



**EMERGENCY  
SERVICES  
HEALTH**

**COVER LIKE NO OTHER**

# Queensland

**2019 STATE PREMIUMS & BENEFITS**

**( MEMBERS OWN )**  
HEALTH FUND

**Brochure effective 1 April 2019**

Emergency Services Health is Australia's **only** health fund just for emergency services workers, volunteers, their families and close relations.

That's why we're **passionate** about providing an exceptional gold standard of cover and service for our members.

It's also why we say that when it comes to health insurance for emergency services our cover is **cover like no other**.

Please read our Products & Benefits Guide for a full description on covers and important information you will need to know before joining.

## Am I eligible for the Australian Government Rebate on private health insurance?

To find out if you're eligible, you first need to check what income Tier you sit in.

|                       | BASE TIER         | TIER 1              | TIER 2              | TIER 3 (NO REBATE) |
|-----------------------|-------------------|---------------------|---------------------|--------------------|
| Your single income is | \$90,000 or less  | \$90,001–\$105,000  | \$105,001–\$140,000 | \$140,001 or more  |
| Your family income is | \$180,000 or less | \$180,001–\$210,000 | \$210,001–\$280,000 | \$280,001 or more  |

The families' threshold is increased by \$1,500 for each dependent child after the first. Families include couples and single parent families. Tiers current as of 1 April 2019.

### Rebate percentage for period 1 April 2019–31 March 2020

|                                |         |         |         |        |
|--------------------------------|---------|---------|---------|--------|
| Under age 65                   | 25.059% | 16.706% | 8.352%  | 0.000% |
| Age 65–69                      | 29.236% | 20.883% | 12.529% | 0.000% |
| Age 70 or over                 | 33.413% | 25.059% | 16.706% | 0.000% |
| <b>Medicare Levy Surcharge</b> |         |         |         |        |
| 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](http://ato.gov.au)

You can change your nominated Rebate Tier any time simply by advising Emergency Services Health in writing. 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 call us on **1300 703 703**.

### Lifetime Health Cover (LHC) Loading

The premiums shown in the following table 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, contact Emergency Services Health for the LHC premiums that apply 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 product covers you for treatment in any recognised hospital or day-surgery (public or private) anywhere in Australia. It is designed to give you and your family complete freedom of choice in your hospital care.

**IMPORTANT NOTE:** The premiums shown in this table 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.

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

|                                  | BASE TIER<br>25.059%*<br>FULL REBATE | TIER 1<br>16.706%* | TIER 2<br>8.352%* | TIER 3<br>0.000%*<br>NO REBATE |
|----------------------------------|--------------------------------------|--------------------|-------------------|--------------------------------|
| <b>SINGLE</b>                    |                                      |                    |                   |                                |
| Fortnightly                      | \$83.60                              | \$92.95            | \$102.25          | \$111.60                       |
| Monthly                          | \$181.80                             | \$202.10           | \$222.40          | \$242.65                       |
| Quarterly                        | \$545.45                             | \$606.25           | \$667.05          | \$727.90                       |
| Yearly                           | \$2,116.45                           | \$2,352.35         | \$2,588.30        | \$2,824.20                     |
| <b>SINGLE PARENT FAMILY</b>      |                                      |                    |                   |                                |
| Fortnightly                      | \$147.25                             | \$163.65           | \$180.05          | \$196.50                       |
| Monthly                          | \$320.10                             | \$355.80           | \$391.50          | \$427.20                       |
| Quarterly                        | \$960.45                             | \$1,067.50         | \$1,174.55        | \$1,281.65                     |
| Yearly                           | \$3,726.65                           | \$4,142.00         | \$4,557.40        | \$4,972.75                     |
| <b>FAMILY (INCLUDES COUPLES)</b> |                                      |                    |                   |                                |
| Fortnightly                      | \$167.25                             | \$185.90           | \$204.55          | \$223.20                       |
| Monthly                          | \$363.65                             | \$404.20           | \$444.80          | \$485.30                       |
| Quarterly                        | \$1,090.95                           | \$1,212.60         | \$1,334.15        | \$1,455.80                     |
| Yearly                           | \$4,232.95                           | \$4,704.75         | \$5,176.60        | \$5,648.40                     |



# Rolling EXTRAS

We're confident you'll love our extras cover. It's designed exclusively for the needs of the emergency services community, providing a wide range of everyday benefits that can help you to stay healthy.

