



EveryBody benefits from *our* health cover



Latrobe Health Services proudly supports and complies with the Private Health Insurance Code of Conduct



8:30am - 5:30pm weekdays



1300 362 155 sales enquiries

1300 362 144 member service



(03) 5128 9289



latrobehealth.com.au



info@lhs.com.au

Latrobe Health Services Limited

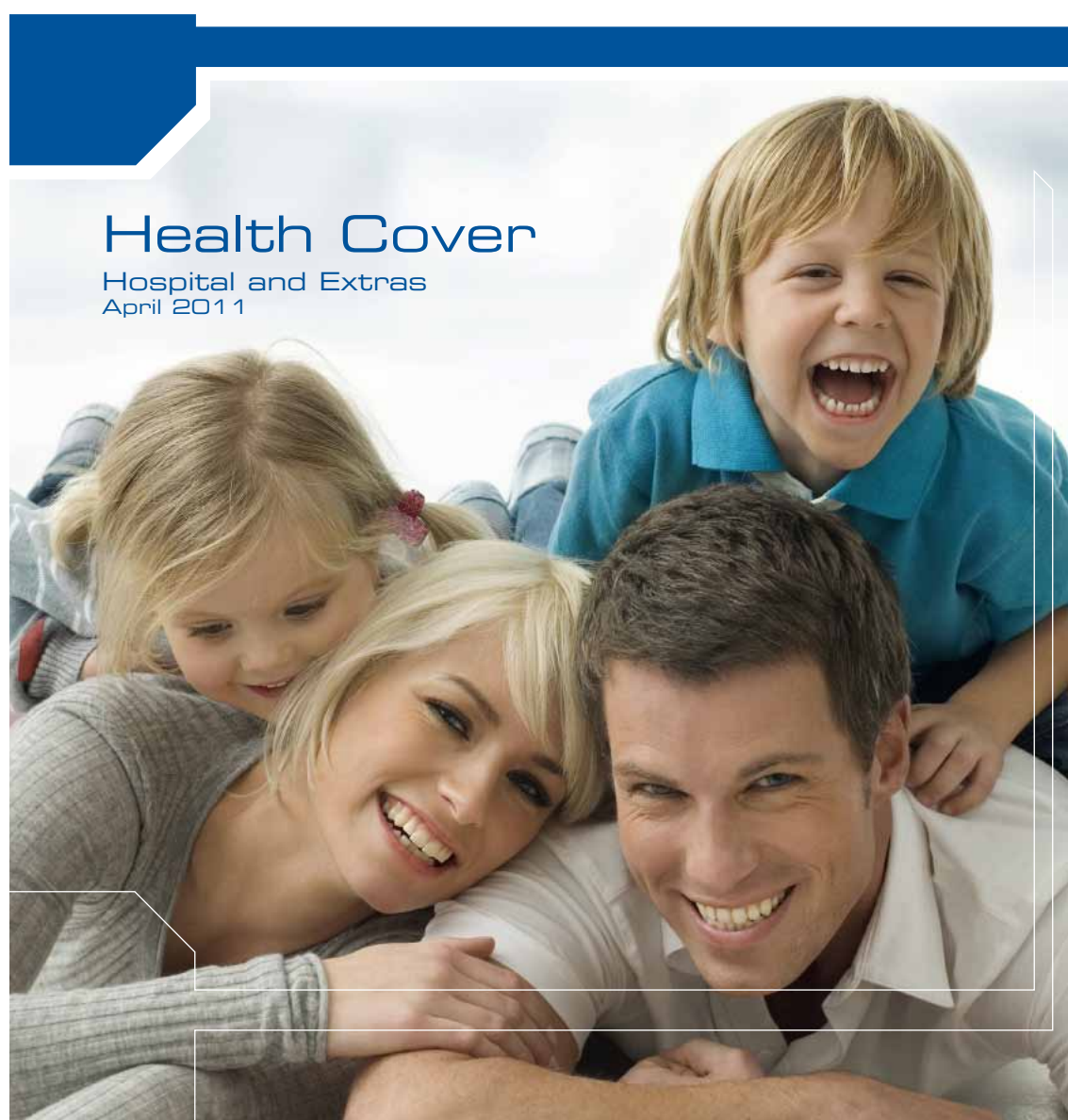
ABN 94 137 187 010

PO Box 41, Morwell Victoria 3840

# Health Cover

Hospital and Extras

April 2011



EveryBody benefits from *our* health cover

## Who is Latrobe Health Services?

Latrobe Health Services is a not-for-profit private health insurer established in 1951. With over 75,000 people covered, we are committed to providing maximum value for our policy holders' health care needs, supported by consistently high levels of policy holder service.

We deliver excellent, accessible service by providing an extensive selection of hospital and extras cover options.

## Statement of Purpose

The objective of Latrobe Health Services is to provide member access to a range of quality health care services when needed and at a manageable price.

## People, helping people

Our consultants genuinely want to help you make the best health cover decisions. They present health insurance options clearly, helping you to make the best value choice for your current health cover needs. Many people dislike completing forms, so our consultants can even complete your applications by phone.

Most importantly, Latrobe policy holders receive the same quality personal advice on all after sales service.

## Payment options



Payments are automatically debited from your nominated banking account, or to a MasterCard or Visa Credit Card. It's easy and amazingly flexible – you can even nominate your preferred date and frequency. You also qualify for a discount.



Options to pay by internet, by phone anywhere in Australia at any time for the cost of a local call, or in person at any Australia Post office.



Fast, easy and at any time of the day or night! All you need is to be registered for internet or phone banking with your financial institution.



Send a cheque payable to Latrobe Health Services along with the tear off slip at the bottom of your renewal account.



Phone Latrobe or register on-line to have your renewal accounts charged to your credit card



Visit any Latrobe branch or agency. Call us for the location nearest to you.

## Claim options



Fast claims... on the spot



Next time you have general treatment, just swipe your Latrobe membership card and pay any balance left. This simple and convenient service includes the following treatments: chiropractic, dental, dietetics, optical, occupational therapy, osteopathic services, physiotherapy, podiatry, psychology and speech therapy. Ask your provider if they offer this service or contact us for further information.

## Smart'nEasy

Better still, why not register for our Smart'nEasy claim service? Within 48 hours of receiving your mailed claim, we pay your benefits direct into your nominated account.










Simply complete a claim form, attach your fully detailed provider accounts and mail to Latrobe Health Services, Reply Paid 41, Morwell VIC 3840 and we will send you a cheque for the benefits.



Visit any Latrobe branch or agency. Call us for the location nearest to you. "Paperless" claiming is available at all branch offices.

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## About our brochure

This brochure has been designed to assist you to make an informed decision about your health cover needs. To help you choose the cover that best suits you, we have included a range of hospital and extras products. You can choose between hospital covers with or without an excess.

We encourage you to read this brochure carefully and retain for future reference. When you become a policy holder, we will send you a policy document that outlines your covers, terms and conditions. We invite you to contact us with any feedback that you have relating to the brochure or to discuss any questions that you may have.

The information contained in this brochure is current at the time of issue, 4 April 2011 and replaces all previously published material. If you plan to join Latrobe or as a Latrobe policy holder anticipate treatment, it is recommended you first contact Latrobe beforehand to confirm the information in this brochure is still current and correct.

## Why choose to be privately insured?

At Latrobe we know that health insurance can be complicated. To ensure that you make an informed decision on your health cover needs, we have included some relevant information to assist you. We believe it is important that you understand the health care system and what this means for you and your family.

### What is public health cover?

Medicare is Australia's public health care system that provides eligible Australian residents with affordable health care.

Medicare was established on the understanding that all Australians should contribute to the cost of health care through income tax and the Medicare Levy Surcharge.

Medicare provides access to:

- treatment as a public patient in a public hospital,
- treatment by medical practitioners including general practitioners, specialists, participating optometrists or dentists (for specified services only), and
- treatment for pathology, x-rays and other diagnostic services.

### What is private health insurance?

There are two types of private health insurance you can choose from; hospital cover and extras cover. Hospital products cover all or some of the costs of

hospital treatment as a private patient including doctors' charges and hospital accommodation. This also applies when you are a private patient in a public or private hospital or day hospital facility.

Extras cover helps with the cost of services such as physiotherapy, dental and optical treatment.

### How do Medicare and private health insurance work together?

Millions of Australians use the public health care system via their Medicare entitlements on a daily basis to visit their doctor, have x-rays, blood tests or procedures performed in a public hospital.

In addition to the public health care system, many of us choose to take out private health insurance because, while Medicare is acknowledged as one of the world's best public health care systems, it still doesn't cover things such as private hospital costs, nor does it cover a wide range of allied health services such as optical, dental, physiotherapy, chiropractic, etc.

If you are admitted to a private hospital, private health insurance pays for your accommodation, theatre and prostheses costs. Medicare and private health insurance share the cost of your medical fees; this includes your surgeon, anaesthetist or any other medical practitioner involved in your episode of care.

If you are privately insured and admitted to a public hospital, you can elect to be treated as a public or private patient.

### Why do I need private health insurance?

Private health insurance assists you and your family with access to the private or public system at the right time; to choose your doctor, hospital and timing of your treatment.

Private health insurance helps with the cost of services generally not covered by Medicare such as:

- Dental treatment
- Spectacles and contact lenses
- Chiropractic treatment
- Home nursing
- Podiatry
- Physiotherapy
- Occupational therapy
- Speech therapy
- Alternative therapies and medicines

### What is not covered?

Private health insurance does not cover general practitioners or specialist consultations or any diagnostic services that are not provided as part of an inpatient episode.

