

Private Health Information Statement - General treatment policy

Premier Family Care Extras

Latrobe Health Services

<http://www.latrobehealth.com.au>

info@lhs.com.au

1300 362 144

Monthly Premium

\$247.78[#]

(before any rebate or insurer discount)

Covers two adults & dependants, including non-student dependants (3 or more people, only 2 of whom are adults)

Available in Tasmania
Closed to new members

[#] 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, students up to and including the age of 31 and non-students up to and including the age of 31, as well as persons with a disability who qualify as a child, student or non-student in these age ranges.

General Treatment Cover

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	3	No annual limit (combined limit for general dental & endodontic - Sub-limits apply)	Periodic oral examination - \$29.12 Scale & clean - \$56.00 Fluoride treatment - \$25.00 Surgical tooth extraction - \$102.10
Major dental	12	\$300 per person	Full crown veneered - \$585.60
Endodontic	3	Combined limit - see General dental	Filling of one root canal - \$110.70
Orthodontic	12	\$300 per person \$3,000 lifetime limit 1 appliance(s) every 3 years	Braces for upper & lower teeth, including removal plus fitting of retainer - \$900.00
Optical	12	\$250 per person	Single vision lenses & frames - \$250.00 Multi-focal lenses & frames - \$250.00
Non PBS pharmaceuticals	2	\$400 per person	Per eligible prescription - \$100.00
Physiotherapy	2	\$1,000 per person	Initial visit - \$42.00 Subsequent visit - \$37.00
Chiropractic	2	\$350 per person	Initial visit - \$46.00 Subsequent visit - \$29.00
Podiatry	2	\$600 per person (combined limit for podiatry & orthotics (podiatric orthoses))	Initial visit - \$30.00 Subsequent visit - \$30.00
Psychology	2	\$450 per person	Initial visit - \$80.00 Subsequent visit - \$80.00
Acupuncture	2	\$1,000 per person	Initial visit - \$40.00 Subsequent visit - \$32.00
Remedial massage	2	\$350 per person	Initial visit - \$36.00 Subsequent visit - \$32.00
Hearing aids	12	\$1,000 per person 1 appliance(s) every 5 years	Hearing aid - \$1,000.00
Blood glucose monitors	12	\$250 per person every 3 years. \$500 total all appliances per membership every 3 years	Per monitor - 90% of charge

Audiology	2	\$1,000 per person	Initial visit - \$65.00 Subsequent visit - \$65.00
Dietetics/dietary advice	2	\$1,000 per person	Initial visit - \$45.00 Subsequent visit - \$40.00
Eye therapy (orthoptics)	2	\$1,000 per person	Initial visit - \$50.00 Subsequent visit - \$40.00
Health management / Healthy lifestyle	2	\$75 per person 1 service(s) every 2 years	Health management - \$75.00
Home nursing	2	\$1,000 per person	Initial visit - \$45.00 Subsequent visit - \$18.00
Occupational therapy	2	\$1,000 per person	Initial visit - \$50.00 Subsequent visit - \$50.00
Orthotics (podiatric orthoses)	2	Combined limit - see Podiatry	Orthotics supply & fit - \$100.00
Osteopathy	2	\$1,000 per person	Initial visit - \$45.00 Subsequent visit - \$30.00
Speech therapy	2	\$1,000 per person	Initial visit - \$60.00 Subsequent visit - \$60.00

A benefit is paid for state ambulance subscriptions when paid voluntarily but not as a state tax or levy. The benefit is 100% of the cost. Benefits are also payable for CPAP machines, air compressors, nebulisers, TENS machines, lymphoedema garments, and non-surgically implanted prostheses. Major dental and orthodontic benefits increase with years of membership. The orthotic benefit shown is a guide only and benefits will differ according to the orthotic prescribed.

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

X Other treatments - check with your insurer

Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - https://www.health.tas.gov.au/ambulance/fees_and_accounts.

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.