International Power

Corporate Gold Hospital Choice Members

Latrobe HEALTH SERVICES

This information is current as of 1 April 2022.

Hospital Cover

Thank you for choosing Latrobe.

Hospital cover explained

Hospital cover assists you in cases where you receive treatment as a private patient at a participating private hospital, and limited cover in a non- participating private hospital.

Going to hospital?

Call us on 1300 362 144 before treatment to find out how much of the cost we'll handle (benefit amount) and help you understand the out-of-pocket costs involved.

Your co-payment

The hospital will be advised at the time of your hospital eligibility check that no co-payment is payable directly by you, the member.
The co-payment will be paid by International Power on behalf of its employees.

Waiting periods

All waiting periods and membership entitlements as negotiated by your employer will be applied as outlined on page 12 of the International Power Member Guide

Adding an adult dependant to your policy – you can keep eligible dependants up to the age of 31 covered under your policy for an additional premium.
The additional cost is payable by the member and not covered by International Power.

Rehabilitation	✓
Breast surgery (medically necessary)	✓
Hospital psychiatric services	✓
Weight loss surgery	✓
Palliative care	✓
Heart and vascular system	✓
Brain and nervous system	✓
Lung and chest	✓
Eye (not cataracts)	✓
Blood	✓
Ear, nose and throat	✓
Back, neck and spine	✓
Bone, joint and muscle	✓
Dental surgery	✓
Joint reconstructions	✓
Tonsils, adenoids and grommets	✓
Kidney and bladder	✓
Implantation of hearing devices	✓
Male reproductive system	✓
Cataracts	✓
Digestive system	✓
Joint replacements	✓
Hernia and appendix	✓
Dialysis for chronic kidney failure	✓
Gastrointestinal endoscopy	✓
Pregnancy and birth	✓
Gynaecology	✓
Assisted reproductive services	✓
Miscarriage and termination of pregnancy	✓
Diabetes management (excluding insulin pumps)	✓
Chemotherapy, radiotherapy and immunotherapy (cancer)	✓
Plastic and reconstructive surgery (medically necessary)	✓
Pain management	✓
Pain management with device	✓
Sleep studies	✓
Podiatric surgery (by a registered podiatric surgeon)	✓
Insulin pumps	✓
Skin	✓

Please read and retain for future reference

What's covered

All procedures are classified under legislation into 38 clinical categories.

You have cover for 38 clinical categories in a participating private hospital.

Accommodation charges

You are covered for your room, theatre, intensive care, labour and recovery ward fees, and medicines and drugs clinically required as part of your treatment while in hospital.

For admissions longer than 35 consecutive days, your cover continues when your doctor provides an ongoing Acute Care Certificate. More information under Nursing home-type patients, page 2.

Ambulance

Under your Health Benefits plan, you are covered with full membership of the Ambulance Service Victoria (ASV). Families, couples and singles will be covered for emergency and clinically necessary non- emergency treatment and transport across Australia, including ambulance transport, paramedic care and air ambulance.

All services are provided in accordance with the terms and conditions of Ambulance Services Victoria cover.

Inpatient services

To be eligible for hospital benefits, you must be an inpatient admitted to a recognised private or public hospital for treatment that is an included clinical category, has a Medicare item number allocated and a Medicare benefit is payable.

Medical Gap cover

Medicare pays 75% of the Medicare Benefit Schedule fee for in-hospital medical charges and Latrobe pays the remaining 25%.

Nursing home-type patients

Latrobe will pay a nursing home-type patient default benefit as set by the Australian Government Department of Health where:

- A hospital stay has exceeded 35 days
- The treating doctor has deemed that the acute hospital care is no longer required
- Discharge home is not appropriate, and
- Nursing home placement is not available.

The treating hospital may charge the patient an additional fee. This fee is not claimable from Latrobe or Medicare. However, some hospitals are open to negotiating this fee.

Latrobe does not provide benefits towards the cost of care in an aged care facility.

Private or shared room

In a Participating Private Hospital, you have the choice of a private or shared room. Private rooms are subject to availability.

Supported discharge

Discharge requirements will be discussed with you at the treating hospital. If additional support mechanisms are required, the discharge coordinator will contact Latrobe to discuss these issues further.

Surgically implanted prostheses

A prosthesis is an artificial substitute for a missing body part. Surgically implanted prostheses are sometimes required during a surgical procedure.