Private health insurance may not cover the total cost of the doctors' services provided to you in hospital, which in turn may leave you with an out-of-pocket expense referred to as the "medical gap".

Private health insurance may not cover or fully cover hospital or medical costs for procedures that

do not have a benefit payable under the Medicare Benefit Schedule. Examples of such procedures are cosmetic surgery, procedures performed by podiatric surgeons or reversal of sterilisation. Your doctor can advise you if Medicare will pay a benefit for your treatment.

## Government incentives



### Medicare Levy Surcharge

Private health insurance has tax benefits

The Medicare Levy Surcharge (MLS) applies to singles, couples and families who do not have the appropriate level of private hospital cover and who earn above a certain income.

The surcharge is calculated at the rate of 1% of taxable income. It is in addition to the Medicare Levy of 1.5%, which is paid by most Australians.

For more details regarding the Medicare Levy Surcharge please visit [latrobehealth.com.au/MLS](http://latrobehealth.com.au/MLS)



### The Federal Government 30% Rebate

Makes private health insurance more affordable

The Rebate reduces the cost of your health insurance, regardless of your level of cover, the type of membership or your income. You can claim it as a tax deduction, or simply pay less on your premiums. To qualify, you need to hold a current Medicare card. The rebate increases to 35% for 65 to 69 year olds and to 40% if you are 70 or older.



### Lifetime Health Cover

Lock into the lowest possible cost

Take out private hospital cover before 1 July after your 31st birthday and avoid paying a loading on the cost of your hospital cover. The loading is 2% for each year you delay joining, to a maximum of 70%. After 10 continuous years of cover, the loading ceases. Refer to Page 46 for more information. Lifetime Health Cover does not affect people born before 1 July 1934 and does not apply to Extras cover and Ambulance Victoria subscriptions.

**Note:** For more information about the Federal Government Rebate, Lifetime Health Cover or the Medicare Levy Surcharge, call us on 1300 362 155 or visit our website at [latrobehealth.com.au](http://latrobehealth.com.au)

## Hospital covers at a glance

Unlike some insurers, we don't expect you to forgo cover for certain procedures in order to reduce the premium.

	H3	H	X	LM	K	ST
Level of cover	Pg6	Pg8	Pg10	Pg12	Pg14	Pg16
No excess or co-payment	●				●	
Co-payment options \$40 or \$70 per day for the first 7 days		●			●	
Excess options - \$150, \$250, \$500, \$750, \$1000 Applied once per person, maximum twice per family in any calendar year			●			
Reducing excess Excess reduces each year of membership				●		
Family cover including single dependants until their 25th birthday who are no longer student dependants					●	
What is covered						
365 days accommodation cover	●	●	●	●	●	●
Your choice of private or shared room	●	●	●	●	●	●
Day procedures	●	●	●	●	●	●
Theatre fees	●	●	●	●	●	●
Coronary/heart procedures	●	●	●	●	●	●
Home nursing in lieu of hospitalisation	●	●	●	●	●	●
Intensive care	●	●	●	●	●	●
Joint replacement	●	●	●	●	●	●
Major eye surgery	●	●	●	●	●	●
Obstetric related services	●	●	●	●	●	●
Assisted reproductive services	●	●	●	●	●	●
Surgical prosthetics	●	●	●	●	●	●
Psychiatric care	●	●	●	●	●	●
Rehabilitation treatment	●	●	●	●	●	●
Private midwife attendance at hospital birth	●	●	●	●	●	●
Personal comforts – TV, local phone	●	●	●	●	●	●
In-hospital medical cover gap cover	●	●	●	●	●	●
<i>Just Ask!</i> <sup>®</sup> additional medical gap	●	●	●	●	●	●

### What is not fully covered in hospital

Treatment not covered by Medicare ie. procedures that do not have a benefit payable under the Medicare Benefit Schedule. Refer to non-Medicare covered treatments on Page 20. Accommodation charges may not be fully covered in a non-participating private hospital

**Note:** For more information regarding participating private hospitals, refer to Page 43  
This chart is for comparison purposes only.

For information regarding this unique hospital and extras package for young active singles, refer to Page 16



## Top Hospital

Our most comprehensive hospital cover, for peace of mind, with no excess or co-payment

### What is covered in hospital

✓ Private or shared room	In a private or a public hospital, it's your choice. Private rooms are subject to availability on admission.
✓ Accommodation charges	Covers your room, theatre, intensive care, labour and recovery ward fees, medicines and drugs clinically required as part of your in-patient treatment.
✓ 365 days accommodation cover	For admissions longer than 35 consecutive days, your cover continues when your doctor provides an ongoing Acute Care Certificate.
✓ Day procedures	These now account for more than half of all hospital treatment, such as knee arthroscopies, chemotherapy and cataract surgery.
✓ Surgically implanted prostheses	All prostheses are covered in accordance with the Commonwealth Prostheses Listing. Refer to Page 44 of this brochure for more information.
✓ Major surgery	Coronary/heart procedures, joint replacement, cataract surgery are just some of the major procedures covered.
✓ Obstetric related services	In-patient services directly related to childbirth such as antenatal services, complications of pregnancy, delivery and post natal care.
✓ Assisted reproductive services	Various treatments available to assist conception, such as IVF and GIFT.
✓ Psychiatric care	In-hospital treatment and programs for mental disorders.
✓ Rehabilitation	Treatment to restore self-sufficiency following an illness or injury usually in specialist centres and hospitals.
✓ Supported discharge	The supported discharge program is designed to provide an alternative to inpatient bed days. This program provides a wide range of services that assist policy holders to be discharged from hospital to a safe and supported environment.
✓ Private midwife at a hospital birth	Services of a qualified private midwife instead of an obstetrician. Up to \$450 per hospital birth.
✓ Your personal comforts	In participating private hospitals your cover includes the cost of local phone calls and TV hire.
✓ Autologous blood collections	Enables the use of your own blood during operations.
✓ In-hospital medical gap cover	Medicare rebates 75% of the Medicare Schedule Fee for in-hospital medical charges and Latrobe rebates the remaining 25%.
✓ <i>Just Ask!</i> <sup>®</sup>	Additional medical benefits to reduce or eliminate the gap for in-hospital medical charges higher than the Medicare Schedule Fee. Refer to Page 21 of this brochure for more information.

### What is not fully covered in hospital

Treatment not covered by Medicare ie. procedures that do not have a benefit payable under the Medicare Benefit Schedule. Refer to non-Medicare covered treatments on Page 20. Accommodation charges may not be fully covered in a non-participating private hospital

**Note:** For more information regarding participating private hospitals, refer to Page 43



## Top Hospital - MemberShare

Reduce your rate by paying a capped daily co-payment

### What is covered in hospital?

You have the security of our Top Hospital cover explained on Page 7, with a capped daily co-payment.

### What is a co-payment?

The amount you pay towards the cost of each day of admission to a private hospital.

### How does the co-payment work?

The co-payment only applies to the first 7 days of any admission, no matter how long you stay in hospital. You pay your chosen co-payment for each person covered by your membership.

### Special benefits:

- Regardless of whether you choose MemberShare H2 or H1, the co-payment is only \$30 for a day procedure.
- Co-payments do not apply to public hospital admissions.
- Choice of 2 co-payments to suit your budget.

**H2**

\$40 daily co-payment -  
maximum \$280 per stay

**H1**

\$70 daily co-payment -  
maximum \$490 per stay



# Top Hospital - CoverWise

Reduce your premium by paying an excess

### What is covered in hospital?

You have the security of our Top Hospital cover explained on Page 7, with an excess.

### How does the excess work?

In much the same way you claim on your car or home insurance, the excess is deducted from your same day/overnight hospital stay.

### When the hospital cost is less than your excess:

You must pay all hospital costs for your treatment.

This **does not** count towards your excess if you have subsequent hospital treatments in the same year.

The excess **does not** apply to in-patient medical gap claims which are still covered even if the hospital costs are lower than the excess.

### Special benefits:

- Only 1 excess applies per person in any calendar year.
- Families never pay more than 2 excesses in any calendar year.
- The great advantage of this cover is you only pay the excess once in any calendar year, even if you are admitted to hospital again.

<b>X1</b>	\$150 excess
<b>X2</b>	\$250 excess
<b>X3</b>	\$500 excess
<b>*X4</b>	\$750 excess
<b>*X5</b>	\$1000 excess

**\*Top Hospital CoverWise X4 or X5 will not exempt you from the Medicare Levy Surcharge, visit [latrobehealth.com.au/MLS](http://latrobehealth.com.au/MLS)**





## Top Hospital - Loyal Members

Lower your rate by choosing a reducing excess for the first 4 years

### What is covered in hospital?

With this unique product, you have the security of our Top Hospital cover explained on Page 7, with a reducing excess.

### How does the excess work?

If you go to hospital, you pay an excess towards the cost of your same day/overnight hospital stay.

On a single membership, you pay the excess only once in any membership year. Families or couples pay the excess only for the first 2 hospital episodes in any membership year.

And of course, you'll always continue to enjoy the benefits of our most comprehensive cover at a substantially lower cost.

### When the hospital cost is less than your excess:

You must pay all hospital costs for your treatment.

This **does not** count towards your excess if you have subsequent hospital treatments in the same year.

The excess **does not** apply to in-patient medical gap claims which are still covered even if the hospital costs are lower than the excess.

