

## Private Health Information Statement - General treatment policy

### Top Extras

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

**Monthly Premium**  
**\$153.74<sup>#</sup>**  
 (before any rebate or insurer discount)

**Covers 2 adults (and no-one else)**  
**Available in Tasmania**  
**Closed to new members**

<sup>#</sup> 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.

### 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 - <b>Sub-limits apply</b> )	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
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 - <b>Sub-limits apply</b> )	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

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](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.