

## Private Health Information Statement - General treatment policy

### Core Complete Extras Package

**Latrobe Health Services**  
<http://www.latrobehealth.com.au>  
[info@lhs.com.au](mailto:info@lhs.com.au)  
 1300 362 144

**Monthly Premium**  
**\$77.00 #**  
 (before any rebate or insurer discount)

Covers one adult & dependants (2 or more people, only one of whom is an adult)  
**Available in Northern Territory**

# You may be entitled to an Australian Government rebate on the above premium. Your premium may also include an insurer discount. Check with your insurer for details.

This policy covers children and other dependants up to and including the age of 20, students up to and including the age of 31, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.

### General Treatment Cover

This policy must be purchased with a hospital policy.

This health insurer does not operate a preferred provider scheme.

This policy  includes General treatment (Extras) cover for

| Treatment               | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                                                                                                                                       | Examples of maximum benefits                                                                                                           |
|-------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| General dental          | 2                       | \$1,000 per person up to \$2,000 per policy (combined limit for general dental, major dental & endodontic)                                                                                   | Periodic oral examination - \$30.50<br>Scale & clean - \$57.60<br>Fluoride treatment - \$36.00<br>Surgical tooth extraction - \$104.30 |
| Major dental            | 12                      |                                                                                                                                                                                              | Full crown veneered - \$556.80                                                                                                         |
| Endodontic              | 2                       |                                                                                                                                                                                              | Filling of one root canal - \$109.80                                                                                                   |
| Orthodontic             | 12                      | \$600 per person<br>\$1,800 lifetime limit<br>1 appliance(s) every 3 years                                                                                                                   | Braces for upper & lower teeth, including removal plus fitting of retainer - \$1,800.00                                                |
| Optical                 | 6                       | \$200 per person                                                                                                                                                                             | Single vision lenses & frames - \$200.00<br>Multi-focal lenses & frames - \$200.00                                                     |
| Non PBS pharmaceuticals | 2                       | \$300 per person up to \$600 per policy (combined limit for non pbs pharmaceuticals, audiology, eye therapy (orthoptics), home nursing, occupational therapy, speech therapy & vaccinations) | Per eligible prescription - \$35.00                                                                                                    |
| Physiotherapy           | 2                       | \$300 per person up to \$600 per policy (combined limit for physiotherapy, chiropractic & osteopathy)                                                                                        | Initial visit - \$45.00<br>Subsequent visit - \$45.00                                                                                  |
| Chiropractic            | 2                       |                                                                                                                                                                                              | Initial visit - \$36.00<br>Subsequent visit - \$36.00                                                                                  |
| Podiatry                | 2                       | \$300 per person (combined limit for podiatry & orthotics (podiatric orthoses))                                                                                                              | Initial visit - \$25.00<br>Subsequent visit - \$25.00                                                                                  |
| Psychology              | 2                       | \$300 per person                                                                                                                                                                             | Initial visit - \$50.00<br>Subsequent visit - \$50.00                                                                                  |
| Acupuncture             | 2                       | \$300 per person up to \$600 per policy (combined limit for acupuncture, remedial massage, dietetics/dietary advice & other services)                                                        | Initial visit - \$36.00<br>Subsequent visit - \$36.00                                                                                  |
| Remedial massage        | 2                       |                                                                                                                                                                                              | Initial visit - \$36.00<br>Subsequent visit - \$36.00                                                                                  |
| Hearing aids            | 12                      | \$500 per person<br>1 appliance(s) every 5 years                                                                                                                                             | Hearing aid - 70% of charge                                                                                                            |

|                                       |    |                                                                                                                                         |                                                       |
|---------------------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Blood glucose monitors                | 12 | \$200 per person up to \$400 per policy<br>1 appliance(s) every 3 years<br>(combined limit for blood glucose monitors & other services) | Per monitor - 70% of charge                           |
| Audiology                             | 2  | Combined limit - see Non PBS pharmaceuticals                                                                                            | Initial visit - \$25.00<br>Subsequent visit - \$25.00 |
| Dietetics/dietary advice              | 2  | Combined limit - see Acupuncture                                                                                                        | Initial visit - \$36.00<br>Subsequent visit - \$36.00 |
| Eye therapy (orthoptics)              | 2  | Combined limit - see Non PBS pharmaceuticals                                                                                            | Initial visit - \$25.00<br>Subsequent visit - \$25.00 |
| Health management / Healthy lifestyle | 12 | \$500 per person                                                                                                                        | Health management - 70% of charge                     |
| Home nursing                          | 2  | Combined limit - see Non PBS pharmaceuticals                                                                                            | Initial visit - \$24.00<br>Subsequent visit - \$24.00 |
| Occupational therapy                  | 2  | Combined limit - see Non PBS pharmaceuticals                                                                                            | Initial visit - \$25.00<br>Subsequent visit - \$25.00 |
| Orthotics (podiatric orthoses)        | 2  | Combined limit - see Podiatry                                                                                                           | Orthotics supply & fit - \$70.00                      |
| Osteopathy                            | 2  | Combined limit - see Physiotherapy                                                                                                      | Initial visit - \$36.00<br>Subsequent visit - \$36.00 |
| Speech therapy                        | 2  | Combined limit - see Non PBS pharmaceuticals                                                                                            | Initial visit - \$25.00<br>Subsequent visit - \$25.00 |
| Vaccinations                          | 2  | Combined limit - see Non PBS pharmaceuticals                                                                                            | Per service - \$35.00                                 |

Periodic Oral Examination - \$60 for 1 service, \$30.50 for additional services. Scale and clean - \$120 for 1 service, \$57.60 for additional services. Fluoride Treatment - \$36 for 2 services, limit 2 services per person per year. A benefit is also payable for myotherapy, Health Appliances & Aids, such as crutches, knee brace, splint, cam boot, CPAP or TENS machine, non surgically implanted prosthesis, health screenings and a 50% rebate on full ambulance subscriptions when paid voluntarily but not as a state tax or levy. Orthodontic benefits increase with years of membership. The orthotic benefit shown is a guide only and benefits will differ according to the orthotic prescribed. Vaccinations are for travel vaccines and must be approved by Latrobe.

This policy **X** does not include General treatment (Extras) cover for

**X** Other treatments - check with your insurer

## Ambulance cover

In Northern Territory this policy provides:

**Emergency:** Unlimited with a waiting period of 1 day.

**Call-out fees:** will be paid for each attendance, including emergency treatment without transport to hospital.

For further information about this policy see

<https://www.latrobehealth.com.au/health-cover/emergency-ambulance-cover/>

## Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.