

## Private Health Information Statement - General treatment policy

### Premier Singles and Couples Extras

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

**Monthly Premium**  
**\$146.84<sup>#</sup>**  
 (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 Western Australia

<sup>#</sup> 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	\$1,000 per person (combined limit for general dental & endodontic)	Periodic oral examination - \$42.00 Scale & clean - \$75.00 Fluoride treatment - \$27.00 Surgical tooth extraction - \$140.00
Major dental	12	\$875 per person	Full crown veneered - \$680.00
Endodontic	2	Combined limit - see General dental	Filling of one root canal - \$145.00
Orthodontic	12	\$750 per person \$2,400 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - \$750.00
Optical	6	\$250 per person	Single vision lenses & frames - \$250.00 Multi-focal lenses & frames - \$250.00
Non PBS pharmaceuticals	2	\$340 per person up to \$680 per policy (combined limit for non pbs pharmaceuticals & vaccinations)	Per eligible prescription - \$50.00
Physiotherapy	2	\$550 per person up to \$1,100 per policy (combined limit for physiotherapy, chiropractic, exercise physiology, osteopathy & other services)	Initial visit - \$50.00 Subsequent visit - \$50.00
Chiropractic	2		Initial visit - \$45.00 Subsequent visit - \$45.00
Podiatry	2	\$400 per person up to \$800 per policy (combined limit for podiatry & orthotics (podiatric orthoses))	Initial visit - \$45.00 Subsequent visit - \$45.00
Psychology	2	\$450 per person up to \$900 per policy	Initial visit - \$90.00 Subsequent visit - \$90.00
Acupuncture	2	\$400 per person up to \$800 per policy (combined limit for acupuncture, remedial massage, chinese medicine, dietetics/dietary advice & other services)	Initial visit - \$45.00 Subsequent visit - \$45.00
Remedial massage	2		Initial visit - \$45.00 Subsequent visit - \$45.00
Hearing aids	12	\$500 total all appliances every 2 years per membership	Hearing aid - 65% of charge
Blood glucose monitors	12		Per monitor - 65% of charge
Audiology	2	\$400 per person up to \$800 per policy (combined limit for audiology & occupational therapy)	Initial visit - \$40.00 Subsequent visit - \$40.00

Chinese medicine	2	Combined limit - see Acupuncture	Initial visit - \$45.00 Subsequent visit - \$45.00
Dietetics/dietary advice	2	Combined limit - see Acupuncture	Initial visit - \$45.00 Subsequent visit - \$45.00
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - \$45.00 Subsequent visit - \$45.00
Health management / Healthy lifestyle	2	\$225 per person up to \$450 per policy (combined limit for health management / healthy lifestyle & other services)	Health management - \$40.00
Occupational therapy	0	Combined limit - see Audiology	Initial visit - \$40.00 Subsequent visit - \$40.00
Orthotics (podiatric orthoses)	2	Combined limit - see Podiatry	Orthotics supply & fit - 65% of charge
Osteopathy	2	Combined limit - see Physiotherapy	Initial visit - \$45.00 Subsequent visit - \$45.00
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - \$50.00

Periodic Oral Examination - 2 free up to \$60 and \$42 for additional services. Scale and clean - 2 free up to \$120 and \$75 for additional services. Fluoride Treatment - 2 free up to \$36 and \$27 for additional services. A benefit is also payable for myotherapy, health appliances & aids such as CPAP or TENS machine, crutches, knee braces, splints, cam boot, nebuliser, asthma and peak flow meters, wheelchair hire, QUIT course, nicotine replacement, travel for medical outpatient visits and a 100% rebate on full ambulance subscriptions when paid voluntarily but not as a state tax or levy. Vaccinations must be Latrobe approved, HPV and travel vaccines are included. 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

**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.