All prostheses listed on the Commonwealth Prostheses List are covered for the clinical categories included in your hospital cover. If you or your doctor choose a prosthesis that is not on this list, you may have out-of-pocket expenses.

Electronic services

The cost of TV hire and local phone calls are included at Participating Private Hospitals.

Restricted cover

Your policy provides restricted cover in either a private or public hospital as follows.

Dental surgery

Some dental surgery is performed in hospital rather than in the dentist's surgery. A common example is the removal of wisdom teeth.

Hospital costs: you are covered for the hospital costs associated with dental surgery in a Participating Private Hospital or a public hospital.

Dentist fees: no benefit is payable for the dentist's fees. If you have appropriate extras cover, you can claim a benefit for the dental fees.

Anaesthetist fees: benefits are payable for the anaesthetist costs associated with dental surgery. These will be payable in accordance with the Latrobe Additional Medical Benefits program.

Podiatry surgery

Hospital costs: limited benefits apply to hospital charges associated with podiatric surgery in a Participating Private Hospital or a public hospital.

Podiatrist costs: no benefit is payable for the podiatrist's fees. You may be able to claim a benefit for these fees if you have appropriate extras cover.

Anaesthetist fees: no benefits are payable for the anaesthetist costs associated with podiatric surgery.

Prosthesis costs: benefit is payable for the cost of any prosthesis listed on the Commonwealth Prostheses List that is associated with podiatric surgery.

If you are planning surgery, it is important to contact us first.

Cosmetic surgery

Hospital costs: limited benefits apply to hospital charges associated with cosmetic surgery in a Participating Private Hospital or a public hospital.

Medical costs: no benefit is payable for the surgeon fees.

Anaesthetist fees: no benefits are payable for the anaesthetist costs associated with cosmetic surgery.

Prosthesis costs: no benefit is payable for the cost of any prosthesis associated with cosmetic surgery.

Other non-Medicare covered treatments

Hospital costs: **no** benefits are paid for inpatient treatments that are not covered by Medicare.

Medical costs: no benefit is payable for non-Medicare approved procedures. This includes but is not limited to cosmetic procedures and procedures performed by podiatric surgeons.

Prosthesis costs: no benefit is payable for the cost of any prosthesis associated with non-Medicare covered surgery.

Your specialist should be able to confirm if Medicare benefits are payable for your particular treatment.

Non-participating private hospitals

If you are planning treatment at a non-participating private hospital, we cannot guarantee full cover, and advise that you may incur a large out-of-pocket expense.

Hospital tests

Inclusive of blood tests, other pathology services and x-rays during a hospital admission.

It may appear that blood tests and x-rays are performed directly by your hospital, but these services are provided by companies independent to the hospital.

Fees for these services are classified as medical costs and covered under additional medical benefits by Medicare and Latrobe. There will be out-of-pocket costs associated with these charges.

Charges for medical services when you are not an inpatient, including radiology, pathology and costs associated with treatment at a private hospital emergency department, are not covered.

New technologies

Including but not limited to medicines, devices or treatments.

There is no cover for any service or item that remains in the testing, clinical trial or experimental phase. This includes any service being used for a purpose other than what it was be registered or approved for.

Hospital Cover

Consumables and medical devices

Robotic consumables and medical devices that are not on the Commonwealth Prostheses List are not covered.

High cost drugs

Any drugs not listed on the Pharmaceutical Benefits Scheme (PBS) are not covered.

Hormone treatment

Costs associated with assisted reproduction services are not covered.

Cell storage

Costs associated with assisted reproduction services are not covered.

Outpatient attendance

No benefits are payable for services provided on an outpatient basis.

Doctors' fees for treatment in a private hospital emergency department will be covered only if the treatment results in an inpatient admission.

Any facility fees for treatment in a private hospital emergency department are not claimable through Medicare or Latrobe.

No benefits are payable for treatment in a public hospital emergency department.

Private room fees for day admissions

All same-day admissions are paid at a shared-room rate.

Overseas treatment

No benefits are payable for services, treatment or appliances provided or sourced outside of Australia. This includes treatment on cruise ships inside or outside Australian waters.

Out-of-pocket costs

Charges above the Latrobe additional medical benefit scheme are also known as out-of-pocket costs and are not covered.

