## **Factsheet**

# Premier Singles & Couples Extras



## Extras explained

Your extras include 'add on' out-ofhospital care services. They include things that Medicare doesn't cover.

#### **Ambulance**

We want to assist in emergency health situations. That's why we have included emergency ambulance cover in your extras policy.

### **Benefits**

We pay benefits on products and services provided by a Latrobe approved practitioner in private practice in Australia.

## Loyalty bonus

We give back to our members for their loyalty.

You can receive up to \$100 per year by holding this policy as a package with hospital cover.

The bonus will kick in when paired hospital and extras cover has been valid for 6 months.

Electronic health claims systems will prompt you to use your loyalty bonus.

Redeemable on payments that accumulate by \$100 each year, up to \$500 per personal limit or \$1,000 for family limit.

## Some good stuff



#### **Dental**

Essential cover for your major dental and preventative dental needs, including orthodontics.



## Mind & Body

Provides cover for a suite of allied health services including Chinese medicine, eye, occupational and speech therapies. These items have an overall limit so you can choose which services best suit your lifestyle.

## Thank you for choosing Latrobe.

Please read and retain for future reference



Only applies if you are new to health insurance or if you have recently increased your level of cover.



| Service                                  | Benefit                           | Annual limit                    | Waiting period |  |
|--|-----------------------------------|---------------------------------|----------------|--|
| General dental                           |                                   |                                 |                |  |
| Periodic oral examination                | 2 free up to \$60 each            | \$1,000                         | 2 months       |  |
|  | Up to \$42 on additional services |                                 |                |  |
| Scale and clean                          | 2 free up to \$120<br>each        |                                 |                |  |
|  | Up to \$75 on additional services |                                 |                |  |
|  | 2 free up to \$36                 |                                 |                |  |
| Fluoride treatments                      | \$27 on additional services       |                                 |                |  |
| Adhesive restoration (filling 1 surface) | \$80                              |                                 |                |  |
| X-rays                                   | 1 free x-ray up to<br>\$50        |                                 |                |  |
|  | \$32 on additional services       |                                 |                |  |
| Simple tooth extraction                  | \$84                              |                                 |                |  |
| Mouth guard                              | \$80                              |                                 |                |  |
| Major dental                             |                                   |                                 |                |  |
| Treatment of acute periodontal infection | \$55                              | - \$875                         | 12 months      |  |
| Preparation of 1 root canal              | \$140                             |                                 |                |  |
| Filling of 1 root canal                  | \$145                             |                                 |                |  |
| Bridge pontic-indirect                   | \$550                             |                                 |                |  |
| Surgical tooth extraction                | \$140                             |                                 |                |  |
| Full crown veneers                       | \$680                             |                                 |                |  |
| Orthodontics                             | 100%                              | \$750<br>\$2,400 lifetime limit | 12 months      |  |

Maximum amount claimable per person in a calendar year, unless otherwise stated.



| Service  | Benefit                    | Annual limit                                 | Waiting period |  |  |
|--|----------------------------|--|----------------|--|--|
| Optical  |                            |  |                |  |  |
| Spectacles and repairs, contact lenses and prescription sunglasses | \$250                      | \$250  | 6 months       |  |  |
| Allied health <sup>1</sup>   | Allied health <sup>1</sup> |  |                |  |  |
| Group physiotherapy /<br>hydrotherapy                              | \$15                       |  |                |  |  |
| Physiotherapy  |                            | \$550  | 2 months       |  |  |
| Exercise physiology  |                            |  |                |  |  |
| Acupuncture  |                            | \$400  |                |  |  |
| Chinese medicine   | \$45                       |  |                |  |  |
| Massage (with registered provider)                                 |                            |  |                |  |  |
| Myotherapy   |                            |  |                |  |  |
| Chiropractic   |                            |  |                |  |  |
| Osteopathy   |                            |  |                |  |  |
| Psychology, stress<br>management and<br>counselling                |                            | \$450  |                |  |  |
| Nutrition and dietetics  |                            | \$400  |                |  |  |
| Audiology  | \$40                       |  |                |  |  |
| Podiatry   | \$45                       | - \$300 per person<br>\$900 membership limit |                |  |  |
| Orthotics <sup>2</sup> (one pair per year)                         | 65% of cost                |  | 12 months      |  |  |

Amount you receive back after using a health service.



