services Health. Any difference between what you have claimed during the year and your entitlement as calculated by the ATO will be refunded or charged on your tax return assessment. There are no penalties for estimating an incorrect Rebate Tier.

ARE YOU AGED 65 YEARS AND OLDER?

The premiums in this guide are based on the oldest person on the policy being under 65 years. For those 65 years or older you may be entitled to a higher Rebate. Please get in touch.

LIFETIME HEALTH COVER (LHC) LOADING

The premiums shown in the following tables are based on rates applying to those having existing hospital cover with a certified age of entry of 30, or who join hospital insurance by June 30 following their 31st birthday. If neither of these apply, please get in touch to confirm whether a LHC premium applies to you.

WHAT REBATE AM I ELIGIBLE FOR IF I PAY A LHC LOADING?

If you are subject to a LHC Loading, the Rebate only applies to the base premium and not to the LHC Loading component of your premium.



GOLD HOSPITAL

Our **Gold Hospital** covers you for treatment in any recognised hospital or day-surgery (public or private) anywhere in Australia.

It has no excess or exclusions, giving you ultimate peace-of-mind when the unforeseen happens.



ROLLING EXTRAS

Our **Rolling Extras** cover lets you roll over unclaimed Annual Maximums from one calendar year to the next on most Extras services.

For example, if you go a year without claiming Optical benefits (such as new prescription glasses and/or contact lenses) your \$350 Annual Maximum becomes \$700 12-months later (subject to waiting periods).

	Base Tier 24.288%* Full Rebate	Tier 1 16.192%*	Tier 2 8.095%*	Tier 3 0.000%* No Rebate
Single				
Fortnightly	\$99.33	\$109.95	\$120.57	\$131.19
Monthly	\$215.95	\$239.04	\$262.13	\$285.22
Quarterly	\$666.16	\$737.39	\$808.64	\$879.86
Half Yearly	\$1,312.34	\$1,452.67	\$1,593.02	\$1,733.33
Yearly	\$2,584.70	\$2,861.09	\$3,137.51	\$3,413.86
Single Parent Family				
Fortnightly	\$176.79	\$195.69	\$214.60	\$233.50
Monthly	\$384.35	\$425.45	\$466.56	\$507.65
Quarterly	\$1,185.66	\$1,312.44	\$1,439.24	\$1,566.01
Half Yearly	\$2,335.75	\$2,585.51	\$2,835.31	\$3,085.04
Yearly	\$4,600.35	\$5,092.27	\$5,584.26	\$6,076.12
Family (includes Couples)				
Fortnightly	\$198.65	\$219.90	\$241.14	\$262.38
Monthly	\$431.89	\$478.07	\$524.26	\$570.44
Quarterly	\$1,332.32	\$1,474.79	\$1,617.27	\$1,759.72
Half Yearly	\$2,624.67	\$2,905.33	\$3,186.02	\$3,466.65
Yearly	\$5,169.40	\$5,722.18	\$6,275.02	\$6,827.72

	Base Tier 24.288%* Full Rebate	Tier 1 16.192%*	Tier 2 8.095%*	Tier 3 0.000%* No Rebate
Single				
Fortnightly	\$49.77	\$55.10	\$60.42	\$65.74
Monthly	\$108.22	\$119.79	\$131.36	\$142.93
Quarterly	\$333.82	\$369.52	\$405.22	\$440.91
Half Yearly	\$657.63	\$727.95	\$798.28	\$868.59
Yearly	\$1,295.23	\$1,433.73	\$1,572.25	\$1,710.73
Family (includes Couples and Single Parent Families)				
Fortnightly	\$99.55	\$110.19	\$120.84	\$131.48
Monthly	\$216.43	\$239.57	\$262.72	\$285.86
Quarterly	\$667.64	\$739.04	\$810.44	\$881.82
Half Yearly	\$1,315.25	\$1,455.90	\$1,596.56	\$1,737.18
Yearly	\$2,590.45	\$2,867.45	\$3,144.48	\$3,421.45

*Premiums available on applying the Australian Government Rebate on Private Health Insurance.



GOLD COMBINED

Gold Combined brings together our Gold Hospital and Rolling Extras at a reduced premium and also includes partial benefits for laser eye surgery – providing even more value (subject to waiting periods).