### Special benefits:

- Your reward is that for each year you have Loyal Members cover, the amount of the excess reduces.
- After 4 consecutive years, there is no excess to pay.
- The reducing excess is not affected by claims.

Year 1	\$300 excess
Year 2	\$250 excess
Year 3	\$200 excess
Year 4	\$150 excess



**After the 4<sup>th</sup> year,  
pay no excess!**



## Top Hospital - Family Care

For families with single dependants from 18 until the age of 25 who are no longer full time students

### What is covered in hospital?

You and your family can have the security of our Top Hospital cover explained on Page 7, with no excess or co-payment.

Family Care is your family's hospital health cover solution when your children are no longer full time students. They may even be living away from home, or earning their own income.

For just a little extra, you can maintain quality health cover for all your family on 1 membership, including your children up to their 25th birthday (providing they are not married or living in a de facto relationship).

If you prefer, reduce the cost by choosing a co-payment option.

### What is a co-payment?

The amount you pay towards the cost of each day of admission to a private hospital.

### How does the co-payment work?

The co-payment only applies to the first 7 days of any admission, no matter how long you stay in hospital. You pay your chosen co-payment for each person covered by your membership.

### Special benefits:

- Regardless of whether you choose Family Care K2 or K1, the co-payment is only \$30 for a day procedure.
- Co-payments do not apply to public hospital admissions.
- A cost effective option for your adult dependants from 18 up to their 25th birthday.

**K3**

Top Hospital cover

**K2**

 \$40 daily co-payment -  
maximum \$280 per stay

**K1**

 \$70 daily co-payment -  
maximum \$490 per stay

### An ideal package with Family Care extras

(Pages 38-41)

## Healthy Start Package

If you're a young active single, Healthy Start is a package of hospital cover with some important extras to suit your needs and budget

You have two levels of hospital cover – private and public

### What is covered in a private hospital?

#### For accidents and the procedures specified below.

✓ Private or shared room	It's your choice; just let the hospital know when you make the booking (subject to availability).
✓ Accommodation charges	Covers your room, theatre, intensive care and recovery ward fees, medicines and drugs clinically required as part of your in-patient treatment.
✓ Day procedures	These now account for more than half of all hospital treatment, such as knee arthroscopies.
✓ Supported discharge	The supported discharge program is designed to provide an alternative to inpatient bed days. This program provides a wide range of services that assist policy holders to be discharged from hospital to a safe and supported environment.
✓ Your personal comforts	In participating private hospitals your cover includes the cost of local phone calls and TV hire.
✓ Autologous Blood Collections	Enables the use of your own blood during operations.
✓ In-hospital medical gap cover	Medicare rebates 75% of the Medicare Schedule Fee for in-hospital medical charges and Latrobe rebates the remaining 25%.
✓ <i>Just Ask!</i> <sup>®</sup>	Additional medical benefits to reduce or eliminate the gap for in-hospital medical charges higher than the Medicare Schedule Fee. Refer to Page 21 of this brochure for more information.
✓ Surgically implanted prostheses	All prostheses are covered in accordance with the Commonwealth Prostheses Listing. Refer to Page 44 of this brochure for more information.

#### Restricted only to the procedures listed below

You are covered in a private hospital **only** for these treatments:

- ✓ Knee operations – **arthroscopy** and **meniscectomy**
- ✓ Removal of **appendix, tonsils, adenoids** or **wisdom teeth**
- ✓ **Dilation** and **curette** where no other procedure is performed
- ✓ Any **immediate** (refer to Page 43) treatment as a result of an **accident**. This does not include any subsequent treatment.

Default benefits will apply to the cost of any other medical treatment not listed above. (Refer to Page 42)

### What is not fully covered in a private hospital?

- Default benefits will apply to the cost of any medical treatment, other than for the procedures specified above. (Refer to Page 42).
- Procedures in a private hospital for secondary treatment of an accident.

Continued next page

## Healthy Start Package

### What is covered in public hospital?

#### Cover in a public hospital for all procedures

You're covered in a public hospital and you can choose your own doctor

✓ Accommodation in a shared room	Covers your room, theatre, intensive care and recovery ward fees, medicines and drugs clinically required as part of your in-patient treatment.  Cover is for a shared room; if you choose a private room, you will pay the extra cost. Otherwise, all your hospital charges will be covered for all procedures.
✓ In-hospital medical gap cover	Medicare rebates 75% of the Medicare Schedule Fee for in-hospital medical charges and Latrobe rebates the remaining 25%.
✓ <i>Just Ask!</i> <sup>®</sup>	Additional medical benefits to reduce or eliminate the gap for in-hospital medical charges higher than the Medicare Schedule Fee.
✓ Surgically implanted prostheses	All prostheses are covered in accordance with the Commonwealth Prostheses Listing. Refer to Page 44 of this brochure for more information.

### What is not fully covered in hospital?

- Treatment not covered by Medicare ie. procedures that do not have a benefit payable under the Medicare Benefit Schedule.

Continued next page

## Healthy Start Package

### Extras cover details

	Maximum Benefit	Single Membership Limit
<b>Limited general dental</b> Specified items including diagnostics, most preventative services, extractions, restorations.  Year 1 Year 2+		\$200 \$500
<b>Other dental</b> treatment resulting from an accident.	\$250	Per accident
<b>Chiropractic</b> Initial consultation Subsequent consultations Chiropractic X-rays	\$26 \$19 \$28	One
<b>Osteopathy</b> Initial consultation Subsequent consultations	\$25 \$17	
<b>Combined limit</b>		<b>\$250</b>
<b>Physiotherapy</b> Initial consultation Subsequent consultations	\$27 \$22	\$300
<b>Optical</b> Includes spectacles and repairs, contact lenses. Excludes sunglasses not containing an optical prescription.	\$125	\$125
<b>Mouth guards</b> supplied by a dentist or dental technician.	\$55	\$55
<b>Ambulance subscription rebate</b> When paid voluntarily, but not as a state tax or levy.	\$22	\$22
<b>Travel insurance discount</b> On policies purchased through Latrobe.		25%

**Notes:** A set benefit is paid depending on the treatment item number for services provided in Australia by a Latrobe approved service provider in private practice. All limits apply to a calendar year.

## Going to hospital?

### What to do before going to hospital

We want to help make your stay in hospital as worry free as possible, by providing sound advice and helpful information before you're admitted.

We strongly urge you to call us as soon as you become aware that hospital treatment may be needed. We will provide personalised advice and information about your benefits.

We do everything possible to provide you with accurate information, but we are only able to provide you with an estimation - sometimes what is planned is not always what is actually performed.

To provide you with an estimation, we require specific item numbers for the operation planned and for any implanted prostheses items. These item numbers can be provided to you by your specialist.

### Private or Public?

To ensure that the full cost of your hospital accommodation is covered, Latrobe has agreements with participating private hospitals and day procedure centres throughout Australia. Non-participating private hospitals may charge more for their services and you might not be fully covered for these costs. You have full cover for treatment as a private patient in any Australian public hospital and you can exercise some choice over the specialists who will care for you.

### Admission to a non-participating private hospital

We cannot guarantee full cover if you elect to be treated in a non-participating private hospital. You may incur a large gap expense. If you are planning treatment at a non-participating private hospital, you are strongly urged to contact us first.

### Admission to a public hospital provides several choices that you should be aware of:

- Under the Australian Health Care Agreement, it is an individual's choice whether to be admitted as a private or public patient.
- You are not obliged to be a private patient.
- On admission, the public hospital will ask you to complete an election form stating your choice.
- The hospital staff must not advise you to be a private patient.
- Electing to be a private patient allows you your choice of treating doctor and the option of a single room if available.
- Single rooms in public hospitals are subject to availability on admission.
- Allocation of these rooms is subject to the patient's medical condition. If you are allocated a single room due to a medical condition, the hospital is not able to charge a single room rate.
- Admission as a private patient enables medical providers to bill you for their services.

### Non-Medicare covered treatments

Private health insurance may not cover or fully cover hospital or medical costs for procedures that do not have a benefit payable under the Medicare Benefit Schedule. Examples of such procedures are cosmetic surgery, procedures performed by podiatric surgeons or reversal of sterilisation. Your doctor can advise you if Medicare will pay a benefit for your treatment.

## Just Ask!®

### Medical Gap

Medical fees and charges are not capped by government regulation so there can be a wide variation in the cost of any particular treatment or service. When doctors charge above the Medicare Schedule Fee, your informed financial consent is the foundation of *Just Ask!*® This determines what out-of-pocket expenses you might have to pay.

### What medical benefits are payable?

Medicare pays 75% of the Medicare Schedule Fee for in-hospital medical services and Latrobe pays the remaining 25%. Some doctors charge more than the Medicare Schedule Fee, but when that happens, when used, *Just Ask!*® may reduce or even eliminate out-of-pocket medical expenses.

It's simple and included with every one of our hospital cover options. You aren't limited to a list of participating medical practitioners. Everyone can participate in our easy 2-step solution to medical gaps.

### Step 1

#### What is informed financial consent?

This is the consent you give for the treatment to go ahead after you have been given an explanation of all related fees and charges. Informed financial consent should be raised at the first consultation.

### We increase your claim benefits by these amounts:

	With informed financial consent	With informed financial consent and simplified billing
Specialists	20%	25%
General Practitioners	13%	16%
Pathology and Radiology	3%	6%



### Step 2

#### What is simplified billing?

Simplified billing is when your doctor forwards all accounts relating to your treatment directly to Latrobe. We then process all payments and claim the Medicare payment applicable to your treatment on your behalf. All payments are returned to your doctor.

