

Private Health Information Statement - General treatment policy

Premier Families Extras

Latrobe Health Services

http://www.latrobehealth.com.au

info@lhs.com.au

1300 362 144

Monthly Premium

\$200.89[#]

(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 Northern Territory

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 \$1,020 per policy (combined limit for non pbs pharmaceuticals & other services) | Per eligible prescription - \$50.00 |
| Physiotherapy | 2 | \$550 per person up to \$1,650 per policy (combined limit for physiotherapy, chiropractic, ante-natal/post-natal classes, 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 \$1,200 per policy (combined limit for podiatry & orthotics (podiatric orthoses)) | Initial visit - \$45.00 Subsequent visit - \$45.00 |
| Psychology | 2 | \$450 per person up to \$1,350 per policy | Initial visit - \$60.00 Subsequent visit - \$60.00 |
| Acupuncture | 2 | \$400 per person up to \$1,200 per policy (combined limit for acupuncture, remedial massage, chinese medicine & dietetics/dietary advice) | 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 | Hearing aid - 65% of charge |
| Blood glucose monitors | 12 | | Per monitor - 65% of charge |

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|---|----|---|---|
| Audiology | 2 | \$425 per person up to \$1,275 per policy (combined limit for audiology, eye therapy (orthoptics), occupational therapy & speech therapy) | Initial visit - \$40.00 Subsequent visit - \$40.00 |
| Ante-natal/Post-natal classes | 2 | Combined limit - see Physiotherapy | Initial visit - \$45.00 Subsequent visit - \$45.00 |
| 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 |
| Eye therapy (orthoptics) | 2 | Combined limit - see Audiology | Initial visit - \$40.00 Subsequent visit - \$40.00 |
| Health management / Healthy lifestyle | 12 | \$250 per person 1 appliance(s) every 2 years | Health management - 65% of charge |
| Occupational therapy | 2 | 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 |
| Speech therapy | 2 | Combined limit - see Audiology | Initial visit - \$40.00 Subsequent visit - \$40.00 |
| 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, Chinese medicine, health appliances & aids such as CPAP or TENS machine, crutches, knee braces, splints, cam boot, medical gases, nebuliser, asthma and peak flow meters, immunotherapy, skin prick test, EpiPen, infant sleep school, Australian breast feeding association, school accident top up, 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. When 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 Northern Territory this policy provides:

Emergency: with a waiting period of 1 day, limited to 2 services per year.

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.