Personal items

There is no cover for:

- Wi-Fi, pay TV, visitor meals or other personal items
- Luxury room surcharges
- Bandages and dressings that you take home with you
- Medical appliances (such as braces and crutches) that you take home
- Medication to take home after your hospital stay
- Medication you used prior to your hospital stay.

Allied health services

There is no cover if you choose to have your own private allied health professional attend your needs whilst in hospital rather than the hospital-appointed provider.

In a non-participating private hospital, services such as physiotherapy or occupational therapy are not covered.

Respite care

No benefits are payable for services provided for respite or holiday-relief basis.

Two year claim limitation

No benefit is payable for any claim submitted two years or greater from date of admission.

Waiting periods

(Applied when offer of International Power waiting periods not taken up)

A period of time during which members cannot claim benefits for services received.

Who do they apply to?

- New members
- Existing members upgrading their level of cover
    - Transferring from other funds and upgrading to a higher level of cover
    - Changing from a single membership to a family membership for the birth of a baby

Wait periods

- 12 months for pre-existing conditions and obstetrics
- Two months where no other waiting period applies including:
    - Psychiatric care
    - Rehabilitation
    - Palliative care

Upgrading your cover

Higher benefits relate to:

- Benefits payable for services that were not covered by your previous cover
- A change in hospital cover to one with a lower excess or co-payment
- Services for which a higher benefit is payable under your new cover
- Services for which there is a higher annual/ personal limit.

During these waiting periods, existing members and members who have transferred from another fund are entitled to the nearest Latrobe equivalent cover, provided they have served our required waiting periods before upgrading or transferring their cover.

Excess

Any excess paid with your previous fund is not transferable and will not count towards meeting your excess obligations with Latrobe.

Pre-existing conditions

This refers to any ailment, illness or condition where the signs or symptoms existed, in the opinion of a Latrobe-appointed medical practitioner, at any time in the six months prior to the day you joined or upgraded your cover.

Latrobe's medical practitioner will take into account information provided by your own practitioner who treated the condition. No benefits are paid for the treatment of a pre-existing condition during the first 12 months of starting a new cover.

Your responsibility

For any admission occurring during the first 12 months of cover or upgraded cover, you will be asked to have two medical certificates completed - one from your usual GP and one from your treating specialist.

We need these certificates to make a determination regarding your pre-existing medical condition status. This determination may involve consultation with your medical practitioners also.

We strongly advise that you do not proceed with an admission to a private hospital until the determination has been made as you may be liable for considerable costs should the condition be deemed as pre-existing.

If you are planning treatment it is essential that you contact us for a benefit estimation before you are admitted to hospital.

Having a baby?

To ensure your newborn is covered at birth, an upgrade from a single membership to a family membership is required two months prior to the expected delivery date.

A single membership only covers the person who applied for the membership. A newborn baby is not covered under your single membership. If you are planning a pregnancy, please contact Latrobe for advice.

Written confirmation of the expected delivery date is required from the treating obstetrician.
A family membership automatically covers newborn babies subject to waiting periods being served.

Hospital Cover

Non-admitted baby: A newborn baby, less than nine days old, is not an admitted patient. Any medical bills resulting from consultation to the baby do not qualify for any benefits from Latrobe. This also includes any fees raised for procedures such as circumcision. Medicare will rebate 85% of the Medicare Benefit Schedule fee.

Multiple births: In accordance with the National Health Act (1953), second or subsequent babies are considered as inpatients. In this instance, any excess or co-payment applicable to your selected hospital product will apply to the baby's admission.

Private midwife: A benefit of up to $450 is payable for the attendance of a registered midwife at a birth in a private hospital. The midwife must be in private practice and cannot be an employee of the hospital.

Admitted baby: The hospital cannot raise a charge for a newborn unless it has been admitted to a neonatal facility by a paediatrician for the treatment of a medical condition. In these circumstances, any medical bills resulting from consultation to the baby qualify for benefits from Latrobe.

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

International Power

Core Complete Extras

Latrobe HEALTH SERVICES

This information is current as of 1 April 2022.

Extras

Extras explained

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

Ambulance

Under your Health Benefits plan, you are covered with full membership of the Ambulance Service Victoria (ASV), refer to page 5.