### *Just Ask!*® pays additional gap medical benefits

When service providers participate in *Just Ask!*® Latrobe pays additional medical benefits as well as the standard 25% rebate. This reduces or eliminates the medical gap you would otherwise have to pay out of your own pocket.

If you are arranging for hospital treatment, contact Latrobe for details and our *Just Ask!*® information brochure. We help make your stay in hospital as worry free as possible, by providing sound advice and helpful information before you're admitted.

*Just Ask!*® applies to admissions to private and public hospitals.

## Ambulance Victoria

Can you afford not to be covered?

Some health insurers offer “**emergency ambulance cover**”, but why limit your protection? There’s a cheap and simple solution.

Joining Ambulance Victoria through Latrobe is a cost effective way of providing peace of mind.

That is protection for you 24 hours a day, 7 days a week. An Ambulance Victoria membership covers emergency and non-emergency treatment, pre-hospital care and ambulance transport by road or air and specialist services anywhere in Australia.

Make sure you are **fully** covered for ambulance by joining Ambulance Victoria.

A rebate on voluntary ambulance subscription is provided on most of Latrobe’s Extras covers.

### Special benefits:

Full ambulance cover can be conveniently paid along with your Latrobe membership.

Call Latrobe on 1300 362 155 to join.

### Important Note:

Membership with Ambulance Victoria is available to Victorian residents only, as per Ambulance Victoria guidelines.

Policy holders not residing in Victoria should contact Latrobe on 1300 362 155 or visit [latrobehealth.com.au](http://latrobehealth.com.au) regarding ambulance cover in their respective state or territory.



**Notes:** Payment frequency for an Ambulance Victoria only membership is limited to yearly.

## Extras benefit comparison

All covers as at 04/04/2011



## Extras cover at a glance

### Only available with a hospital cover

What is covered	Premier Plus® (PP)	Premier Family (PF)	Premier Singles (PS)
	Page 26	Page 28	Page 29
Acupuncture	●		
Ambulance subscription rebate	●	●	●
Audiology	●		
Blood glucose monitors	●		
Chiropractic	●	●	●
C-PAP machine	●		
Dietitian	●		
Eye, occupational and speech therapies	●		
General dental	●	● limited	● limited
Health screenings - mammograms, bone density testing, mole mapping	●		
Hearing aids	●		
Lymphoedema garments	●		
Major dental	●	Accident only	
Massage - remedial and therapeutic	●		
Mouthguard	●	●	●
Myotherapy	●		
Naturopathy	●		
Nebulisers, air compressor pumps	●		
Optical, including: spectacles and contact lenses	●	●	●
Orthodontics	●		
Osteopathy	●	●	●
Pharmacy prescriptions	●	●	●
Physiotherapy	●	●	●
Podiatry consultations	●	●	
Podiatry services (including orthotics)	●		
Prosthetics - non-surgical	●		
Psychology	●		
Travel insurance discounts	●	●	●
Visiting nurse	●		

**Notes:** A set benefit is paid depending on the treatment item number for services provided in Australia by a Latrobe approved service provider in private practice. All limits apply to a calendar year. Waiting periods refer to Page 45

### Available with or without a hospital cover

What is covered	Premier Gold (PG)	Premier Silver (PV)	Premier (P)	Family Care (PK)	Family Care Gold (PH)	Dental (D)
	Page 30	Page 32	Page 34	Page 36	Page 38	Page 40
Acupuncture	●	●	●	●	●	
Ambulance subscription rebate	●	●	●	●	●	
Audiology	●	●	●	●	●	
Blood glucose monitors	●	●	●	●	●	
Chiropractic	●	●	●	●	●	
C-PAP machine	●	●	●	●	●	
Dietitian	●	●	●	●	●	
Eye, occupational and speech therapies	●	●	●	●	●	
General dental	●	●	●	●	●	●
Health screenings - mammograms, bone density testing, mole mapping	●	●		●	●	
Hearing aids	●	●	●	●	●	
Lymphoedema garments	●	●		●	●	
Major dental	●	●	●	●	●	●
Massage - remedial and therapeutic	●	●		●	●	
Mouthguard	●		●	●	●	●
Myotherapy	●	●		●	●	
Naturopathy	●	●	●	●	●	
Nebulisers, air compressor pumps	●	●	●	●	●	
Optical, including: spectacles and contact lenses	●	●	●	●	●	
Orthodontics	●	●	●	●	●	
Osteopathy	●	●	●	●	●	
Pharmacy prescriptions	●	●	●	●	●	
Physiotherapy	●	●	●	●	●	
Podiatry consultations	●	●	●	●	●	
Podiatry services (including orthotics)	●	●	●	●	●	
Prosthetics - non-surgical	●	●	●	●	●	
Psychology	●	●	●	●	●	
Travel insurance discounts	●	●	●	●	●	●
Visiting nurse	●	●	●	●	●	

**Notes:** A set benefit is paid depending on the treatment item number for services provided in Australia by a Latrobe approved service provider in private practice. All limits apply to a calendar year. Waiting periods refer to Page 45

# Premier Plus®

Only available with a hospital cover

Cover details	Maximum Benefit	Personal Limit	Membership Limit
<b>General dental</b> including diagnostic and preventative services, oral surgery, extractions, endodontics, restorations. Year 1 Year 2+		\$200 \$1000	\$400 \$2000
<b>Major dental</b> Crowns, bridgework, dentures and periodontics. Year 1 Year 2 Year 3 Year 4+		No benefit \$300 \$600 \$1000	
<b>Combined general and major dental limit</b>		<b>\$1000</b>	<b>\$2000</b>
<b>Orthodontics</b> - Benefits are fixed at the level in which the course commences and paid over a 3 year period. Year 1 Year 2 Year 3 Year 4 Year 5 Year 6+	No benefit \$900 \$1050 \$1200 \$1350 \$1800	<b>per course</b>	
<b>A combined limit applies to the following:</b>			
<b>Chiropractic</b> Initial consultation Subsequent consultations	\$26 \$19		
<b>Physiotherapy</b> Initial consultation Subsequent consultations	\$27 \$22		
<b>Osteopathy</b> <b>Naturopathy</b> <b>Eye therapy</b> Initial consultations Subsequent consultations Chiropractic X-rays Pharmacy prescription	\$25 \$17 \$28 \$25	One	
<b>Massage</b> <b>Pharmacy</b> <b>Visiting nurse</b>			
<b>Chiropractic X-rays</b> <b>Occupational therapy</b> <b>Speech therapy</b>			
<b>Combined limit</b>		<b>\$300</b>	<b>\$600</b>
<b>Other services</b> <b>Dietitian, Acupuncture, Audiology, Myotherapy</b> Initial consultations Subsequent consultations	\$25 \$17	\$300	

Cover details	Maximum Benefit	Personal Limit	Membership Limit
<b>Optical</b> Includes spectacles and repairs, contact lenses. Excludes sunglasses not containing an optical prescription.	\$125	\$125	
<b>Health appliances</b> Per membership every 3 years: Blood glucose monitor Air compressor pump Nebuliser TENS machine C-PAP machine	up to 70% of cost up to 70% of cost up to 70% of cost up to 70% of cost up to 70% of cost	\$200 \$200 \$200 \$200 \$200	
<b>Combined limit</b>		<b>\$400</b>	<b>\$400</b>
<b>Lymphoedema garments</b> - 4 garments per year.	70% of cost	\$500	
<b>Prostheses</b> (not surgically implanted), every 3 years.	70% of cost	\$500	
<b>Hearing aid</b> and repairs other than batteries, every 5 years.	\$500	\$500	
<b>Mouth guards</b> supplied by a Dentist or Dental technician.	\$55	\$55	
<b>Podiatry</b> Benefits are a set amount depending on item number for consultations, treatment and orthotics prescribed by a Podiatrist.		\$300	
<b>Psychology</b> each consultation.	\$50	\$300	
<b>Health screenings</b> Every 2 years. Mammograms, Bone density testing, Mole mapping.	\$45	\$45	
<b>Ambulance subscription rebate</b> When paid voluntarily, but not as a state tax or levy. Limit 1 family subscription or 2 single subscriptions.	\$44 family \$22 single		\$44
<b>Travel insurance discount</b> On policies purchased through Latrobe.	25%		

**Notes:** A set benefit is paid depending on the treatment item number for services provided in Australia by a Latrobe approved service provider in private practice. All limits apply to a calendar year.

## Premier Family

Only available with a hospital cover

Cover details	Maximum Benefit	Personal Limit	Membership Limit
<b>Limited general dental</b> Specified items including diagnostics, most preventative services, extractions, restorations. Year 1 Year 2+		\$200 \$500	\$400 \$2000
<b>Other dental</b> treatment resulting from an accident.	\$250	per accident	
<b>Combined limit per membership year</b>		<b>\$500</b>	<b>\$2000</b>
<b>A combined limit applies to the following:</b>			
<b>Chiropractic</b>			
Initial consultation	\$26		
Subsequent consultations	\$19		
<b>Physiotherapy</b>			
Initial consultation	\$27		
Subsequent consultations	\$22		
<b>Osteopathy    Pharmacy    Chiropractic X-rays</b>			
<b>Podiatry consultation</b>			
Initial consultations	\$25		
Subsequent consultations	\$17		
Chiropractic X-rays	\$28	One	
Pharmacy prescription	\$25	\$150	\$300
<b>Combined limit</b>		<b>\$250</b>	<b>\$500</b>
<b>Optical</b>			
Includes spectacles and repairs, contact lenses. Excludes sunglasses not containing an optical prescription.	\$125	\$125	
<b>Mouth guards</b> supplied by a Dentist or Dental technician.			
	\$55	\$55	
<b>Ambulance subscription rebate</b>			
When paid voluntarily, but not as a state tax or levy. Limited to 1 family or 2 single subscriptions.	\$44 family \$22 single		\$44
<b>Travel insurance discount</b>			
On policies purchased through Latrobe.	25%		

**Notes:** A set benefit is paid depending on the treatment item number for services provided in Australia by a Latrobe approved service provider in private practice. All limits apply to a calendar year.