	Base Tier 24.288%* <i>Full Rebate</i>	Tier 1 16.192%*	Tier 2 8.095%*	Tier 3 0.000%* <i>No Rebate</i>
Single				
Fortnightly	\$146.15	\$161.78	\$177.41	\$193.04
Monthly	\$317.76	\$351.73	\$385.72	\$419.69
Quarterly	\$980.23	\$1,085.05	\$1,189.88	\$1,294.68
Half Yearly	\$1,931.05	\$2,137.54	\$2,344.06	\$2,550.52
Yearly	\$3,803.29	\$4,209.98	\$4,616.72	\$5,023.36
Single Parent Family				
Fortnightly	\$270.44	\$299.36	\$328.28	\$357.20
Monthly	\$587.97	\$650.84	\$713.72	\$776.59
Quarterly	\$1,813.79	\$2,007.75	\$2,201.72	\$2,395.65
Half Yearly	\$3,573.17	\$3,955.26	\$4,337.39	\$4,719.43
Yearly	\$7,037.52	\$7,790.05	\$8,542.68	\$9,295.12
Family (includes Couples)				
Fortnightly	\$292.31	\$323.57	\$354.83	\$386.08
Monthly	\$635.51	\$703.47	\$771.43	\$839.38
Quarterly	\$1,960.46	\$2,170.09	\$2,379.75	\$2,589.36
Half Yearly	\$3,862.10	\$4,275.08	\$4,688.11	\$5,101.04
Yearly	\$7,606.57	\$8,419.96	\$9,233.44	\$10,046.72
Single Parent Extended Family (including non-student children over the age of 21 and under 25, not married, not defacto)				
Fortnightly	\$341.94	\$378.50	\$415.07	\$451.63
Monthly	\$743.41	\$822.90	\$902.41	\$981.89
Quarterly	\$2,293.29	\$2,538.52	\$2,783.77	\$3,028.97
Half Yearly	\$4,517.78	\$5,000.87	\$5,484.03	\$5,967.06
Yearly	\$8,897.97	\$9,849.44	\$10,801.03	\$11,752.39



GOLD COMBINED

	Base Tier 24.288%* <i>Full Rebate</i>	Tier 1 16.192%*	Tier 2 8.095%*	Tier 3 0.000%* <i>No Rebate</i>
Extended Family (includes non-student children over the age of 21 and under 25, not married, not defacto)				
Fortnightly	\$363.80	\$402.71	\$441.61	\$480.51
Monthly	\$790.96	\$875.53	\$960.12	\$1,044.69
Quarterly	\$2,439.96	\$2,700.86	\$2,961.80	\$3,222.68
Half Yearly	\$4,806.71	\$5,320.70	\$5,834.75	\$6,348.68
Yearly	\$9,467.02	\$10,479.34	\$11,491.79	\$12,503.99
Single Parent Continued Care Family (where there is at least one child who is a dependent person/s with a disability)				
Fortnightly	\$341.94	\$378.50	\$415.07	\$451.63
Monthly	\$743.41	\$822.90	\$902.41	\$981.89
Quarterly	\$2,293.29	\$2,538.52	\$2,783.77	\$3,028.97
Half Yearly	\$4,517.78	\$5,000.87	\$5,484.03	\$5,967.06
Yearly	\$8,897.97	\$9,849.44	\$10,801.03	\$11,752.39
Continued Care Family (where there is at least one child who is a dependent person/s with a disability)				
Fortnightly	\$363.80	\$402.71	\$441.61	\$480.51
Monthly	\$790.96	\$875.53	\$960.12	\$1,044.69
Quarterly	\$2,439.96	\$2,700.86	\$2,961.80	\$3,222.68
Half Yearly	\$4,806.71	\$5,320.70	\$5,834.75	\$6,348.68
Yearly	\$9,467.02	\$10,479.34	\$11,491.79	\$12,503.99

PREMIUM FREQUENCY

Fortnightly and Monthly premiums are payable via Direct Debit. Quarterly, Half Yearly and Yearly premiums are payable via Policy Renewal Notice.

OVER 65 YEARS?

All premiums in this guide are based on the oldest person on the policy being under 65 years. For those 65 years or older you may be entitled to a higher Rebate. Please get in touch on 1300 703 703.

*Premiums available on applying the Australian Government Rebate on Private Health Insurance.

IMPORTANT NOTE: The premiums shown in Gold Hospital and Gold Combined tables are based on rates applying to those having existing hospital cover with a certified age of entry of 30 or, who join hospital insurance by 30 June following their 31st birthday. If neither of these apply, contact Emergency Services Health for the Lifetime Health Cover premiums that will apply to you.

Rolling Extras – what’s covered?

