

## Private Health Information Statement - General treatment policy

### Boost Complete 60% Extras

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

**Monthly Premium**  
**\$56.00 #**  
 (before any rebate or insurer discount)

Covers only one person  
 Available in Western Australia

# 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 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 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 policy \$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 policy	Single vision lenses & frames - \$200.00 Multi-focal lenses & frames - \$200.00
Non PBS pharmaceuticals	2	\$300 per policy (combined limit for non pbs pharmaceuticals & vaccinations)	Per eligible prescription - 60% of charge
Physiotherapy	2	\$350 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 policy (combined limit for podiatry & orthotics (podiatric orthoses))	Initial visit - 60% of charge Subsequent visit - 60% of charge
Psychology	2	\$300 per policy	Initial visit - 60% of charge Subsequent visit - 60% of charge
Acupuncture	2	\$200 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 policy 1 appliance(s) every 5 years	Hearing aid - 60% of charge
Blood glucose monitors	12	\$300 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 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 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 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

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.

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

**X** Other treatments - check with your insurer

## Ambulance cover

In Western Australia this policy provides:

**Emergency:** Unlimited with a waiting period of 1 day.

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

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.