## Premier Singles

Only available with a hospital cover

Cover details	Maximum Benefit	Personal Limit
<b>Limited general dental</b> Specified items including diagnostics, most preventative services, extractions, restorations. Year 1 Year 2+		\$200 \$400
<b>A combined limit applies to the following:</b>		
<b>Chiropractic</b>		
Initial consultation	\$26	
Subsequent consultations	\$19	
<b>Physiotherapy</b>		
Initial consultation	\$27	
Subsequent consultations	\$22	
<b>Osteopathy    Chiropractic X-rays</b>		
Initial consultations	\$25	
Subsequent consultations	\$17	
Chiropractic X-rays	\$28	One
<b>Combined limit</b>		<b>\$250</b>
<b>Pharmacy prescription</b>		
	\$25	\$150
<b>Optical</b>		
Includes spectacles and repairs, contact lenses. Excludes sunglasses not containing an optical prescription.	\$125	\$125
<b>Mouth guards</b> supplied by a Dentist or Dental technician.		
	\$55	\$55
<b>Ambulance subscription rebate</b>		
When paid voluntarily, but not as a state tax or levy. Limited to a single subscription.	\$22 single	\$22
<b>Travel insurance discount</b>		
On policies purchased through Latrobe.	25%	

**Notes:** A set benefit is paid depending on the treatment item number for services provided in Australia by a Latrobe approved service provider in private practice. All limits apply to a calendar year.

# Premier Gold

Available with or without a hospital cover

Cover details	Maximum Benefit	Personal Limit
<b>General dental</b> including diagnostic and preventative services, oral surgery, extractions, endodontics, restorations.		
<b>Major dental</b> Crowns, bridgework, dentures and periodontics.		
Year 1		No benefit
Year 2		\$300
Year 3		\$500
Year 4		\$800
Year 5		\$1000
Year 6+		\$1500
<b>Orthodontics</b> Benefits are fixed at the level in which the course commences and paid over a 3 year period.		
Year 1	No benefit	per course
Year 2	\$900	
Year 3	\$1200	
Year 4	\$1500	
Year 5	\$1800	
Years 6 to 9	\$2400	
Year 10+	\$3000	

Other Health Services	Consultations		Personal Limit
	Initial	Subsequent	
Acupuncture	\$40	\$32	\$1000
Audiology	\$65	\$65	\$1000
Chiropractic	\$46	\$29	\$350
Chiropractic X-ray	\$80	\$80	One
Dietitian	\$45	\$40	\$1000
Eye therapy	\$50	\$40	\$1000
Health screening - every 2 years Mammograms, Bone density testing, Mole mapping	\$75	\$75	\$75
Massage - remedial and therapeutic	\$36	\$32	\$350
Myotherapy	\$40	\$35	\$1000
Naturopathy	\$30	\$30	\$250
Occupational therapy	\$50	\$50	\$1000
Osteopathy	\$45	\$30	\$1000
Physiotherapy	\$42	\$37	\$1000
Psychology	\$80	\$80	\$450
Speech therapy	\$60	\$60	\$1000
Visiting nurse	\$45	\$18	\$1000

Cover details	Maximum Benefit	Personal Limit
<b>Optical</b> Includes spectacles and repairs, contact lenses. Excludes sunglasses not containing an optical prescription.	\$250	\$250
<b>Pharmacy</b> Maximum per prescription.	\$100	\$400
<b>Podiatry</b> Benefits are a set amount depending on item number for consultations, treatment and orthotics prescribed by a Podiatrist.		\$600
<b>Health appliances</b> Per membership every 3 years: Blood glucose monitor Air compressor Nebulisers TENS machine C-PAP machine	up to 90% of cost up to 90% of cost up to 90% of cost up to 90% of cost up to 90% of cost	\$250 \$250 \$250 \$250 \$250
<b>Combined membership limit</b>		\$500
<b>Lymphoedema garments</b> - 4 garments per year.	70% of cost	\$600
<b>Prostheses</b> (not surgically implanted), every 3 years.	90% of cost	\$800
<b>Hearing aid</b> and repairs other than batteries, every 5 years.	\$1000	\$1000
<b>Mouth guards</b> supplied by a Dentist or Dental technician.	\$65	\$65
<b>Ambulance subscription rebate</b> When paid voluntarily, but not as a state tax or levy. Limited to 1 family or 2 single subscriptions.	100%	
<b>Travel Insurance discount</b> On policies purchased through Latrobe. Premier Gold only. Premier Gold combined with hospital cover.	10% 25%	

**Notes:** A set benefit is paid depending on the treatment item number for services provided in Australia by a Latrobe approved service provider in private practice. All limits apply to a calendar year.

Continued next page

# Premier Silver

Available with or without a hospital cover

Cover details	Maximum Benefit	Personal Limit	Membership Limit
<b>General dental</b> including diagnostic and preventative services, oral surgery, extractions, endodontics, restorations.		\$1200	
<b>Major dental</b> Crowns, bridgework, dentures and periodontics.		\$1200	
<b>Combined general and major dental limit</b>			<b>\$2400</b>
<b>Orthodontics</b> - Benefits are fixed at the level in which the course commences and paid over a 3 year period.			
Year 1	No benefit	<b>per course</b>	
Year 2	\$900		
Year 3	\$1100		
Year 4	\$1350		
Year 5	\$1650		
Year 6+	\$2000		
<b>Physiotherapy</b>		\$350	\$700
Initial consultation	\$30		
Subsequent consultations	\$25		
Group therapy	\$12 per class		
<b>Dietitian</b>		\$300	
Initial consultation	\$30		
Subsequent consultations	\$25		
<b>Audiology</b>		\$300	
Initial consultation	\$30		
Subsequent consultations	\$25		
<b>Psychology</b>		\$300	
Consultation	\$50		
Group consultation	\$20		
<b>Any combination of the following services: Speech therapy Eye therapy Occupational therapy</b>		\$350	\$700
Initial consultations	\$30		
Subsequent consultations	\$25		
<b>Pharmacy prescription</b>	\$35	\$250	
<b>Allergy/travel vaccines</b>	up to 70% of cost	\$200	
<b>Combined limit</b>		<b>\$350</b>	<b>\$700</b>
<b>Any combination of the following therapies: Chiropractic Osteopathy Naturopathy Massage Acupuncture Myotherapy</b>		\$450	\$900
Initial consultations	\$26		
Subsequent consultations	\$20		

Cover details	Maximum Benefit	Personal Limit	Membership Limit
<b>Optical</b> Includes spectacles and repairs, contact lenses. Excludes sunglasses not containing an optical prescription.	\$180	\$180	
<b>Health appliances</b> Per membership every 3 years:			
Blood glucose monitor	up to 80% of cost	\$250	
Air compressor pump	up to 80% of cost	\$250	
Nebuliser	up to 80% of cost	\$250	
TENS machine	up to 80% of cost	\$250	
C-PAP machine	up to 80% of cost	\$250	
<b>Combined limit</b>		<b>\$500</b>	<b>\$500</b>
<b>Blood pressure monitor</b> Per membership every 3 years			\$100
<b>Lymphoedema garments</b> - 4 garments per year.	70% of cost	\$500	
<b>Prostheses</b> (not surgically implanted), every 3 years.	70% of cost	\$800	
<b>Hearing aid</b> and repairs other than batteries, every 5 years.	\$650	\$650	
<b>Visiting nurse</b>	\$17 per visit	\$250	\$500
<b>Podiatry</b> Benefits are a set amount depending on item number for consultations, treatment and orthotics prescribed by a Podiatrist.		\$300	
<b>Health screenings</b> Every 2 years. Mammograms, Bone density testing, Mole mapping.		\$55	
<b>QUIT smoking course</b>	\$70 per course		
<b>Ambulance subscription rebate</b> When paid voluntarily, but not as a state tax or levy. Limit 1 family subscription or 2 single subscriptions.		\$150 family \$75 single	
<b>Travel Insurance discount</b> On policies purchased through Latrobe. Premier Silver only. Premier Silver combined with hospital cover.	10% 25%		

**Notes:** A set benefit is paid depending on the treatment item number for services provided in Australia by a Latrobe approved service provider in private practice. All limits apply to a calendar year.

