

## Private Health Information Statement - General treatment policy

### Core Essential Extras

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

**Monthly Premium**  
**\$62.62 #**  
 (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 Queensland**

# 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 must be purchased with a hospital policy.

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                       | \$375 per person<br>(combined limit for general dental & endodontic)   | Periodic oral examination - 50% of charge<br>Scale & clean - 50% of charge<br>Fluoride treatment - \$36.00<br>Surgical tooth extraction - 50% of charge |
| Endodontic               | 2                       |  | Filling of one root canal - 50% of charge   |
| Optical                  | 6                       | \$175 per person   | Single vision lenses & frames - \$175.00<br>Multi-focal lenses & frames - \$175.00  |
| Physiotherapy            | 2                       | \$350 per person up to \$700 per policy<br>(combined limit for physiotherapy, chiropractic, acupuncture, remedial massage, dietetics/dietary advice, exercise physiology, osteopathy & other services) | Initial visit - \$30.00<br>Subsequent visit - \$30.00   |
| Chiropractic             | 2                       |  | Initial visit - \$30.00<br>Subsequent visit - \$30.00   |
| Psychology               | 2                       | \$200 per person   | Initial visit - \$30.00<br>Subsequent visit - \$30.00   |
| Acupuncture              | 2                       | Combined limit - see Physiotherapy   | Initial visit - \$30.00<br>Subsequent visit - \$30.00   |
| Remedial massage         | 2                       | Combined limit - see Physiotherapy   | Initial visit - \$30.00<br>Subsequent visit - \$30.00   |
| Dietetics/dietary advice | 2                       | Combined limit - see Physiotherapy   | Initial visit - \$30.00<br>Subsequent visit - \$30.00   |
| Exercise physiology      | 2                       | Combined limit - see Physiotherapy   | Initial visit - \$30.00<br>Subsequent visit - \$30.00   |
| Osteopathy               | 2                       | Combined limit - see Physiotherapy   | Initial visit - \$30.00<br>Subsequent visit - \$30.00   |

Periodic Oral Examination - \$60 for 1 service, 50% for additional services. Scale and clean - \$120 for 1 service, 50% for additional services. Fluoride Treatment - \$36 for 2 services, limit 2 services per person per year. A benefit is also payable for myotherapy, health appliances & aids such as crutches, knee braces, splints, cam boot and a 50% rebate on full ambulance subscriptions when paid voluntarily but not as a state tax or levy. When this extras cover is coupled with a hospital cover a benefit bonus will also accumulate.

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

|                                 |                                  |   |
|---------------------------------|----------------------------------|---|
| <b>✗</b> Blood glucose monitors | <b>✗</b> Non PBS pharmaceuticals | <b>✗</b> Other treatments - check with your insurer |
|---------------------------------|----------------------------------|---|

|                |               |  |
|----------------|---------------|--|
| ✗ Hearing aids | ✗ Orthodontic |  |
| ✗ Major dental | ✗ Podiatry    |  |

### Other features of this general treatment cover

When combined with hospital, also includes a Benefit Bonus of \$50 each year per person capped at \$100 per membership, accruing up to \$250 per person capped at \$500 per membership. For Couple and Family memberships, each person may only claim up to 50% of the accrued benefit bonus in any one year. Benefit Bonus limits refresh each year on join anniversary. If unused, benefit bonus rolls over up to a maximum of 5 years' benefit (\$250 per person capped at \$500 per membership)

For further information about this policy see

<https://www.latrobehealth.com.au/health-cover/cover-extras/core-singles-and-couples/>

### Ambulance cover

Ambulance cover is provided by the State government for Queensland residents (<https://www.ambulance.qld.gov.au/>). This includes cover whilst interstate.

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.