

Private Health Information Statement - Combined policy

Gold Active Package

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

Monthly Premium
\$300.57 #
(before any rebate, loading or discount)

Covers only one person
Available in All States
Closed to new members


You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading or an insurer discount. Check with your insurer for details.

Hospital cover


This policy exempts you from the Medicare Levy Surcharge.

This policy provides accident cover - check with your insurer for details.


This policy does not provide benefits for travel or accommodation (outside of hospital).

 **Covered**


For information on what is covered under each category, see <https://privatehealth.gov.au/categories>







































 **Restricted**

Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

 **Not Covered**

These categories are not covered by this policy.

This policy  includes cover for

 Assisted reproductive services	 Eye (not cataracts)	 Miscarriage and termination of pregnancy
 Back, neck and spine	 Gastrointestinal endoscopy	 Pain management
 Blood	 Gynaecology	 Pain management with device
 Bone, joint and muscle	 Heart and vascular system	 Palliative care
 Brain and nervous system	 Hernia and appendix	 Plastic and reconstructive surgery (medically necessary)
 Breast surgery (medically necessary)	 Hospital psychiatric services	 Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
 Cataracts	 Implantation of hearing devices	 Pregnancy and birth
 Chemotherapy, radiotherapy and immunotherapy for cancer	 Insulin pumps	 Rehabilitation
 Dental surgery	 Joint reconstructions	 Skin
 Diabetes management (excluding insulin pumps)	 Joint replacements	 Sleep studies
 Dialysis for chronic kidney failure	 Kidney and bladder	 Tonsils, adenoids and grommets
 Digestive system	 Lung and chest	 Weight loss surgery
 Ear, nose and throat	 Male reproductive system	

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See ‘Agreement Hospitals’ on privatehealth.gov.au for which hospitals have arrangements with your insurer – <https://privatehealth.gov.au/dynamic/agreementhospitals>.

[PrivateHealth.gov.au](https://privatehealth.gov.au)
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Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

The following payments may also apply for hospital admissions

Excess: No excess

Co-payments: Every time you go to hospital you will have to pay:

- \$50 per day for a shared room for overnight admissions - up to \$250 per hospital stay
- \$50 per day for a private room for overnight admissions - up to \$250 per hospital stay
- \$50 for day surgery (no overnight stay)
- The maximum co-payment is \$500 per year

The following waiting periods for hospital admissions apply to new or upgrading members

Waiting periods:

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 12 months for pregnancy and birth (obstetrics)
- 2 months for all other treatments

Gap Cover

This provider does not offer any gap cover for medical bills for this product.

The [Medical Costs Finder](#) lets you find out more about the cost of specialist medical services.

Other features of this hospital cover

No excess or co-payment payable in public hospitals and participating private hospitals. Additional medical gap benefits are payable on this table.

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	\$600 per policy (combined limit for general dental & endodontic)	Periodic oral examination - \$24.20 Scale & clean - \$46.40 Fluoride treatment - \$18.50 Surgical tooth extraction - \$81.00
Major dental	12	\$600 per policy	Full crown veneered - \$432.00
Endodontic	2	Combined limit - see General dental	Filling of one root canal - \$88.20
Optical	2	\$150 per policy	Single vision lenses & frames - \$150.00 Multi-focal lenses & frames - \$150.00
Non PBS pharmaceuticals	2	\$250 per policy	Per eligible prescription - \$25.00
Physiotherapy	2	\$350 per policy	Initial visit - \$26.00 Subsequent visit - \$20.00
Chiropractic	2	\$450 per policy (combined limit for chiropractic, remedial massage, osteopathy & other services)	Initial visit - \$22.00 Subsequent visit - \$17.00
Psychology	2	\$350 per policy	Initial visit - \$45.00 Subsequent visit - \$25.00
Remedial massage	2	Combined limit - see Chiropractic	Initial visit - \$22.00 Subsequent visit - \$17.00

Eye therapy (orthoptics)	2	\$350 per policy (combined limit for eye therapy (orthoptics), occupational therapy & speech therapy)	Initial visit - \$26.00 Subsequent visit - \$20.00
Health management / Healthy lifestyle	2	\$30 per service up to \$120 per policy	Health management - \$30.00
Occupational therapy	2	Combined limit - see Eye therapy (orthoptics)	Initial visit - \$26.00 Subsequent visit - \$20.00
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$22.00 Subsequent visit - \$17.00
Speech therapy	0	Combined limit - see Eye therapy (orthoptics)	Initial visit - \$26.00 Subsequent visit - \$20.00
Benefits are also payable for QUIT smoking courses. Pharmacy benefit is 15% of the cost of private scripts up to \$25.00.			

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

✗ Acupuncture	✗ Hearing aids	✗ Podiatry
✗ Blood glucose monitors	✗ Orthodontic	✗ Other treatments - check with your insurer

Ambulance cover

In All States this policy provides:

Emergency: Unlimited with a waiting period of 2 months.

Non-emergency: Unlimited transport with a waiting period of 2 months, or 2 months for pre-existing conditions.

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

State schemes provide ambulance services for residents of Tasmania (https://www.health.tas.gov.au/ambulance/fees_and_accounts) and Queensland (<https://www.ambulance.qld.gov.au/>).

Other features of this ambulance cover

Conditions apply and benefits may vary according to various state legislation. Please refer to Latrobe for full details of your cover. If you purchase an ambulance membership through your state ambulance service, we will fully refund the cost of the subscription.

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.