



What cover is right for me?

Policy	Who is Covered?
Single Policy	Just yourself O
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 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:



Couple

Single Parent Family



Rolling Extras









Extras only product available for:



Couple

Family

Single Parent Family



Gold Combined













Continued Care Family

Continued Care Family

A combination of Gold Hospital and Rolling Extras available for:



Single Parent Family

Family

Single Parent Family

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	\$97,001 -	\$113,001 -	\$151,001			
	or less	\$113,000	\$151,000	or more			
Your family income is	\$194,000	\$194,001 -	\$226,001 -	\$302,001			
	or less	\$226,000	\$302,000	or more			
for 2025-26 financial year (1 July 20)25 – 30 June 2026)					
Your single income is	\$101,000	\$101,001 -	\$118,001 -	\$158,001			
	or less	\$118,000	\$158,000	or more			
Your family income is	\$202,000	\$202,001 -	\$236,001 -	\$316,001			
	or less	\$236,000	\$316,000	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 peaceof-mind when the unforseen happens.

	Base Tier 24.288%* Full Rebate	Tier 1 16.192%*	Tier 2 8.095%*	Tier 3 0.000%* No Rebate
Single				
Fortnightly	\$100.21	\$110.93	\$121.65	\$132.36
Monthly	\$217.87	\$241.17	\$264.47	\$287.76
Quarterly	\$672.09	\$743.96	\$815.83	\$887.69
Half Yearly	\$1,324.01	\$1,465.59	\$1,607.19	\$1,748.75
Yearly	\$2,607.70	\$2,886.54	\$3,165.42	\$3,444.23
Single Parent	Family			
Fortnightly	\$178.85	\$197.97	\$217.10	\$236.22
Monthly	\$388.83	\$430.41	\$472.00	\$513.57
Quarterly	\$1,199.48	\$1,327.74	\$1,456.02	\$1,584.27
Half Yearly	\$2,362.99	\$2,615.66	\$2,868.37	\$3,121.02
Yearly	\$4,653.99	\$5,151.65	\$5,649.37	\$6,146.97
Family (includ	les Couples)			
Fortnightly	\$200.42	\$221.85	\$243.28	\$264.71
Monthly	\$435.74	\$482.33	\$528.93	\$575.52
Quarterly	\$1,344.18	\$1,487.91	\$1,631.66	\$1,775.38
Half Yearly	\$2,648.02	\$2,931.18	\$3,214.37	\$3,497.49
Yearly	\$5,215.39	\$5,773.08	\$6,330.84	\$6,888.46



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	\$44.91	\$49.71	\$54.52	\$59.32
Monthly	\$97.65	\$108.09	\$118.53	\$128.97
Quarterly	\$301.23	\$333.44	\$365.65	\$397.86
Half Yearly	\$593.42	\$656.88	\$720.34	\$783.79
Yearly	\$1,168.77	\$1,293.74	\$1,418.74	\$1,543.70
Family (includ	es Couples and S	Single Parent	Families)	
Fortnightly	\$89.83	\$99.44	\$109.05	\$118.65
Monthly	\$195.30	\$216.18	\$237.07	\$257.95
Quarterly	\$602.46	\$666.88	\$731.31	\$795.72
Half Yearly	\$1,186.84	\$1,313.75	\$1,440.68	\$1,567.57
Yearly	\$2,337.54	\$2,587.50	\$2,837.48	\$3,087.41

^{*}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%* Full Rebate	Tier 1 16.192%*	Tier 2 8.095%*	Tier 3 0.000%* <i>No Rebate</i>
Single				
Fortnightly	\$142.47	\$157.71	\$172.95	\$188.18
Monthly	\$309.75	\$342.88	\$376.00	\$409.12
Quarterly	\$955.54	\$1,057.72	\$1,159.91	\$1,262.07
Half Yearly	\$1,882.41	\$2,083.70	\$2,285.02	\$2,486.28
Yearly	\$3,707.49	\$4,103.94	\$4,500.43	\$4,896.83
Single Parent Family				
Fortnightly	\$263.37	\$291.53	\$319.70	\$347.86
Monthly	\$572.60	\$633.83	\$695.07	\$756.29
Quarterly	\$1,766.38	\$1,955.27	\$2,144.17	\$2,333.03
Half Yearly	\$3,479.78	\$3,851.88	\$4,224.03	\$4,596.08
Yearly	\$6,853.58	\$7,586.44	\$8,319.40	\$9,052.17
Family (includes Couple	es)			
Fortnightly	\$284.95	\$315.42	\$345.89	\$376.36
Monthly	\$619.51	\$685.75	\$752.00	\$818.24
Quarterly	\$1,911.08	\$2,115.43	\$2,319.81	\$2,524.14
Half Yearly	\$3,764.82	\$4,167.39	\$4,570.02	\$4,972.55
Yearly	\$7,414.98	\$8,207.87	\$9,000.86	\$9,793.66
Single Parent Extended (including non-student		e of 21 and under 25,	not married, not defa	acto)
Fortnightly	\$320.14	\$354.37	\$388.61	\$422.84
Monthly	\$696.03	\$770.46	\$844.89	\$919.31
Quarterly	\$2,147.12	\$2,376.72	\$2,606.34	\$2,835.91
Half Yearly	\$4,229.82	\$4,682.13	\$5,134.48	\$5,586.73
Yearly	\$8,330.83	\$9,221.65	\$10,112.59	\$11,003.31