Waiting periods

All waiting periods and membership entitlements as negotiated by your employer will be applied as outlined on page 12 of the International Power Member Guide.

Benefits

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

Some good stuff

Comprehensive

Be assured you have a comprehensive mid-range cover with our core product range.

Dental

Essential cover for your dental needs including orthodontics.

Thank you for choosing Latrobe.

Please read and retain for future reference

Extras

Amount you receive back after using a health service.

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 [1]			
Diagnostic and preventative services, oral surgery, extractions, endodontics and restorations	100% of dental fees (up to the maximum benefit per service) [1]	$1,000 per person $2,000 membership limit	2 months
Mouth guard (supplied by a dentist or dental technician)	$80	$80 per person	
Major dental [1]			
Crowns, bridgework, dentures and periodontics	100% of dental fees (up to the maximum benefit per service) [1]	$1,000 per person	12 months
Orthodontics (benefits are fixed at the level in which the course of treatment commences and paid over a 3 year period) [2]	Year 1 $0 Year 2 $300 Year 3 $350 Year 4 $400 Year 5 $450 Year 6+ $600	Year 1 $0 Year 2 $900 Year 3 $1050 Year 4 $1200 Year 5 $1350 Year 6+ $1800 $1,800 lifetime limit	
Combined general and major dental limit		$1,000 per person $2,000 membership limit	
Optical			
Spectacles and repairs, contact lenses and prescription sunglasses	$200	$200 per person	6 months
Allied health			
Massage (with registered provider)	$35	$300 per person $600 per membership	2 months
Nutrition and dietetics	$25		
Acupuncture	$30		
Myotherapy	$30		

Extras

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

Service	Benefit	Annual limit	Waiting period
Group physiotherapy / hydrotherapy	$10	$300 per person $600 per membership	2 months
Physiotherapy	$45		
Osteopathy	$35		
Chiropractic	$32		
Chiropractic x-ray (one per person)	$28		
Eye, occupational and speech therapies	$25	$300 per person $600 per membership	
Audiology			
Psychology	$50	$300 per person	
Podiatry consultations and services (including orthotics) [3]	Benefits are a set amount depending on item number	$300	
Health maintenence			
Health screenings (mammograms, bone density testing and mole mapping)	$45	$45 per person every 2 years	
Pharmaceuticals[4]	$35	limits are shared with eye, occupational and speech, and audiology (as above)	2 months
Visiting nurse	$24		

Extras

Service	Benefit	Annual Limit	Waiting Period
Health appliances			
Prostheses (non-surgically implanted)	up to 70%	$500 per person every 3 years	12 months
Blood glucose monitors	up to 70%	$200 per appliance $400 total all appliances limit every 3 years	
Nebulisers, air compressor pumps			
TENS machine			
C-PAP machine			
Crutches			
Braces (knee)			
Splint (finger, hand, wrist, arm, elbow)			
Cam boot			
Lymphoedema garments (4 garments per year)	up to 70%	$500 per person	2 months
Hearing aids	up to 70%	$500 per person every 5 years	12 months

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

Practitioners and allied health services

The consulting suites at Maryvale Private Hospital provide pathology, radiology and general practitioner services and you will be bulk-billed for these services.

At Central Gippsland Family Practice in Moe, you will also be bulk-billed.

The fine print

Ambulance

Under your Health Benefits plan, you are covered with full membership of the Ambulance Service Victoria (ASV). Families, couples and singles will be covered for emergency and clinically necessary non- emergency treatment and transport across Australia, including ambulance transport, paramedic care and air ambulance.

All services are provided in accordance with the terms and conditions of Ambulance Services Victoria cover.

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 and vaccines

You're entitled to free flu vaccinations under this policy.

Pharmacy benefits include prescribed drugs and medicines dispensed by a pharmacist and/or travel and allergy vaccines dispensed by a pharmacist or doctor. You are entitled to a $15 rebate on all allergy and overseas vaccinations.

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.

Extras optional upgrade – you can choose to upgrade to Premier Extras which provides maximum benefits on the most comprehensive extras cover available at Latrobe Health Services. The additional cost payable is payable by the member, and not covered by International Power.

Adding an adult dependant to your policy – you can keep eligible dependants up to the age of 31 covered under your policy for an additional premium.
The additional cost is payable by the member and not covered by International Power.