Below are some examples of what’s covered under our Rolling Extras and Gold Combined products. Please get in touch if there is a particular service or appliance you are seeking and do not see here – there are over 600 service items covered.¹

Service Type	Waiting Period*	Example Benefits and Item Limits	Annual Max Per Person	Rollover Max Per Person ²
General Dental Includes check-ups, x-rays, extractions, fillings and endodontic and periodontic treatment	2 months	<ul style="list-style-type: none"> Oral exam/consult (2 every calendar year) 80% up to \$55.30 Scale and clean (2 every calendar year) 80% up to \$116.60 Filling - adhesive posterior 3 surface 80% up to \$211.60 Mouth Guard (1 every calendar year) 80% up to \$151.80 	Unlimited ³	N/A
Major Dental Includes crowns, dentures, inlays and implants	12 months	<ul style="list-style-type: none"> Full crown-veneered 80% up to \$1,768.00 Complete upper & lower dentures (1 every 3 years) 80% up to \$1,794.00 <p>Annual Maximums apply, and can be lower than the Item Limits for some treatments. In these cases, the full Item Limit can be accessed by utilising your Rollover Benefits – which, for Major Dental, is available after 2 years of membership.</p>	\$1,500	\$3,000
Orthodontic	12 months	<ul style="list-style-type: none"> Lifetime limit \$3,000 80% up to Annual Maximum (Item limits apply) 	\$1,500	N/A
Optical	2 months	<p>General Optical Providers:</p> <ul style="list-style-type: none"> Frames 100% up to \$350 Standard single vision lenses 80% up to \$113.20 Standard progressive lenses 80% up to \$276.00 Contact lenses, disposable-spherical 80% up to \$134.40 Contact lenses, rigid 80% up to \$249.60 <p>At OPSM and Laubman & Pank:</p> <ul style="list-style-type: none"> Frames 100% up to \$350 Standard single vision lenses 100% Standard progressive lenses 100% Contact lenses, disposable-spherical 100% Contact lenses, rigid 100% 	\$350	\$700
Chiropractic	2 months	<ul style="list-style-type: none"> Initial consult 80% up to \$82.80 Subsequent consult 80% up to \$53.30 	\$700 combined	\$1,400 combined
Acupuncture		<ul style="list-style-type: none"> Initial consult 80% up to \$98.40 Subsequent consult 80% up to \$78.20 		
Osteopathy		<ul style="list-style-type: none"> Initial consult 80% up to \$96.60 Subsequent consult 80% (16-30mins) up to \$79.60 		
Complementary Therapies		<ul style="list-style-type: none"> Therapies consult set benefit up to \$30 <p>For Chinese Medicine, Remedial Massage Therapy, Remedial Therapy and Myotherapy.</p>		

Service Type	Waiting Period*	Example Benefits and Item Limits	Annual Max Per Person	Rollover Max Per Person ²
Physiotherapy	2 months	<ul style="list-style-type: none"> Initial consult 80% up to \$118.70 Subsequent consult 80% up to \$99.70 	\$850 combined	\$1,700 combined
Exercise Physiology		<ul style="list-style-type: none"> Initial consult 80% up to \$87.40 Subsequent consult 80% up to \$69.00 		
Speech Therapy	2 months	<ul style="list-style-type: none"> Initial consult (46-90 mins) 80% up to \$147.20 Subsequent consult (46-90 mins) 80% up to \$142.60 	\$850	\$1,700
Occupational Therapy	2 months	<ul style="list-style-type: none"> Initial consult (76-90 mins) 80% up to \$165.60 Subsequent consult (under 30 mins) 80% up to \$75.40 Subsequent consult (over 30 mins) 80% up to \$138.00 	\$600	\$1,200
Eye Therapy	2 months	<ul style="list-style-type: none"> Initial consult 80% up to \$71.60 Subsequent consult (<30 mins) 80% up to \$59.70 	\$600	\$1,200
Dietary	2 months	<ul style="list-style-type: none"> Initial consult 80% up to \$115.00 Subsequent consult 80% up to \$64.40 	\$600	\$1,200
Podiatry	2 months	<ul style="list-style-type: none"> Initial consult 80% up to \$75.20 Subsequent consult 80% up to \$68.70 Custom made orthotics 80% up to \$170.20 (single) or \$340.40 (pair) 	\$700	\$1,400
Psychology	2 months	Initial and subsequent consult 80% up to \$237.30	\$850 combined	\$1,700 combined
Counselling		Initial and subsequent consult 80% up to \$110.40		
Ambulance⁴	2 months	<ul style="list-style-type: none"> Clinically required transport 100% Treatment no transport required 100% 	Unlimited	N/A
Pharmacy Available at any recognised pharmacy	2 months	<ul style="list-style-type: none"> Excludes government subsidised PBS prescriptions Per script up to \$60 after you pay the first \$23.00 While many medicines are covered, some are not. The initial \$23 may increase if you are supplied with multiple packs of the same item. Please get in touch for more information.	\$600	\$1,200
School Accident	2 months	Additional benefits apply to clinically required services resulting from an accident whilst at or travelling to or from school (some restrictions apply) 100%	\$500	N/A
Health Appliances	12 months	<ul style="list-style-type: none"> Hearing aids 80% up to \$1,200.00 Nebulisers 80% up to \$200.00 Blood glucose monitors 80% up to \$250.00 Blood coagulation monitor (INR) 80% up to \$400.00 Doctor's referral may be required for some appliances.	\$1,200 / 5 yrs 1 unit / 3 yrs 1 unit / 3 yrs 1 unit / 3 yrs	N/A

GET MORE AFTER 10 YEARS OF CONTINUOUS COVER!

