

Private Health Information Statement - General treatment policy

Top Extras

Latrobe Health Services
<http://www.latrobehealth.com.au>
info@lhs.com.au
 1300 362 144

Monthly Premium
\$153.74[#]
 (before any rebate or insurer discount)

Covers two adults & dependants (3 or more people, only 2 of whom are adults)
Available in South Australia
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 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 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 | \$1,200 per person up to \$2,400 per policy (combined limit for general dental, major dental, endodontic & other services - Sub-limits apply) | Periodic oral examination - \$30.50 Scale & clean - \$57.60 Fluoride treatment - \$23.20 Surgical tooth extraction - \$104.30 |
| Major dental | 12 | | Full crown veneered - \$556.80 |
| Endodontic | 2 | | Filling of one root canal - \$109.80 |
| Orthodontic | 12 | \$300 per person \$2,000 lifetime limit 1 appliance(s) every 3 years | Braces for upper & lower teeth, including removal plus fitting of retainer - \$900.00 |
| Optical | 6 | \$200 per person | Single vision lenses & frames - \$200.00 Multi-focal lenses & frames - \$200.00 |
| Non PBS pharmaceuticals | 2 | \$350 per person up to \$700 per policy (combined limit for non pbs pharmaceuticals & vaccinations) | Per eligible prescription - \$35.00 |
| Physiotherapy | 2 | \$350 per person up to \$700 per policy | Initial visit - \$30.00 Subsequent visit - \$30.00 |
| Chiropractic | 2 | \$450 per person up to \$900 per policy (combined limit for chiropractic, acupuncture, remedial massage, osteopathy & other services) | Initial visit - \$26.00 Subsequent visit - \$26.00 |
| Podiatry | 2 | \$300 per person (combined limit for podiatry & orthotics (podiatric orthoses)) | Initial visit - \$25.00 Subsequent visit - \$25.00 |
| Psychology | 2 | \$300 per person up to \$600 per policy | Initial visit - \$50.00 Subsequent visit - \$50.00 |
| Acupuncture | 2 | Combined limit - see Chiropractic | Initial visit - \$26.00 Subsequent visit - \$26.00 |
| Remedial massage | 2 | Combined limit - see Chiropractic | Initial visit - \$26.00 Subsequent visit - \$26.00 |
| Hearing aids | 12 | \$650 per person 1 appliance(s) every 5 years | Hearing aid - \$650.00 |

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|---------------------------------------|----|--|---|
| Blood glucose monitors | 12 | \$250 per person up to \$500 per policy 1 appliance(s) every 3 years (combined limit for blood glucose monitors & other services - Sub-limits apply) | Per monitor - 80% of charge |
| Audiology | 2 | \$300 per person up to \$600 per policy | Initial visit - \$30.00 Subsequent visit - \$30.00 |
| Dietetics/dietary advice | 2 | \$300 per person up to \$600 per policy | Initial visit - \$30.00 Subsequent visit - \$30.00 |
| Eye therapy (orthoptics) | 2 | \$350 per person up to \$700 per policy (combined limit for eye therapy (orthoptics), occupational therapy & speech therapy) | Initial visit - \$30.00 Subsequent visit - \$30.00 |
| Health management / Healthy lifestyle | 2 | \$70 per person | Health management - \$70.00 |
| Home nursing | 2 | \$250 per person up to \$500 per policy | Initial visit - \$25.00 Subsequent visit - \$25.00 |
| Occupational therapy | 2 | Combined limit - see Eye therapy (orthoptics) | Initial visit - \$30.00 Subsequent visit - \$30.00 |
| Orthotics (podiatric orthoses) | 2 | Combined limit - see Podiatry | Orthotics supply & fit - \$70.00 |
| Osteopathy | 2 | Combined limit - see Chiropractic | Initial visit - \$26.00 Subsequent visit - \$26.00 |
| Speech therapy | 2 | Combined limit - see Eye therapy (orthoptics) | Initial visit - \$30.00 Subsequent visit - \$30.00 |
| Vaccinations | 2 | Combined limit - see Non PBS pharmaceuticals | Per service - 70% of charge |

A benefit is paid for state ambulance subscriptions when paid voluntarily but not as a state tax or levy. Benefit is 100% of the cost. Benefits are also payable for myotherapy, blood pressure monitors, CPAP machines, air compressors, TENS machines, lymphoedema garments, non-surgically implanted prostheses, nebulisers and health screenings. The orthotic benefit shown is a guide only and benefits will differ according to the orthotic prescribed. Vaccines are limited to travel and allergy vaccines and must be Latrobe approved.

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

X Other treatments - check with your insurer

Other features of this general treatment cover

Orthodontic and major dental benefits increase with years of membership.

Ambulance cover

South Australia has a subscription service to cover ambulance within the state, with an additional fee to cover interstate travel (<http://www.saambulance.com.au/ProductsServices/AmbulanceCover.aspx>).

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.