

Private Health Information Statement - General treatment policy

Boost Complete 60% Extras

Latrobe Health Services

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

info@lhs.com.au

1300 362 144

Monthly Premium

\$176.40[#]

(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

[#] 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 policy can only be purchased with certain hospital policies.

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 | \$1,000 per person up to \$2,000 per policy (combined limit for general dental, major dental & endodontic) | Periodic oral examination - 60% of charge Scale & clean - 60% of charge Fluoride treatment - 60% of charge Surgical tooth extraction - 60% of charge |
| Major dental | 12 | | Full crown veneered - 60% of charge |
| Endodontic | 2 | | Filling of one root canal - 60% of charge |
| Orthodontic | 12 | \$500 per person \$1,500 lifetime limit 1 appliance(s) every 3 years | Braces for upper & lower teeth, including removal plus fitting of retainer - \$1,500.00 |
| Optical | 2 | \$200 per person | Single vision lenses & frames - \$200.00 Multi-focal lenses & frames - \$200.00 |
| Non PBS pharmaceuticals | 2 | \$300 per person up to \$600 per policy (combined limit for non pbs pharmaceuticals & vaccinations) | Per eligible prescription - 60% of charge |
| Physiotherapy | 2 | \$350 per person up to \$700 per policy (combined limit for physiotherapy, chiropractic, exercise physiology & osteopathy) | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Chiropractic | 2 | | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Podiatry | 2 | \$300 per person up to \$600 per policy (combined limit for podiatry & orthotics (podiatric orthoses)) | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Psychology | 2 | \$300 per person | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Acupuncture | 2 | \$200 per person up to \$400 per policy (combined limit for acupuncture, remedial massage & other services) | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Remedial massage | 2 | | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Hearing aids | 12 | \$500 per person 1 appliance(s) every 5 years | Hearing aid - 60% of charge |

| | | | |
|--|----|--|---|
| Blood glucose monitors | 12 | \$300 per person up to \$600 per policy 1 appliance(s) every 2 years (combined limit for blood glucose monitors & other services) | Per monitor - 60% of charge |
| Audiology | 2 | \$200 per person up to \$400 per policy (combined limit for audiology, eye therapy (orthoptics), occupational therapy & speech therapy) | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Dietetics/dietary advice | 2 | \$200 per person up to \$400 per policy | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Exercise physiology | 0 | Combined limit - see Physiotherapy | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Eye therapy (orthoptics) | 2 | Combined limit - see Audiology | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Health management / Healthy lifestyle | 12 | \$100 per person up to \$300 per policy | Health management - 60% of charge |
| Occupational therapy | 2 | Combined limit - see Audiology | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Orthotics (podiatric orthoses) | 2 | Combined limit - see Podiatry | Orthotics supply & fit - 60% of charge |
| Osteopathy | 2 | Combined limit - see Physiotherapy | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Speech therapy | 2 | Combined limit - see Audiology | Initial visit - 60% of charge Subsequent visit - 60% of charge |
| Vaccinations | 2 | Combined limit - see Non PBS pharmaceuticals | Per service - 60% of charge |
| <p>Periodic Oral Examination - 100% for 1 service, 60% for additional services. Scale and clean - 100% for 1 service, 60% for additional services. Fluoride Treatment - 100% for 2 services, limit 2 services per person per year. A benefit is also payable for myotherapy, Health Appliances & Aids, such as crutches, knee brace, splint, cam boot, CPAP or TENS machine, non surgically implanted prosthesis, health screenings and a 60% rebate on full ambulance subscriptions when paid voluntarily but not as a state tax or levy. Vaccinations are for travel vaccines and must be approved by Latrobe.</p> | | | |

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.