| Service   | Benefit  | Annual limit | Waiting period |
|---|--|--------------|----------------|
| Health maintenance  |  |              |                |
| Pharmaceuticals <sup>3</sup>  | \$50   | \$340        |                |
| Travel vaccines   | \$50   | \$340        |                |
| HPV vaccine   | 1 per lifeime                                    |              | 2 months       |
| QUIT smoking course <sup>4</sup>  | \$100  | \$225        | 2 months       |
| Nicotine replacement therapy <sup>4</sup>   | \$40   |              |                |
| Travel for outpatient<br>medical specialist<br>and specialist major<br>dental appointments<br>(over 200km round<br>trip) <sup>5</sup> | 0.15c per km                                     | \$100        |                |
| Loyalty bonus   | \$100  |              | 6 months       |
| Ambulance services*   | 2 emergency ambulance transports where necessary |              | 1 day          |
| Ambulance rebate  | 100% of paid ambulance subscription              |              | 2 months       |

| Service                                     | Benefit | Annual limit        | Waiting period |
|---|---------|---------------------|----------------|
| Health appliances <sup>6</sup>              |         |                     |                |
| Crutches                                    | - 65%   | \$500 every 2 years | 12 months      |
| Braces (knee)                               |         |                     |                |
| Splint (finger, hand,<br>wrist, arm, elbow) |         |                     |                |
| Cam boot                                    |         |                     |                |
| Blood glucose monitors                      |         |                     |                |
| Nebulisers, air<br>compressor pumps         |         |                     |                |
| TENS machine                                |         |                     |                |
| Wheelchair <sup>7</sup>                     |         |                     |                |
| Asthma spacers                              |         |                     |                |
| Peak flow meters                            |         |                     |                |
| C-PAP machine                               |         |                     |                |
| Hearing aids                                |         |                     |                |



We get that inclusions and exclusions on services can be confusing. Call us to have your questions answered.

## The fine print

#### **Ambulance**

Emergency Ambulance Cover is included within this policy. You are entitled to two emergency ambulance transports per calendar year. A waiting period of one day is applied to all ambulance benefits with LHS. Where you are covered by an applicable state or territory ambulance scheme (including informal reciprocal arrangements) or third party scheme, costs of ambulance usage will be covered by this scheme and not your policy's Emergency Ambulance Cover.

Where you hold an extras and hospital combination or standalone extras with us and an take out an ambulance subscription, you are entitled to a rebate on the cost of the subscription.

#### Dental

Dental benefits are paid according to the service, as per the current edition of the Australian Dental Association's Schedule of Dental Services and Glossary (ADA Glossary).

The ADA Glossary restricts certain combinations of items at any one consultation. All dental limits apply to a calendar year, which is from 1 January to 31 December. Please contact us for a benefit quotation before undergoing dental treatment.

## Optical

The provision of a benefit for the purchase, repair and replacement of glasses, contact lenses or prescription sunglasses prescribed by a registered optometrist or ophthalmologist.

### Pharmacy

Pharmacy benefits include prescribed drugs and medicines dispensed by a pharmacist and/or travel and allergy vaccines dispensed by a pharmacist or doctor.

Benefits are not payable for Pharmaceutical Benefit Scheme (PBS) subsidised prescriptions, or oral contraceptives including substances from which they are compounded. The benefit is calculated after deducting the current general patient contribution as defined by the PBS.

## **Podiatry**

Benefits are paid for services provided by a qualified and registered podiatrist in private practice. The amount of benefit paid depends on the service provided and is set out in the Australian Podiatry Association (Vic) current schedule.

#### Orthodontics

Your dentist or orthodontist needs to complete an Orthodontic Treatment Form before you commence treatment. Forms can be found on our website or contact our Member Service Centre.

A lifetime limit applies to orthodontic benefits so if you have claimed orthodontic benefits from your previous fund, no benefit is payable. The amount of benefits paid depends on which year of your membership the course of treatment begins and is paid over a three year period.

6

## **Conditions**

- 1 Allied health service claims must be from AHPRA registered health providers. Natural therapies must be through approved health providers.
- <sup>2</sup> Orthotics must be purchased through a registered podiatrist. One pair per year
- <sup>3</sup> Conditions apply, please refer to pharmacy.
- $^{4}\,$  Evidence of participation in smoking cessation program or referral from general practitioner required.
- Medical certificate or invoice as evidence of distance travelled from personal residence to specialist
- <sup>5</sup> appointment to receive benefit is required. Latrobe pays \$100 benefit as an additional subsidy to State Based Patient Assisted Scheme.
- $^{6}\,$  Appliance claims must be supported by a medical certificate from a general practitioner or physiotherapist.
- <sup>7</sup> Benefit only paid for hiring a wheelchair. Claims must be supported by an invoice for the period the wheelchair is required for the eligible person.
- \* Emergency ambulance transportation is defined as transportation of an unplanned and non-routine nature for the purpose of providing immediate medical attention to a person. Where you are covered by an applicable state or territory ambulance scheme (including informal reciprocal arrangements) or third-party scheme, costs of ambulance usage will be covered by this scheme.