Conditions

[1] Membership limit of $2,000 applies.

[2] Lifetime limit applies.

[3] Benefits are a set amount depending on item number for consultations, treatment and orthotics prescribed by a podiatrist.

[4] Non PBS pharmaceuticals. Conditions apply, please refer to pharmacy section above.

[*] 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.

International Power

Member Guide

Latrobe HEALTH SERVICES

This information is current as of 1 January 2022.

About this guide

Our Member Guide is a handy 'how to' for getting the most out of your Latrobe membership.

It'll help you understand your cover and should be read in conjunction with your policy document. Of course, health insurance is complex, so if anything needs further explanation, our people are here to help. You can find out how to get in touch on **1300 362 144.**

Contents

Thank you for choosing Latrobe.

Please read and retain for future reference

Hospital

Welcome

Congratulations for choosing Latrobe Health Services insurance. You're one of 87,000 members who trust Latrobe to help manage their health.

Founded in 1950, Latrobe was established to provide for the health care needs of Latrobe Valley residents and at the time focused on providing medical services such as hospitals and ambulance services.

While much has changed since 1950, the spirit of those founding members remains. Latrobe is a Members Own Health Fund, which means we exist to benefit and support our members. In short, we're not here to make a profit, we're here to guide, much as a friend would. And we're pretty proud of that.

We're also proud of our commitment to the community. In 1991, we established Gippsland's only surgical and acute medical private hospital Maryvale Private. We support and sponsor community health and wellbeing projects, such as the reinstatement of the Yallourn North Medical Centre and Honeybell, a therapy dog at Morwell Neighbourhood House.

It's why we're known as the health fund with heart.

Our commitment to you

Detrimental changes

From time to time, our fund rules may change. We will advise you in writing of any significant detrimental changes to your cover.

For hospital cover, we'll provide 60 days notice. Any pre-booked admissions will not be affected.

For extras cover, we'll give you 30 days notice of any detrimental changes.

Our vision | Like a friend, we guide and empower our members to take control of their health episodes now and in the future.

How private health insurance works

How private health insurance works

There are two types of private health insurance cover, and you can have either or both:

- Hospital cover
- Extras cover, such as dental, physiotherapy and optical services.

Private health insurance sits alongside Medicare, Australia's publicly funded health care system. Medicare is designed to provide affordable medical services, hospital treatment and prescription medicines. It is publicly funded by taxpayers through the Medicare Levy. Mid to high income earners without private health cover also pay the Medicare Levy Surcharge. Under Medicare, your choice of hospitals and health providers is limited.

Private health cover provides more options, greater choice and greater control over your health care. Hospital cover, available as Gold, Silver and Bronze coverage with a range of excess choices, allows you to choose your doctor or surgeon, when you are treated and gives access to both private and public hospitals.

For those with extras cover, you'll get help with the cost of 'extras' that Medicare generally does not cover, such as physiotherapy, chiropractic, dental and optical services.

Your cover

Your cover is detailed in your policy document, provided with this Member Guide.
Single membership is for one person only.
Family/couple membership is for the member plus:

- spouse/partner
- dependants aged under 31
- dependants aged between 21 and 31. These dependants must not be married or in a de facto relationship.

No longer employed by International Power?

Resigning/retiring International Power employees will be offered a 4% discount off the market rate (regardless of payment frequency for payments made by direct debit).

Transferring from another fund

When transferring from another fund, you do not have to re-serve waiting periods that you have already served with your previous fund. If you upgrade your cover when transferring to Latrobe, waiting periods will apply to services that were not covered and/or where a benefit was lower with your previous provider. Your membership with your previous fund must be up to date when you transfer. A gap of more than 30 days will mean you have to re-serve all waiting periods.

We can pay claims once we have received a clearance certificate from your previous fund. Until we have received the certificate, your new membership card will not work.

Any excess or co-payment amount paid with your previous fund is not transferable. You will be required to pay any excess or co-payment applicable to your cover.

Cooling off

If you cancel your cover within 30 days of starting or changing your cover, we will refund the premiums you have paid provided no claims have been made.

Cover for every stage of life

Finishing uni? Getting married? Starting a family? Retiring?

As your life circumstances change, so too will your health needs. We've designed products to suit every stage.

If you think it's time to change or upgrade your policy, get in touch with us to make sure you are always on a cover that's right for you. We also suggest you regularly review your cover.