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

|   | BASE TIER<br>25.059%*<br>FULL REBATE | TIER 1<br>16.706%* | TIER 2<br>8.352%* | TIER 3<br>0.000%*<br>NO REBATE |
|---|--------------------------------------|--------------------|-------------------|--------------------------------|
| <b>SINGLE</b>   |                                      |                    |                   |                                |
| Fortnightly   | \$41.80                              | \$46.45            | \$51.10           | \$55.80                        |
| Monthly   | \$90.90                              | \$101.00           | \$111.15          | \$121.30                       |
| Quarterly   | \$272.70                             | \$303.10           | \$333.50          | \$363.95                       |
| Yearly  | \$1,058.20                           | \$1,176.15         | \$1,294.15        | \$1,412.10                     |
| <b>FAMILY (INCLUDES COUPLES AND SINGLE PARENT FAMILIES)</b> |                                      |                    |                   |                                |
| Fortnightly   | \$83.60                              | \$92.95            | \$102.25          | \$111.60                       |
| Monthly   | \$181.80                             | \$202.05           | \$222.30          | \$242.60                       |
| Quarterly   | \$545.45                             | \$606.25           | \$667.05          | \$727.90                       |
| Yearly  | \$2,116.45                           | \$2,352.35         | \$2,588.30        | \$2,824.20                     |

Note: 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 call us on **1300 703 703**.

\* Premiums available on applying the Australian Government Rebate on private health insurance.



# Gold COMBINED

For complete peace of mind, Gold Combined brings together our Gold Hospital and Rolling Extras products at a reduced premium and includes partial benefits for laser eye surgery, providing even more value.

**IMPORTANT NOTE:** The premiums shown in this table 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.

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

|   | BASE TIER<br>25.059%*<br>FULL REBATE | TIER 1<br>16.706%* | TIER 2<br>8.352%* | TIER 3<br>0.000%*<br>NO REBATE |
|---|--------------------------------------|--------------------|-------------------|--------------------------------|
| <b>SINGLE</b>   |                                      |                    |                   |                                |
| Fortnightly   | \$122.95                             | \$136.70           | \$150.35          | \$164.10                       |
| Monthly   | \$267.35                             | \$297.15           | \$326.95          | \$356.80                       |
| Quarterly   | \$802.05                             | \$891.45           | \$980.85          | \$1,070.30                     |
| Yearly  | \$3,112.10                           | \$3,459.00         | \$3,805.95        | \$4,152.80                     |
| <b>SINGLE PARENT FAMILY</b>   |                                      |                    |                   |                                |
| Fortnightly   | \$225.90                             | \$251.10           | \$276.35          | \$301.50                       |
| Monthly   | \$491.20                             | \$545.95           | \$600.75          | \$655.50                       |
| Quarterly   | \$1,473.70                           | \$1,638.00         | \$1,802.20        | \$1,966.50                     |
| Yearly  | \$5,717.95                           | \$6,355.30         | \$6,992.65        | \$7,629.95                     |
| <b>FAMILY (INCLUDES COUPLES)</b>  |                                      |                    |                   |                                |
| Fortnightly   | \$245.95                             | \$273.35           | \$300.80          | \$328.20                       |
| Monthly   | \$534.75                             | \$594.35           | \$653.95          | \$713.60                       |
| Quarterly   | \$1,604.15                           | \$1,782.95         | \$1,961.80        | \$2,140.60                     |
| Yearly  | \$6,224.25                           | \$6,918.05         | \$7,611.85        | \$8,305.60                     |
| <b>SINGLE PARENT EXTENDED FAMILY</b><br>Including non-student children over the age of 21 and under 25 as long as they are not married/defacto. |                                      |                    |                   |                                |
| Fortnightly   | \$314.60                             | \$349.65           | \$384.70          | \$419.80                       |
| Monthly   | \$683.95                             | \$760.20           | \$836.45          | \$912.70                       |
| Quarterly   | \$2,051.95                           | \$2,280.60         | \$2,509.30        | \$2,738.05                     |
| Yearly  | \$7,961.50                           | \$8,848.85         | \$9,736.45        | \$10,623.70                    |
| <b>EXTENDED FAMILY</b><br>Including non-student children over the age of 21 and under 25 as long as they are not married/defacto.               |                                      |                    |                   |                                |
| Fortnightly   | \$334.60                             | \$371.90           | \$409.20          | \$446.50                       |
| Monthly   | \$727.45                             | \$808.55           | \$889.70          | \$970.75                       |
| Quarterly   | \$2,182.40                           | \$2,425.70         | \$2,668.95        | \$2,912.20                     |
| Yearly  | \$8,467.85                           | \$9,411.70         | \$10,355.70       | \$11,299.40                    |

Note: 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 call us on **1300 703 703**.

\* Premiums available on applying the Australian Government Rebate on private health insurance.