GOLD COMBINED

	Base Tier 24.288%* Full Rebate	Tier 1 16.192%*	Tier 2 8.095%*	Tier 3 0.000%* No Rebate			
Extended Family (includes non-student children over the age of 21 and under 25, not married, not defacto)							
Fortnightly	\$341.72	\$378.26	\$414.80	\$451.34			
Monthly	\$742.93	\$822.37	\$901.83	\$981.26			
Quarterly	\$2,291.81	\$2,536.88	\$2,781.97	\$3,027.01			
Half Yearly	\$4,514.87	\$4,997.65	\$5,480.49	\$5,963.21			
Yearly	\$8,892.22	\$9,843.08	\$10,794.06	\$11,744.80			
	tinued Care Family least one child who is	a dependent person,	/s with a disability)				
Fortnightly	\$320.14	\$354.37	\$388.61	\$422.84			
Monthly	\$696.03	\$770.46	\$844.89	\$919.31			
Quarterly	\$2,147.12	\$2,376.72	\$2,606.34	\$2,835.91			
Half Yearly	\$4,229.82	\$4,682.13	\$5,134.48	\$5,586.73			
Yearly	\$8,330.83	\$9,221.65	\$10,112.59	\$11,003.31			
Continued Care Fa (where there is at	mily least one child who is	a dependent person,	/s with a disability)				
Fortnightly	\$341.72	\$378.26	\$414.80	\$451.34			
Monthly	\$742.93	\$822.37	\$901.83	\$981.26			
Quarterly	\$2,291.81	\$2,536.88	\$2,781.97	\$3,027.01			
Half Yearly	\$4,514.87	\$4,997.65	\$5,480.49	\$5,963.21			
Yearly	\$8,892.22	\$9,843.08	\$10,794.06	\$11,744.80			

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.

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.

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



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	 Oral exam/consult (2 every calendar year) 80% up to \$64.40 Scale and clean (2 every calendar year) 80% up to \$117.00 Filling - adhesive posterior 3 surface 80% up to \$234.60 Mouth Guard (1 every calendar year) 80% up to \$163.70 	Unlimited ³	N/A
Major Dental Includes crowns, dentures, inlays and implants	12 months	Full crown-veneered 80% up to \$1,472.00 Complete upper & lower dentures (1 every 3 years) 80% up to \$1,748.00 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.	\$1,500	\$3,000
Orthodontic	12 months	Lifetime limit \$3,00080% up to Annual Maximum (Item limits apply)	\$1,500	N/A
Optical	2 months	General Optical Providers: Frames 100% up to \$350 Standard single vision lenses 80% up to \$109.45 Standard progressive lenses 80% up to \$279.80 Contact lenses, disposable-spherical 80% up to \$134.40 Contact lenses, rigid 80% up to \$249.60 At OPSM and Laubman & Pank: 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		Initial consult 80% up to \$78.80Subsequent consult 80% up to \$51.00		
Acupuncture		Initial consult 80% up to \$82.80Subsequent consult 80% up to \$79.10	¢700	¢4.400
Osteopathy	2 months	 Initial consult 80% up to \$95.20 Subsequent consult 80% (16-30mins) up to \$81.00 	\$700 combined	\$1,400 combined
Complementary Therapies		■ Therapies consult set benefit up to \$30 For Chinese Medicine, Remedial Massage Therapy, Remedial Therapy and Myotherapy.		

Service Type	Waiting Period*	Example Benefits and Item Limits	Annual Max Per Person	Rollover Max Per Person ²
Physiotherapy		Initial consult 80% up to \$139.50Subsequent consult 80% up to \$108.70	\$850	\$1,700
Exercise Physiology	2 months	Initial consult 80% up to \$86.20Subsequent consult 80% up to \$64.40	combined	combined
Speech Therapy	2 months	 Initial consult (46-90 mins) 80% up to \$138.00 Subsequent consult (46-90 mins) 80% up to \$138.00 	\$850	\$1,700
Occupational Therapy	2 months	 Initial consult (76-90 mins) 80% up to \$165.60 Subsequent consult (under 30 mins) 80% up to \$82.80 Subsequent consult (over 30 mins) 80% up to \$128.80 	\$600	\$1,200
Eye Therapy	2 months	Initial consult 80% up to \$81.10Subsequent consult (<30 mins) 80% up to \$67.60	\$600	\$1,200
Dietary	2 months	Initial consult 80% up to \$124.20Subsequent consult 80% up to \$64.40	\$600	\$1,200
Podiatry	2 months	 Initial consult 80% up to \$75.00 Subsequent consult 80% up to \$61.10 Custom made orthotics 80% up to \$161.00 (single) or \$322.00 (pair) 	\$700	\$1,400
Psychology	2 months	■ Initial and subsequent consult 80% up to \$237.30	\$850	\$1,700
Counselling	2 1110111113	■ Initial and subsequent consult 80% up to \$92.00	combined	combined
Ambulance ⁴	2 months	Clinically required transport 100%Treatment no transport required 100%	Unlimited	N/A
Pharmacy Available at any recognised pharmacy	2 months	 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	 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.

99

EMERGENCY SERVICES
HEALTH HAS JUST
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BE PERFECT AND I
CERTAINLY RECOMMEND
ESH TO ANYONE, AND
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