# Premier

Available with or without a hospital cover

Cover details	Maximum Benefit	Personal Limit	Membership Limit
<b>General dental</b> Including diagnostic and preventative services, oral surgery, extractions, endodontics, restorations. Year 1 Year 2+		\$200 \$1000	\$400 \$2000
<b>Major dental</b> Crowns, bridgework, dentures and periodontics. Year 1 Year 2 Year 3 Year 4+		No benefit \$300 \$600 \$1000	
<b>Combined general and major dental limit</b>		<b>\$1000</b>	<b>\$2000</b>
<b>Orthodontics</b> Benefits are fixed at the level in which the course commences and paid over a 3 year period. Year 1 Year 2 Year 3 Year 4 Year 5 Year 6+	No benefit \$900 \$1050 \$1200 \$1350 \$1800	per course	
<b>A combined limit applies to the following:</b>			
<b>Chiropractic</b> Initial consultation Subsequent consultations	\$26 \$19		
<b>Physiotherapy</b> Initial consultation Subsequent consultations	\$27 \$22		
<b>Pharmacy</b> <b>Eye therapy</b> <b>Visiting nurse</b> <b>Chiropractic X-rays</b> <b>Speech therapy</b> <b>Occupational therapy</b> Initial consultations Subsequent consultations Chiropractic X-rays Pharmacy prescription	\$25 \$17 \$28 \$25	One	
<b>Combined limit</b>		<b>\$300</b>	<b>\$600</b>

## Bonus Upgrade to Premier Plus® if packaged with hospital

Cover details	Maximum Benefit	Personal Limit	Membership Limit
<b>Other services</b> <b>Dietitian, Acupuncture, Audiology</b> Initial consultations Subsequent consultations	\$25 \$17	\$300	
<b>Optical</b> Includes spectacles and repairs, contact lenses. Excludes sunglasses not containing an optical prescription.	\$125	\$125	
<b>Health appliances</b> Per membership every 3 years: Blood glucose monitor Air compressor pump Nebuliser TENS machine C-PAP machine	up to 70% of cost up to 70% of cost up to 70% of cost up to 70% of cost up to 70% of cost	\$200 \$200 \$200 \$200 \$200	
<b>Combined limit</b>		<b>\$400</b>	<b>\$400</b>
<b>Prostheses</b> (not surgically implanted), every 3 years.	70% of cost	\$400	
<b>Hearing aid</b> and repairs other than batteries, every 5 years.	\$500	\$500	
<b>Mouth guards</b> supplied by a Dentist or Dental technician.	\$55	\$55	
<b>Podiatry</b> Benefits are a set amount depending on item number for consultations, treatment and orthotics prescribed by a Podiatrist.		\$300	
<b>Psychology</b> each consultation.	\$50	\$300	
<b>Ambulance subscription rebate</b> When paid voluntarily, but not as a state tax or levy. Limited to 1 family or 2 single subscriptions.	\$44 family \$22 single		\$44
<b>Travel insurance discount</b> On policies purchased through Latrobe.	10%		

**Notes:** A set benefit is paid depending on the treatment item number for services provided in Australia by a Latrobe approved service provider in private practice. All limits apply to a calendar year.

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## Family Care

Available with or without a hospital cover

Family Care is your family's Extras health cover solution as it covers your non student dependants from 18 up to their 25th birthday, providing they are not married or living in a defacto relationship. They may even be living away from home, or earning their own income.

Cover details	Maximum Benefit	Personal Limit	Membership Limit
<b>General dental</b> Including diagnostic and preventative services, oral surgery, extractions, endodontics, restorations. Year 1 Year 2+		\$200 \$1000	\$400 \$2000
<b>Major dental</b> Crowns, bridgework, dentures and periodontics. Year 1 Year 2 Year 3 Year 4+		No benefit \$300 \$600 \$1000	
<b>Combined general and major dental limit</b>		<b>\$1000</b>	<b>\$2000</b>
<b>Orthodontics</b> - Benefits for a 3 year course of treatment are fixed at the level in which the course commences. Year 1 Year 2 Year 3 Year 4 Year 5 Year 6+	No benefit \$900 \$1050 \$1200 \$1350 \$1800	<b>per course</b>	
<b>A combined limit applies to the following:</b>			
<b>Chiropractic</b> Initial consultation Subsequent consultations	\$26 \$19		
<b>Physiotherapy</b> Initial consultation Subsequent consultations	\$27 \$22		
<b>Pharmacy</b> <b>Naturopathy</b> <b>Speech therapy</b> <b>Osteopathy</b> <b>Visiting nurse</b> <b>Massage</b> Initial consultations Subsequent consultations Chiropractic X-rays Pharmacy prescription	\$25 \$17 \$28 \$25	One	
<b>Chiropractic X-rays</b> <b>Occupational therapy</b> <b>Eye therapy</b>			
<b>Combined limit</b>		<b>\$300</b>	<b>\$600</b>

## An Ideal Package with Family Care hospital (Page 15)

Cover details	Maximum Benefit	Personal Limit	Membership Limit
<b>Other services</b> <b>Dietitian, Acupuncture, Audiology, Myotherapy</b> Initial consultations Subsequent consultations	\$25 \$17	\$300	
<b>Optical</b> Includes spectacles and repairs, contact lenses. Excludes sunglasses not containing an optical prescription.	\$125	\$125	
<b>Health appliances</b> Per membership every 3 years: Blood glucose monitor Air compressor pump Nebuliser TENS machine C-PAP machine	up to 70% of cost up to 70% of cost up to 70% of cost up to 70% of cost up to 70% of cost	\$200 \$200 \$200 \$200 \$200	
<b>Combined limit</b>		<b>\$400</b>	<b>\$400</b>
<b>Lymphoedema garments</b> - 4 garments per year.	70% of cost	\$500	
<b>Prostheses</b> (not surgically implanted), every 3 years.	70% of cost	\$500	
<b>Hearing aid</b> and repairs other than batteries, every 5 years.	\$500	\$500	
<b>Mouth guards</b> supplied by a Dentist or Dental technician.	\$55	\$55	
<b>Podiatry</b> Benefits are a set amount depending on item number for consultations, treatment and orthotics prescribed by a Podiatrist.		\$300	
<b>Psychology</b> each consultation.	\$50	\$300	
<b>Health screenings</b> Limit every 2 years. Mammograms, Bone density testing, Mole mapping.	\$45	\$45	
<b>Ambulance subscription rebate</b> When paid voluntarily, but not as a state tax or levy. Limited to 1 family or 2 single subscriptions.	\$44		\$44
<b>Travel insurance discount</b> On policies purchased through Latrobe. Family Care only. Combined Family Care hospital and extras.	10% 25%		

**Notes:** A set benefit is paid depending on the treatment item number for services provided in Australia by a Latrobe approved service provider in private practice. All limits apply to a calendar year.

# Family Care Gold

Available with or without a hospital cover

Family Care Gold is the perfect choice for those who simply want the best extras. Each family member enjoys generous benefits and like our other Family Care cover options, a Family Care Gold membership also covers your non student dependants from 18 up to their 25th birthday, providing they are not married or living in a de facto relationship. They may even be living away from home, or earning their own income.

Cover details	Maximum Benefit	Personal Limit	
<b>General dental</b> Including diagnostic and preventative services, oral surgery, extractions, endodontics, restorations.			
<b>Major dental</b> Crowns, bridgework, dentures and periodontics.			
Year 1		No benefit	
Year 2		\$300	
Year 3		\$500	
Year 4		\$800	
Year 5		\$1000	
Year 6+		\$1500	
<b>Orthodontics</b> - Benefits for a 3 year course of treatment are fixed at the level in which the course commences.			
Year 1	No benefit	per course	
Year 2	\$900		
Year 3	\$1200		
Year 4	\$1500		
Year 5	\$1800		
Years 6 to 9	\$2400		
Year 10+	\$3000		
<b>Other Health Services</b>	<b>Consultations</b>	<b>Personal Limit</b>	
	<b>Initial</b>	<b>Subsequent</b>	
Acupuncture	\$40	\$32	\$1000
Audiology	\$65	\$65	\$1000
Chiropractic	\$46	\$29	\$350
Chiropractic X-ray	\$80	\$80	One
Dietitian	\$45	\$40	\$1000
Eye therapy	\$50	\$40	\$1000
Health screening - every 2 years	\$75	\$75	\$75
Mammograms, Bone density testing, Mole mapping			
Massage - remedial and therapeutic	\$36	\$32	\$350
Myotherapy	\$40	\$35	\$1000
Naturopathy	\$30	\$30	\$250
Occupational therapy	\$50	\$50	\$1000
Osteopathy	\$45	\$30	\$1000
Physiotherapy	\$42	\$37	\$1000
Psychology	\$80	\$80	\$450
Speech therapy	\$60	\$60	\$1000
Visiting nurse	\$45	\$18	\$1000

# An Ideal Package with Family Care hospital (Page 15)

Cover details	Maximum Benefit	Personal Limit
<b>Optical</b> Includes spectacles and repairs, contact lenses. Excludes sunglasses not containing an optical prescription.	\$250	\$250
<b>Pharmacy</b> Maximum per prescription.	\$100	\$400
<b>Podiatry</b> Benefits are a set amount depending on item number for consultations, treatment and orthotics prescribed by a Podiatrist.		\$600
<b>Health appliances</b> Per membership every 3 years:		
Blood glucose monitor	up to 90% of cost	\$250
Air compressor	up to 90% of cost	\$250
Nebulisers	up to 90% of cost	\$250
TENS machine	up to 90% of cost	\$250
C-PAP machine	up to 90% of cost	\$250
<b>Combined limit</b>		<b>\$500</b>
<b>Lymphoedema garments</b> - 4 garments per year.	70% of cost	\$600
<b>Prostheses</b> (not surgically implanted), every 3 years.	90% of cost	\$800
<b>Hearing aid</b> and repairs other than batteries, every 5 years.	\$1000	\$1000
<b>Mouth guards</b> supplied by a Dentist or Dental Technician.	\$65	\$65
<b>Ambulance subscription rebate</b> When paid voluntarily, but not as a state tax or levy. Limited to 1 family or 2 single subscriptions.		100%
<b>Travel Insurance discount</b> On policies purchased through Latrobe.		
Family Care Gold Extras only.	10%	
Combined Family Care hospital and extras.	25%	

**Notes:** A set benefit is paid depending on the treatment item number for services provided in Australia by a Latrobe approved service provider in private practice. All limits apply to a calendar year.