If you hold a Rolling Extras policy continuously for ten years, Emergency Services Health will proudly increase the Hearing Aid limit that applies over five calendar years from \$1,200 to \$1,800 per person on your policy.⁵

*Waiting periods do not apply to benefits for treatments in relation to accidents.

¹ All the benefits shown here are payable only on services and at health providers recognised by Emergency Services Health. For a list of what is not covered please see the Products & Benefits Guide or contact us on 1300 703 703. ² Rollover Maximum available after 12 months of membership on Rolling Extras, except for Major Dental, which requires 2 years. ³ Some service limits apply. ⁴ Excludes ambulance services covered by a third party arrangement such as a State/Territory government ambulance scheme or ambulance subscription. Only the ambulance services described under "Example Benefits" are payable and ambulance service providers must be recognised by Emergency Services Health. ⁵ Subject to waiting periods, Annual Maximums and other conditions.

Rolling Extras – Additional discounts on Optical

While members can access our benefits at any provider of their choice, we have arrangements with a number of leading optical providers to give extra discounts to members:

- OPSM
- Laubman & Pank
- Specsavers
- Bailey Nelson

Visit the Optical Benefits Guide on our website for an up-to-date list of discounts:
eshealth.com.au/optical-benefits-guide



Dependent definition

Emergency Services Health's literature refers to a number of different types of dependents.

Our Fund Rules refer to the Contributor and dependents. Dependents are any spouse/partner and any child of the Contributor eligible to be covered under your policy.

The Fund Rules collectively refers to your children eligible to be covered under your policy as "dependent persons" and are made up of the following types:

- Dependent child;
- Non-classified depended person;
- Depended student;
- Dependent non-student; and
- Depended person with a disability.

A dependent child is where your child is aged under 18 and a non-classified dependent person is when your child is aged 18 and over but under 21. Together, we refer to these two types of dependent persons as younger dependent children (that is, where the child is aged less than 21 years).

A dependent student is a child of the Contributor who is 21 years and over, but under 32 years of age, who is considered to be a full time student of a school, college or university recognised by Emergency Services Health.

A dependent non-student is a child of the Contributor who is 21 years and over but under 25 years of age, and not eligible to be a student dependent.

A dependent person with a disability is a child of the Contributor and the child is participating in the National Disability Insurance Scheme (NDIS) and hence holds an active NDIS plan. The child may be any age 18 years and over, but would only be registered as a dependent person with a disability if they do not meet any of the other dependent person types.

In all cases a child is taken to include a natural child, adopted child, foster child or a child who is a legal ward of the Contributor or their spouse/partner.

Other than for a dependent person with a disability, a child ceases to be eligible as a dependent on a policy if they are married or in a defacto relationship.

IMPORTANT INFORMATION

Once your children reach an age where they are no longer protected by your cover, they can sign up to their own Emergency Services Health policy without any Waiting Period provided they:

- Take out a policy with cover no greater than yours; and
- Join from their 21st birthday (25th birthday for Gold Combined Extended Family or Single Parent Extended Family)

Or, if your children have been covered as dependent students, provided they:

- Take out a policy with cover no greater than yours; and
- Join from March 1 following a completed study year, or
- Join from the date they left full-time study, or
- If still a student at the age of 31 years, join from their 32nd birthday.

Or, if your children have been covered as dependent persons with a disability, but they are no longer participating in the NDIS:

- Take out a policy with cover no greater than yours; and
- Join from the date they ceased to participate in the NDIS.

In all these circumstances, your children have two months in which to join with their premiums being calculated from the date they ceased to be an eligible dependent.

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**EMERGENCY SERVICES
HEALTH HAS JUST
TURNED OUT TO
BE PERFECT AND I
CERTAINLY RECOMMEND
ESH TO ANYONE, AND
I HOPE OTHER PEOPLE
JOIN BECAUSE IT'S
SUCH GOOD VALUE.”**

Emergency Services Health Member

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**EMERGENCY
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COVER LIKE NO OTHER

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