## What benefits you are eligible for under Rolling Extras

There are over 600 service items covered, these are some examples.

Please call us if there is a particular service or appliance you are seeking and do not see here.\*

| SERVICE TYPE   | WAITING PERIODS | EXAMPLE BENEFITS   | ANNUAL MAXIMUM PER PERSON  | ROLLOVER MAXIMUM PER PERSON <sup>^</sup> |
|--|-----------------|--|--|--|
| <b>General Dental</b><br>Includes check-ups, x-rays, simple extractions, fillings and root canal.                              | 2 months        | <ul style="list-style-type: none"> <li>Oral exam (2 every calendar year) 80% up to \$50.85</li> <li>Scale and clean (2 every calendar year) 80% up to \$102.95</li> <li>Filling - adhesive posterior 3 surface 80% up to \$202.40</li> <li>Mouth Guard (1 every calendar year) 80% up to \$146.80</li> </ul>   | Unlimited  | N/A                                      |
| <b>Major Dental</b><br>Includes crowns and dentures.   | 12 months       | <ul style="list-style-type: none"> <li>Full crown-veneered 80% up to \$1,364.00</li> <li>Complete upper &amp; lower dentures (1 every 3 years) 80% up to \$1,716.00</li> </ul> <p>12 month waiting periods may be waived where it has been served with a previous fund. Rollover Maximums available after 2 years membership.</p>  | \$1,500  | \$3,000***                               |
| <b>Orthodontic</b><br>Orthodontic benefits work slightly differently. Limits applicable after completion of anniversary years. | 12 months       | <ul style="list-style-type: none"> <li>Lifetime limit \$3,000</li> <li>80% up to Annual Maximum (Item limits apply)</li> </ul> <p>We recognise your level of entitlement held with other health insurers and in many cases new members can go direct to our \$1,500 Annual Maximum.</p>  | 1st year \$0<br>2nd year \$800<br>3rd year \$800<br>4th year \$1,500 | N/A                                      |
| <b>Optical</b>   | 2 months        | <p>General Optical Providers:</p> <ul style="list-style-type: none"> <li>Standard single vision lenses 80% up to \$100.30</li> <li>Standard progressive lenses 80% up to \$236.70</li> <li>Contact lenses, disposable-spherical 80% up to \$123.20</li> <li>Contact lenses, rigid 80% up to \$228.80</li> <li>Frames set benefit up to \$110.00</li> </ul> <p>At OPSM and Laubman &amp; Pank:</p> <ul style="list-style-type: none"> <li>Standard single vision lenses 100%</li> <li>Standard progressive lenses 100%</li> <li>Contact lenses, disposable-spherical 100%</li> <li>Contact lenses, rigid 100%</li> <li>Frames set benefit up to \$110.00</li> </ul> | \$320  | \$640***                                 |
| <b>Chiropractic</b>  | 2 months        | <ul style="list-style-type: none"> <li>Initial consult 80% up to \$74.80</li> <li>Subsequent consult 80% up to \$49.00</li> </ul>  | \$700 combined   | \$1,400                                  |
| <b>Acupuncture</b>   |                 | <ul style="list-style-type: none"> <li>Initial consult 80% up to \$74.80</li> <li>Subsequent consult 80% up to \$64.25</li> </ul>  |  |  |
| <b>Osteopathy</b>  |                 | <ul style="list-style-type: none"> <li>Initial consult 80% up to \$87.10</li> <li>Subsequent consult 80% (16-30mins) up to \$78.30</li> </ul>  |  |  |
| <b>Complementary Therapies (For Chinese Medicine, Remedial Massage Therapy, Remedial Therapy and Myotherapy.)</b>              |                 | <ul style="list-style-type: none"> <li>Therapies consult \$25</li> </ul>   |  | N/A                                      |