Travelling

We don't cover medical and hospital services received or products purchased outside Australia. If you're planning to travel, we recommend you take out travel insurance.

You can suspend your membership while you travel overseas but you will need to apply before you leave. For more information, see Suspend your membership on page 5 of this guide.

Having a baby

To ensure your newborn is covered from birth, an upgrade from a single membership to a family membership is required two months prior to the expected delivery date. Written confirmation of the expected delivery date is required from the treating obstetrician. A family membership automatically covers newborn babies subject to waiting periods served. For more information, visit our website and search 'understanding obstetrics'.

Before you receive treatment

Before you access health care, get in touch with us to confirm that your provider is approved and the products and services you are accessing are eligible for benefits under the cover you have.

For hospital admissions, you will need the Medicare Benefit Schedule item numbers and the fees the doctor or medical professional will be charging.

For extras policies, please contact us to confirm your provider is a registered Australian provider in private practice. Benefits are paid for services delivered as one-on-one consultations and for group physiotherapy.

Participating Private Hospitals

To ensure that the full cost of your hospital accommodation is covered, Latrobe has agreements with Participating Private Hospitals and day hospital facilities throughout Australia. A comprehensive listing of Participating Private Hospitals is available from the Help Centre on our website latrobehealth.com.au or call our Member Service Centre on 1300 362 144.

These agreements provide fixed accommodation and theatre benefits, which ensures Latrobe members achieve maximum value. We recommend that you ask your doctor to refer you to a specialist who operates from one of the Participating Private Hospitals.

To understand what's included in your hospital accommodation coverage, please review your policy.

Non-participating private hospitals

Latrobe cannot guarantee full cover if you elect to be treated in a non-participating private hospital and advise that you may incur a large out-of-pocket expense.

If you are planning treatment at a non-participating hospital, you are strongly urged to contact us first.

Public hospitals

You can elect to be treated as a private patient in a public hospital. This allows you to choose your treating doctor, you won't be able to avoid the public hospital waiting list. If you are planning treatment in a public hospital, you should contact the hospital to confirm the likely waiting times. Please note:

- You are not obliged to be a private patient, nor can you be coerced by hospital staff
- Benefits are paid in accordance with the Commonwealth-determined default benefits when treated as a private patient in a public hospital.

If you elect to be admitted to a single room in a public hospital, we will pay a benefit equal to the Department of Health's shared-ward accommodation rate in a public hospital plus an additional amount of up to $80 per night. Out-of-pocket costs may be incurred if the public hospital charges above this rate. Please contact us if this has occurred.

Government funding covers the cost of theatre fees and extra costs associated with critical care services.

Admission as a private patient enables medical providers to bill you for their services and a gap may be payable.

Private Patient's Hospital Charter

The Private Patient's Hospital Charter is a guide to what it means to be a private patient in a public hospital, a private hospital or day hospital. It also provides information about what to do if you have a problem with your medical treatment or your private health insurance. For more information, visit latrobehealth.com.au and go to publications and forms in the Help Centre.

Out-of-pocket costs

What can I expect?

When you are admitted to hospital, you will be charged separately for medical fees by your doctor, medical specialist, surgeon, anaesthetist, radiologist or pathologist. These fees are in addition to your accommodation and theatre fees.

You will receive 100% of the Medicare Benefit Schedule (MBS) amount toward the payment of these fees from both Medicare and Latrobe. One or more of your providers may choose to charge above the MBS amount - your provider should advise you of any out-of-pocket costs prior to your admission. This advice is called Informed Financial Consent.

If you have received Informed Financial Consent, we will pay up to an additional 20% above the schedule fee to assist with reducing your out-of-pocket costs.

Please contact us prior to any planned hospitalisation with the MBS item numbers and fees the doctor will be charging so we can provide you with more information about any out-of-pocket expenses. You can read more about out-of-pocket costs on our website – look for the guide to reducing the gap on your hospital stay in the publications and forms section. See also Claiming Details under Members on the website for more information about claiming your medical fees after a hospital admission.

Make a claim

Medical

If your medical provider sends their invoices directly to us, we will claim the Medicare portion on your behalf and forward our portion directly to the provider for you. This means you will only be responsible to pay any out-of-pocket costs.

