

# Private Health Information Statement - General treatment policy

## Core Families Extras

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

### Monthly Premium

**\$81.81 #**

(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**

# 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                        | 2                       | \$375 per person<br>(combined limit for general dental & endodontic)  | Periodic oral examination - \$32.00<br>Scale & clean - \$60.00<br>Fluoride treatment - \$20.00 |
| Endodontic                            | 2                       |   | Filling of one root canal - \$131.80   |
| Optical                               | 6                       | \$200 per person  | Single vision lenses & frames - \$200.00   |
| Physiotherapy                         | 2                       | \$200 per person up to \$600 per policy<br>(combined limit for physiotherapy, chiropractic, antenatal/post-natal classes, exercise physiology, osteopathy, speech therapy & other services) | Initial visit - \$40.00<br>Subsequent visit - \$40.00  |
| Chiropractic                          | 2                       |   | Initial visit - \$30.00<br>Subsequent visit - \$30.00  |
| Psychology                            | 2                       | \$225 per person up to \$675 per policy   | Initial visit - \$30.00<br>Subsequent visit - \$30.00  |
| Acupuncture                           | 2                       | \$150 per person up to \$450 per policy<br>(combined limit for acupuncture, remedial massage, dietetics/dietary advice & other services)  | Initial visit - \$30.00<br>Subsequent visit - \$30.00  |
| Remedial massage                      | 2                       |   | Initial visit - \$35.00<br>Subsequent visit - \$35.00  |
| Ante-natal/Post-natal classes         | 2                       | Combined limit - see Physiotherapy  | Initial visit - \$30.00<br>Subsequent visit - \$30.00  |
| Dietetics/dietary advice              | 2                       | Combined limit - see Acupuncture  | 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  |
| Health management / Healthy lifestyle | 12                      | \$225 per membership across all appliances every 2 years  | Health management - 65% of charge  |
| Osteopathy                            | 2                       | Combined limit - see Physiotherapy  | Initial visit - \$40.00<br>Subsequent visit - \$40.00  |
| Speech therapy                        | 2                       | Combined limit - see Physiotherapy  | Initial visit - \$30.00<br>Subsequent visit - \$30.00  |

Periodic Oral Examination - 1 free up to \$60 and \$32 for additional services. Scale and clean - 1 free up to \$120 and \$60 for additional services. Fluoride Treatment - 2 free up to \$36 and \$20 for additional services. A benefit is also payable for myotherapy, health appliances & aids such as crutches, knee braces, splints, cam boot, nebuliser, asthma and peak flow meters 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 **X** does not include General treatment (Extras) cover for

|                                 |                                  |   |
|---------------------------------|----------------------------------|---|
| <b>X</b> Blood glucose monitors | <b>X</b> Non PBS pharmaceuticals | <b>X</b> Other treatments - check with your insurer |
| <b>X</b> Hearing aids           | <b>X</b> Orthodontic             |   |
| <b>X</b> Major dental           | <b>X</b> Podiatry                |   |

## 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](https://www.health.tas.gov.au/ambulance/fees_and_accounts).

For further information about this policy see

<https://www.laurobehealth.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.