| SERVICE TYPE   | WAITING PERIODS | EXAMPLE BENEFITS   | ANNUAL MAXIMUM PER PERSON   | ROLLOVER MAXIMUM PER PERSON <sup>^</sup> |
|--|-----------------|--|---|--|
| <b>Physiotherapy</b>   | 2 months        | <ul style="list-style-type: none"> <li>Initial consult 80% up to \$83.50</li> <li>Subsequent consult 80% up to \$74.00</li> </ul>  | \$850 combined limit. Sub-limit for exercise physiology \$400 per person, up to \$800 per family. | \$1,700                                  |
| <b>Exercise Physiology</b>   | 2 months        | <ul style="list-style-type: none"> <li>Initial consult 80% up to \$79.20</li> <li>Subsequent consult 80% up to \$57.20</li> </ul>  |   | N/A                                      |
| <b>Speech Therapy</b>  | 2 months        | <ul style="list-style-type: none"> <li>Initial consult (46-90 mins) 80% up to \$132.00</li> <li>Subsequent consult (46-90 mins) 80% up to \$110.00</li> </ul>  | \$850   | \$1,700                                  |
| <b>Occupational Therapy</b>  | 2 months        | <ul style="list-style-type: none"> <li>Initial consult (76-90 mins) 80% up to \$158.40</li> <li>Subsequent consult (under 30 mins) 80% up to \$66.00</li> <li>Subsequent consult (over 30 mins) 80% up to \$110.00</li> </ul>  | \$600   | \$1,200                                  |
| <b>Eye Therapy</b>   | 2 months        | <ul style="list-style-type: none"> <li>Initial consult 80% up to \$48.40</li> <li>Subsequent consult (&lt;30 mins) 80% up to \$39.60</li> </ul>  | \$600   | \$1,200                                  |
| <b>Dietary</b>   | 2 months        | <ul style="list-style-type: none"> <li>Initial consult 80% up to \$105.60</li> <li>Subsequent consult 80% up to \$66.00</li> </ul>   | \$600   | \$1,200                                  |
| <b>Podiatry</b>  | 2 months        | <ul style="list-style-type: none"> <li>Initial consult 80% up to \$70.40</li> <li>Subsequent consult 80% up to \$61.95</li> </ul>  | \$700   | \$1,400                                  |
| <b>Psychology</b>  | 2 months        | <ul style="list-style-type: none"> <li>Initial and subsequent consult 80% up to \$227.05</li> </ul>  | \$850 combined limit. Sub-limit for counselling \$400 per person, up to \$800 per family          | \$1,700                                  |
| <b>Counselling</b>   | 2 months        | <ul style="list-style-type: none"> <li>Initial and subsequent consult 80% up to \$80.00</li> </ul>   |   | N/A                                      |
| <b>Ambulance**</b>   | 2 months        | <ul style="list-style-type: none"> <li>Clinically required transport 100%</li> <li>Treatment no transport required 100%</li> </ul>   | Unlimited   | N/A                                      |
| <b>Pharmaceutical</b><br>Available at any recognised pharmacy.                     | 2 months        | <ul style="list-style-type: none"> <li>Excludes government subsidised PBS prescriptions</li> <li>Per script up to \$50 after you pay the first \$25.00</li> </ul> <p>Note: While many medicines are covered, some are not. Your initial \$25 may increase for dispensing greater than the maximum standard packaged quantity. Please refer to our website.</p> | \$600   | \$1,200                                  |
| <b>School Accident</b>   | 2 months        | <p>Additional benefits apply to clinically required services resulting from an accident whilst at or travelling to or from school (some restrictions apply) 100%</p>   | \$500   | N/A                                      |
| <b>Health Appliances</b><br>Doctor's referral may be required for some appliances. | 12 months       | <ul style="list-style-type: none"> <li>Hearing aids 80% up to \$1,200.00</li> <li>Nebulisers 80% up to \$200.00</li> <li>Blood glucose monitors 80% up to \$250.00</li> <li>Blood coagulation monitor (INR) 80% up to \$400.00</li> </ul>  | \$1,200 per 5 yrs<br>1 unit per 3 yrs<br>1 unit per 3 yrs<br>1 unit per 3 yrs                     | N/A                                      |

\*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.

\*\*\*2020 Rollover Benefit shown. In 2019, The Rollover Benefit is capped at \$2,800 for Major Dental and \$620 for Optical.

<sup>^</sup> Rollover Maximum available after 12 months membership with extras cover, except major dental which requires 2 years of membership.  
\*\*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.

**“So happy we changed...**

Customer service is exceptional and we have always had quick rebates on claims. I always recommend Emergency Services Health whenever I get the opportunity to speak about it!”

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Emergency Services Health Member



**COVER LIKE NO OTHER**

**1300 703 703**  
**eshealth.com.au**

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|              |  |                 |                                      |
|--------------|--|-----------------|--------------------------------------|
| <b>PHONE</b> | 1300 703 703                               | <b>WEB</b>      | eshealth.com.au                      |
| <b>POST</b>  | Reply Paid 84966<br>Halifax Street SA 5000 | <b>EMAIL</b>    | enquiries@eshealth.com.au            |
|              |  | <b>FACEBOOK</b> | facebook.com/EmergencyServicesHealth |

Contact hours Monday, Wednesday - Friday 8.30 am - 4.45 pm, Tuesday 9.30 am - 4.45 pm (SA Time)

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