What you will receive back

Your provider should have advised you of any out of pocket costs prior to your admission, this is called Informed Financial Consent.

You will receive 100% of the Medicare Benefit Schedule (MBS) towards the payment of these fees; 75% paid by Medicare and 25% paid by Latrobe.

One or more of your providers may choose to charge above the MBS amount, if you have received Informed Financial Consent we will pay up to an additional 20% above the schedule fee to assist with reducing your out of pocket costs.

Please contact us prior to any planned hospitalisation with the MBS item numbers, and fees the doctor will be charging, this will allow us to advise you of your cover and calculate any out of pocket amounts you may need to pay.

If your provider sends their invoice(s) directly to us, we are able to claim the Medicare portion on your behalf and forward that and our portion directly to the provider for you. This means you will only be responsible to pay any out of pocket costs they may charge.

Please note that because Informed Financial Consent is not obtained for pathology or radiology services, these services are paid at maximum benefits payable in the first instance.

If you are billed directly by your provider, there are two options to submit your claim for payment;
1. myGov claim
2. Going into a Medicare Office

For more information, visit https://www.latrobehealth.com.au/member-area/claiming/have-you-been-to-hospital/

Extras

Prior to commencing treatment, please contact us to confirm your provider is a registered Australian provider in a private practice. All services must be performed as a one-on-one consultation, with the exception of group physiotherapy. You are not covered for any services performed as a class session.

You can make claims electronically and pay the gap for services including chiropractic, dental, dietetics, optical, occupational therapy, osteopathic services, physiotherapy, podiatry, psychology and speech therapy. Present your Latrobe membership card at participating providers.

For services where electronic claiming is not available, you can forward a claim form and your account/receipt to us. Claim forms are available in the Member area of our website latrobehealth.com.au.

Mail: Latrobe Health Services, Reply Paid 41, Morwell VIC 3840

In person: Bring your receipts to one of our branches, at Bairnsdale, Moe, Traralgon. You can find the opening hours and locations at latrobehealth.com.au.

Receipts

When making a claim, it's important to submit original accounts and receipts (or duplicate accounts certified by the service provider, if originals are lost). We'll keep the originals, so be sure to photocopy your receipts if you wish to keep a copy.

Accounts/receipts must show:
- date(s) of service
- type of service and item number
- patient name
- provider name and address on official letterhead
- provider number

Claims must be made within two years of the date of service. Please submit your claims as soon as possible after the service is provided.
You cannot claim benefits if compensation and/or damages can be claimed from another source.

When to contact us

Access/update your personal details

This is easily done via our website latrobehealth.com.au - click on the Login tab. You can pay your membership and access tax statements too. You can also give us a call.

Ask a question

If you're unsure about anything relating to your policy, please get in touch.

Keep in touch

1300 362 144

www.latrobehealth.com.au

info@lhs.com.au

download the app

Payment options (if you've upgraded your cover)

Pay your account or review your payment options.

Membership fees are due one payment period in advance. If your membership is in arrears for 60 days it will be cancelled.

Direct debit: Payments are automatically debited from your nominated banking account, MasterCard or VISA credit card and attract a discount depending on the payment frequency. Payment period options are weekly, fortnightly, monthly, quarterly, half yearly, yearly.

BPay: Fast, easy and at any time of the day or night!

MasterCard or VISA: Phone us on 1300 362 144 (8.30am - 5.30pm AET, Monday - Friday) or register online at latrobehealth.com.au

Post Billpay: Options to pay by internet, by phone or in person at any Australia Post office

In person: Visit one of our branches, located at Bairnsdale, Traralgon, Moe. For details of opening hours and locations, visit latrobehealth.com.au

Provide feedback

We're always happy to receive your feedback, good or bad. Phone, email, write or visit us to provide your feedback.

We also have a formal complaints resolution process. See page 6 of this guide for more details.

Suspend your membership

If you've been a Latrobe member for 12 months or more, you may suspend your membership from two weeks up to two years for overseas travel, or up to 12 months for financial hardship. During the suspension period, you do not make any membership payments or claims.

