

Private Health Information Statement - General treatment policy

Advantage Family Care Extras

Latrobe Health Services

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

info@lhs.com.au

1300 362 144

Monthly Premium

\$116.45 #

(before any rebate or insurer discount)

Covers one adult & dependants, including non-student dependants (2 or more people, only one of whom is an adult)

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	\$1,000 per person up to \$2,000 per policy (combined limit for general dental, major dental & endodontic - Sub-limits apply)	Periodic oral examination - \$26.00 Scale & clean - \$50.00 Fluoride treatment - \$19.50 Surgical tooth extraction - \$88.00
Major dental	12		Full crown veneered - \$456.00
Endodontic	3		Filling of one root canal - \$93.10
Orthodontic	12	\$300 per person \$1,800 lifetime limit 1 appliance(s) every 3 years	Braces for upper & lower teeth, including removal plus fitting of retainer - \$900.00
Optical	12	\$135 per person	Single vision lenses & frames - \$135.00 Multi-focal lenses & frames - \$135.00
Non PBS pharmaceuticals	2	\$300 per person up to \$600 per policy (combined limit for non pbs pharmaceuticals, physiotherapy, chiropractic, remedial massage, eye therapy (orthoptics), home nursing, occupational therapy, osteopathy, speech therapy & other services)	Per eligible prescription - \$25.00
Physiotherapy	2		Initial visit - \$27.00 Subsequent visit - \$22.00
Chiropractic	2		Initial visit - \$26.00 Subsequent visit - \$19.00
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	Initial visit - \$50.00 Subsequent visit - \$50.00
Acupuncture	2	\$300 per person	Initial visit - \$25.00 Subsequent visit - \$17.00
Remedial massage	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - \$25.00 Subsequent visit - \$17.00
Hearing aids	12	\$500 per person 1 appliance(s) every 5 years	Hearing aid - \$500.00

Blood glucose monitors	12	\$200 per person up to \$400 per policy 1 appliance(s) every 3 years (combined limit for blood glucose monitors & other services)	Per monitor - 70% of charge
Audiology	2	\$300 per person	Initial visit - \$25.00 Subsequent visit - \$17.00
Dietetics/dietary advice	2	\$300 per person	Initial visit - \$25.00 Subsequent visit - \$17.00
Eye therapy (orthoptics)	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - \$25.00 Subsequent visit - \$17.00
Health management / Healthy lifestyle	2	1 service(s) every 2 years	Health management - \$55.00
Home nursing	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - \$25.00 Subsequent visit - \$17.00
Occupational therapy	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - \$25.00 Subsequent visit - \$17.00
Orthotics (podiatric orthoses)	2	Combined limit - see Podiatry	Orthotics supply & fit - \$70.00
Osteopathy	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - \$25.00 Subsequent visit - \$17.00
Speech therapy	2	Combined limit - see Non PBS pharmaceuticals	Initial visit - \$25.00 Subsequent visit - \$17.00

Benefits are also payable for pressure garments, non-surgically implanted prostheses, CPAP machines, air compressors, nebulisers and TENS machines. The orthotic benefit shown is a guide only and benefits will differ according to the orthotic prescribed. A benefit is paid for state ambulance subscriptions when paid voluntarily but not as a state tax or levy. Benefit is \$44 for family memberships.

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.