## Dental

Available with or without a hospital cover

### Cover details

Cover details	Maximum Benefit	Personal Limit	Membership Limit
<b>General dental</b> Including diagnostic and preventative services, oral surgery, extractions, endodontics, restorations and mouth guards. Year 1 Year 2+		\$200 \$1000	\$400 \$2000
<b>Major dental</b> Crowns, bridgework, dentures and periodontics. Year 1 Year 2 Year 3 Year 4+		No benefit \$300 \$600 \$1000	\$2000
<b>Combined general and major dental limit</b>		<b>\$1000</b>	<b>\$2000</b>
<b>Travel insurance discount</b> On policies purchased through Latrobe. Dental only. Dental combined with hospital cover.	10% 25%		

**Notes:** A set benefit is paid depending on the treatment item number for services provided in Australia by a Latrobe approved service provider in private practice. All limits apply to a calendar year.



## Definitions, terms & conditions

### Accident

An occurrence causing a physical injury or bodily condition, resulting from the application of unintentional external force and requiring immediate treatment. Accident does not include illness; operational procedures; the effects of alcohol, drugs of addiction or non-prescribed drugs; pregnancy; aggravation of an existing physical injury or condition.

### Admission (to hospital)

Refers to a period of time in hospital for which accommodation charges are raised. It does not include treatment at an emergency centre of a hospital.

### Approved service providers

To be eligible for benefits, services must be covered by your selected policy and provided in Australia by a provider approved by Latrobe for the particular service being claimed. Latrobe reserves the right to withdraw approval of a provider without notice. Before receiving treatment, contact Latrobe to confirm that your provider is approved.

The approval and registration of any ancillary, dental, medical or hospital provider for the payment of benefits does not constitute a recommendation by Latrobe, nor do we represent that their services will or may be of benefit to policy holders. Latrobe accepts no responsibility for the outcome of any advice, service, product or treatment given to policy holders by an approved provider.

### Calendar year

A calendar year starts on 1 January and ends on 31 December annually.

### Certified age at entry (CAE)

Under the Lifetime Health Cover scheme, all adult policy holders are assigned a CAE when first taking private hospital cover. The CAE determines what loading, if any, is applied to the base cost of your private hospital cover. It may or may not be your actual age.

### Claim time limit

If claims are not made within 2 years of the date of service, benefits are not payable. We recommend that you submit all claims as soon as practical after the service is provided.

### Compensation from other sources

You are not entitled to claim benefits if compensation and/or damages can be claimed from another source. For example: WorkCover, Transport Accident Commission, public liability, travel insurance or private legal action. Latrobe may be able to assist you in the case of financial hardship, for more information please contact us.

### Cooling off period

Rest assured that if you change your mind for any reason whatsoever and decide to cancel your policy within 30 days of commencing or upgrading your policy, we will provide a full refund of any premiums that you have paid, providing no claims have been made under the policy.

### Default benefits and other limited benefits

Default benefits are set and periodically reviewed by the government. They are the minimum level of benefits health insurers must pay for valid claims for treatment provided in a shared ward in public hospitals.

Limited benefits are paid for treatment in non-participating private hospitals, for nursing home type patients and for treatments not covered by Medicare, for example: dental, podiatric and cosmetic surgery.

Always contact Latrobe to confirm the extent of your cover before admission to hospital.

### Dental surgery

You are covered for the costs with the appropriate hospital cover, associated with dental surgery in a participating private hospital or a public hospital, but not for the dentist's fees. You can claim a benefit for the dental fees if you have an appropriate Extras policy. If you are planning dental surgery, you are strongly urged to contact us to confirm the scope of your cover.

### Dependants

Means a person dependant upon the principal policy holder including; adult partner (including defacto and same-sex partner), own children, stepchildren, legally adopted children and children of whom the principal policy holder is the legal guardian who do not have a partner.

A summary of the main health fund rules and other information about your Latrobe cover

### Dependant child

Means a person who is; aged under 18 years of age who does not have a spouse or partner; or a student dependant.

### Student dependants

To qualify under family cover as a student dependant, your child must attend full-time study at a Latrobe recognised educational institution. For continued cover, you must complete and return the *Student Dependant Registration* form that is sent to you annually. The registration form also recommends alternative health cover solutions, if your child no longer qualifies. From their 25th birthday, your children are required to take out their own policy even if they are still studying full time.

### Dependant child non student

Means a person who is aged from 18 up until 25 and does not have a spouse or partner and is no longer a full time student.

### Financial policy

Policy fees must always be paid at least 1 payment period in advance. If your policy is in arrears for 60 days, it is automatically cancelled. Accounts and/or reminder notices are sent if you pay at a branch or agency, Australia Post, credit card or B-Pay. Accounts are not sent if you choose weekly or fortnightly payments, if you participate in a payroll deduction plan, or pay by direct debit.

### Immediate treatment

Refers to the **initial** treatment required immediately following an accident. This does not include any subsequent treatment.

### Initial consultation

The first consultation with a service provider that is usually to obtain a full medical history or discuss treatment options.

### Policy year

A 12-month period commencing on the day you join Latrobe, or change to another Latrobe policy.

### Newborn baby cover

To ensure the newborn is covered at birth, upgrade from a single policy to a family policy is required 2 months prior to the due expected delivery date. Documentation of due expected date of delivery

from treating doctor is required. A **family** policy automatically covers newborn babies subject to normal rules and conditions.

### Overseas travel

Your Latrobe policy does not cover claims against the cost of medical, hospital or other health services provided while you are travelling overseas. You are strongly advised to take out travel insurance. Policy holders are eligible for substantial discounts on travel insurance purchased through Latrobe. Persons who are not citizens or permanent residents of Australia may have out of pocket costs associated with their medical bills that are not covered by Medicare.

### Participating private hospitals

Latrobe has contracts with participating private hospitals Australia wide. This guarantees the cost of your hospital treatments will be covered in accordance with the information we have provided to you. For a current list of participating private hospitals, visit our website [latrobehealth.com.au](http://latrobehealth.com.au) or call Latrobe.

### Pharmacy benefits

Pharmacy includes prescribed drugs and medicines dispensed by a pharmacist; travel and allergy vaccinations dispensed by a pharmacist or doctor, but not contraceptives and PBS subsidised prescriptions. The benefit is calculated after deducting the current PBS general patient contribution.

### Pharmaceutical Benefits Scheme (PBS)

The PBS is a Federal Government Scheme to subsidise the cost of certain drugs. You pay a contribution towards the cost of each new prescription, which the government reviews from time to time. Prescriptions covered by the PBS are not eligible for benefits under any Latrobe Extras cover.

### Pre-existing conditions

This is any ailment, illness or condition where the signs or symptoms were, in the opinion of a Latrobe appointed medical practitioner, in existence during the 6 months prior to the day you joined or upgraded your cover. Latrobe's medical practitioner takes into account information provided by your own practitioner who treated the condition, when forming an opinion as to whether or not your condition is

## Definitions, terms & conditions (cont...)

pre-existing. No benefits are paid for the treatment of a pre-existing condition during the first 12 months of starting a new cover. Please go to **Upgrade of Cover** and **Waiting Periods** for important related information.

### Private Patient's Hospital Charter

The Private Patients' Hospital Charter is a guide to what it means to be a private patient in a public hospital, a private hospital or day hospital facility. It also provides information about what to do if you have a problem with your medical treatment or your private health insurance.

We encourage you to read it carefully and we welcome any questions you may have. Call us for a copy to be sent to you, or visit the Federal Government's website to read or download a copy. [www.health.gov.au](http://www.health.gov.au).

### Psychology services

In the case of a service whereby the policy holder who incurred the medical expense has elected to claim the Medicare benefit, no private health insurance benefit will be payable.

### Rules

Latrobe's rules govern all matters to do with your policy and the operation of the company and the Federal Government reviews these rules to ensure they are fair and comply with all relevant legislation. When you apply for a Latrobe policy, you agree to abide by the rules, which you can view by appointment at any branch office. Latrobe's rules may change from time to time. You will always receive written advice before any new rule is introduced, if it might reduce your policy conditions or benefits.

### Surgically implanted prostheses

All prostheses listed on the Commonwealth Prostheses Listing are covered at the clinically equivalent "no gap prosthesis" item price. Should you or your doctor choose a prosthesis that is not listed as a no-gap item, you will be charged a gap. That is, you will have to pay the difference between the no-gap price for a clinically equivalent device and the price that the supplier has set.

### Suspension policy

When planning overseas travel, you can apply to suspend your policy. During suspension, you do

not make any contributions and services normally covered are not eligible for claim benefits. Latrobe may consider a suspension period in the event of financial hardship.

Conditions for suspension vary according to your circumstances; suspension may not be a suitable option if you qualify to pay the Medicare Levy Surcharge. For more detail about Latrobe's suspension guidelines or an updated policy document, please call 1300 362 155.

### Third party and partner authority

On a family or couples policy, you and your partner both have equal authority to make any kind of transaction and to give Latrobe any kind of instruction including cancellation of cover. If this does not meet with your needs, please call us to make suitable arrangements.

Due to privacy laws, we must have your written authority if you want another person to have control or access to your policy (for example in the event of absence overseas, illness or incapacity, speech, hearing or language difficulties). Please tick the appropriate box on the application or call Latrobe for a *Third Party Authority* to be sent to you.

### Transferring from another insurer

You receive continuity of cover for the entitlements you had with your previous insurer when:

1. You transfer within 30 days of expiry with the other insurer.
2. You have served the required waiting periods with the other insurer. However, if you've served part but not all of the waiting periods, you must serve the remaining period with Latrobe before you are eligible to claim.
3. The cover you take with Latrobe is not an upgrade of the cover you had with the other insurer.

When you transfer to Latrobe and also upgrade your cover, you are entitled to equivalent benefits paid by the previous insurer or Latrobe's closest approximate policy, until relevant waiting periods are completed.

Please note: Any excess paid at the previous insurer is not transferrable and you will be required to pay any excess obligation to Latrobe.

A summary of the main health fund rules and other information about your Latrobe cover

### Upgrade of cover

This is any change in cover that entitles you to receive higher benefits. Higher benefits include a higher rebate for a particular service, cover for services not included in your previous level of cover, changing to a hospital cover with a lower, or no, excess.

### Waiting periods

You are covered immediately for treatment required as a result of an accident that occurs after you join Latrobe.

For all other treatments or services, you must serve a waiting period. This is a specified time you must wait after joining before you can claim benefits under your hospital or extras cover. These waiting periods apply to new policy holders starting private health cover and to existing policy holders upgrading their cover.

**12 mths** pre-existing conditions, major dental and orthodontic treatment, optical, blood glucose monitors, compressor pumps and nebulisers, hearing aids, C-PAP machines, non-surgically implanted prostheses.

**9 mths** pregnancy related conditions - Expected delivery date **must be after** the completion of 9 month waiting period. Written confirmation of expected delivery date is required from the treating Obstetrician.

**3 mths** general dental treatment, mouthguards.

**2 mths** all other services.

## Our commitment to you

### Code of Conduct

The Private Health Insurance Code of Conduct is a self-regulatory code to promote informed relationships between private health insurers, consumers, agents and brokers. As part of our commitment under the Code we will:

- Continuously work towards improving the standards of practice and service in the private health insurance industry.
- Provide information to consumers in plain language.

### Code of Conduct (cont...)

- Promote better informed decisions about our private health insurance products and services.
- Provide information to consumers on their rights and obligations under their relationship with us.
- Provide consumers with easy access to our internal dispute resolution procedures, which will be undertaken in a fair and reasonable manner.

*(Source: The Private Health Insurance Code of Conduct 2009)*

Please contact us if you would like a copy of the Code of Conduct, or for more information on the Private Health Insurance Code of Conduct, go to [latrobehealth.com.au](http://latrobehealth.com.au).

### Complaint resolution

Latrobe is committed to providing excellent service in every aspect of our business and in all our dealings with policy holders, agents, health service providers and other business partners. For full details of our *Complaints Resolution Policy* and how the resolution process works. Please visit [latrobehealth.com.au](http://latrobehealth.com.au) for more information.

### How to lodge a complaint

Contact us with details about the complaint by:

- Calling Latrobe during business hours, Monday to Friday.
- Emailing your information to [info@lhs.com.au](mailto:info@lhs.com.au).
- Mailing a letter to: Member Service Manager, Latrobe Health Services, Reply Paid 41, Morwell VIC 3840.
- Visiting the nearest Latrobe branch office during business hours, Monday to Friday.

### Private Health Insurance Ombudsman

In the event that your complaint cannot be amicably resolved, you can contact the Private Health Insurance Ombudsman. The Ombudsman provides free and independent services to handle unresolved issues between policy holders and their health insurer. Contact details are:

Level 7, 362 Kent Street, Sydney NSW 2000  
Complaints Hotline: 1800 640 695  
Facsimile: (02) 8235 8778  
Email: [info@phio.org.au](mailto:info@phio.org.au)

## Lifetime Health Cover

Lifetime Health Cover is a Federal Government initiative designed to encourage people to take out private hospital cover at a younger age and maintain it throughout their lifetime.

You have until 1 July after your 31st birthday to take out private hospital cover, otherwise you may be required to pay a loading on top of the base cover rate. The loading is 2% for each year you delay joining, to a maximum of 70%. After 10 continuous years of cover, the loading ceases.

The Lifetime Health Cover Calculator is designed to give you an idea of the percentage that you will need to pay on top of the base rate.

**Remember, the longer you wait to take out health cover, the more this loading will increase.**

- Lifetime Health Cover does not apply to Extras cover.
- If you were born before 1 July 1934, you are not affected and you do not pay a loading.
- Special rules apply to people in the following categories. Please call Latrobe for more information if you are:
  - Leaving the Australian Armed Services or the Antarctic Division.
  - An immigrant or a refugee.
  - An ex Norfolk Island resident.
  - An Australian citizen, but you were overseas when you turned 31.
  - No longer entitled to a Veterans' Affairs Gold Card.

Even if you have to pay a loading, you can still claim your Federal Government 30% Rebate to reduce the total amount you pay.

**Unsure whether you might have to pay a loading?**

**For an exact quotation, we strongly recommend that you call Latrobe.**



Your age on 1 July prior to joining	Lifetime Health Cover Loading
30	0%
31	2%
32	4%
33	6%
34	8%
35	10%
36	12%
37	14%
38	16%
39	18%
40	20%
41	22%
42	24%
43	26%
44	28%
45	30%
46	32%
47	34%
48	36%
49	38%
50	40%
51	42%
52	44%
53	46%
54	48%
55	50%
56	52%
57	54%
58	56%
59	58%
60	60%
61	62%
62	64%
63	66%
64	68%
65+	70% maximum

After 10 continuous years of cover, the loading ceases.

## Privacy statement

Latrobe's commitment is to handle your personal information in a transparent way and in a way that is consistent with our *Privacy Policy* and our obligations under the National Privacy Principles. You can ask for a copy of our *Privacy Policy* at any time, or read it online at [latrobehealth.com.au](http://latrobehealth.com.au).

Where personal information is collected as part of the application process, it may include names, addresses, ages and contact details. Where it is collected at other times such as making a claim for benefits, the personal information may also include sensitive or health information.

Latrobe collects this personal information so that we can provide the products and services you could expect from a private health insurer concerned with your interests. These may include health cover, general insurance, travel insurance and/or ambulance cover. Latrobe collects

personal information to enable us to fulfil our legal obligations as a registered private health insurer.

Latrobe takes great care to protect your personal information. Sometimes we may have to disclose it on a need to know basis to third parties such as:

- Hospital and medical providers, when settling claims and confirming cover entitlements.
- Mailing houses, internet and other IT service suppliers and our professional advisors.
- To comply with legal requirements for the collection and submission of health related data to government agencies.

You may choose not to provide any personal information we request, or refuse us permission to disclose it, but if you exercise this right, we may not be able to offer the service you require.

## Direct debit agreement

1. Latrobe Health Services (Latrobe) will debit only the BSB/Account nominated in this direct debit request.
2. Latrobe will give a minimum 14 days written notice to you should it propose to vary the arrangements of the direct debit request.
3. You may ask Latrobe to defer or alter the payment amount, due date or payment frequency by phoning 1300 362 144, or visiting any Latrobe branch. However, if you wish to change the drawing account details, you may be asked to complete a new direct debit request form.
4. Latrobe will assist you in the event of any disputed payment amount and will endeavour to resolve the matter within the industry agreed timeframes. You may visit any branch of your financial institution and complete a Direct Debit System Claim Request form to initiate this process.
5. Some financial institution accounts do not facilitate direct debits and you must check with your financial institution to ensure the account you have nominated in the schedule enables direct debiting.
6. The debit drawing will be made on the agreed due date nominated in the schedule. When the due date is a weekend, or a state or national public holiday, Latrobe will initiate the debit drawing on the next open business date. You may direct processing date enquiries to your financial institution.
7. You are responsible for ensuring that sufficient cleared funds are available at all due dates of the debit drawing. If your financial institution returns an unpaid debit due to insufficient funds, Latrobe will apply an Outward Dishonour Fee to your account.
8. If you wish to cancel this direct debit request, you must notify Latrobe in writing not less than 7 days before the next scheduled debit drawing. This request may also be directed to your financial institution.
9. All requests for payment cancellation or changes, enquiries or disputes should be made directly to Latrobe.
10. Latrobe agrees to keep confidential all records and account details of this direct debit request, unless authorised to release such information relating to a dispute or similar event where you have provided prior consent to do so.



Clearance Certificate Request  
reverse side



### Application Forms

Join over the phone or join online and avoid the paperwork!

☎ 1300 362 155

latrobehealth.com.au

### Policy Holder Feedback

Thank you for choosing Latrobe Health Services.

We pride ourselves in never losing sight of the fact that we are here to provide you with quality and affordable health cover, coupled with the highest possible level of ongoing service.

To remain at the forefront of these objectives, we invite you to participate in this policy holder feedback questionnaire.

Your input and valuable time is much appreciated and we assure you that the information will be kept private in accordance with our *Privacy Policy*.

(PLEASE TICK)

#### 1. What prompted you to join Latrobe?

Price     Service     Product     Other.....

Comment.....

#### 2. What prompted you to contact us?

TV     Radio     Newspaper     Letterbox Promo     Corporate Promo     Family Friend     Yellow Pages

Other.....

#### 3. Did you find the brochure easy to understand?

Yes     No

#### 4. Was your experience dealing with Latrobe

Excellent	Very Good	Good	Satisfactory
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments.....

.....

.....