Travel:

- You must apply for a suspension prior to departure
- If you have upgraded your cover, you will be required to serve the balance of any applicable waiting periods upon your return
- Your membership must be reactivated for at least six months before a new suspension is granted

Financial hardship:

- May apply due to illness, unemployment or the death of a family member
- May not be suitable if you qualify for the Medicare Levy Surcharge. See page 7 in this guide for more information about this levy

You may upgrade your cover at any time. You do not have to re-serve waiting periods that you have already served, however, waiting periods may apply to services that were not previously covered. If you upgrade your cover to a lower excess and higher extras benefits, waiting periods will apply.

Who can make changes to my policy

A family or couple's membership gives you and your partner equal authority to access information or change your cover, including cancelling your policy.

Due to privacy laws we must have your authority to allow any other person who is not on your policy to access your details or make changes to your membership. If you need to appoint a third party to assist with your membership, please call us.

See further information on this page under Privacy Policy

Code of Conduct

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

- continuously improve the standards of practice and service in the private health insurance industry
- provide information to members in plain language
- promote better informed decisions about our health insurance products and services
- provide information to members on their rights and obligations
- provide members with easy access to our internal dispute resolution procedures, which will be undertaken in a fair and reasonable manner.

Please contact us if you would like a copy of the Code of Conduct, or for more information go to latrobehealth.com.au.

Complaint resolution

We're grateful for all feedback, good and bad. As part of this, we provide access to a confidential, free complaint-resolution process.

How to lodge a complaint

Contact us:

- 1300 362 144 (8.30am - 5.30pm, Monday to Friday)
- info@lhs.com.au
- Member Experience Manager, Latrobe Health Services, Reply Paid 41, Morwell VIC 3840
- visit a Latrobe branch (9am-5pm, Monday to Friday).

Contact the Private Health Insurance Ombudsman:

- free and independent services to handle unresolved issues between members and their health fund
- complaints hotline: 1300 362 072 (select option 4 for private health insurance)
- phio.info@ombudsman.gov.au
- www.ombudsman.gov.au

If you are non-English speaking, the Translating and Interpreter Service (TIS) can assist. Please call 131 450.

If you are deaf or have a hearing or speech impairment, please contact the National Relay.

Service:

- TTY users: 133 677, then ask for 1300 362 072
- speak and listen users: 1300 555 727, then ask for 1300 362 072
- internet relay users connect to the National Relay Service then ask for 1300 362 072

Privacy Policy

Your privacy is important to us

Latrobe's Privacy Policy details our commitment to your privacy and the procedures and systems that are in place to ensure compliance with the Australian Privacy Principles for the protection against inappropriate use of your personal or sensitive information.

Who is collecting my personal and sensitive information?

Your personal and/or sensitive information is being collected, used and/or stored by Latrobe Health Services.

Why is my personal and sensitive information being collected?

We collect your personal and sensitive information to enable us to provide the products and services as a health insurer. These may include providing health benefits cover and a range of other products and services that we bring to you either directly or as agents for others, including general insurance, travel insurance and ambulance cover.

What happens if my personal and sensitive information is not collected?

If we do not collect your personal and sensitive information, membership with Latrobe and coverage for benefits will not be possible for health, general or travel insurance.

Who will Latrobe disclose my personal and sensitive information to?

We may be required to disclose some or all of your personal and sensitive information to individuals or organisations who provide services to us.

This assists us in fulfilling our functions and activities, or with whom you have direct dealings and who have provided services to you, for example hospitals, doctors, dentists, optometrists and third party insurers.

Is any of my personal or sensitive information disclosed to overseas recipients?

Latrobe does not disclose any personal or sensitive information to overseas recipients.

How can I access my personal information or make a complaint?

For more information about our Privacy Policy, how you can access any information we may hold about you or how a complaint may be lodged, please visit latrobehealth.com.au and search 'privacy policy', phone 1300 362 144 or email privacy@lhs.com.au.

Fund rules

Our fund rules govern all matters to do with membership. These rules must comply with the relevant government legislation.

When you apply for a Latrobe membership, you agree to abide by the rules, which you can view upon request. To obtain your copy, please contact us.

Compensation from other sources

You are not entitled to claim benefits from us if compensation and/or damages can be claimed from another source.

Exclusions

Exclusions for particular conditions means that you are not covered for treatment as a private patient in a public or private hospital.

Membership for non-residents of Australia

If you are not eligible for full Medicare benefits, please contact us to discuss your circumstances so we can advise you of your options.

Government surcharges/ incentives

Australian Government Rebate

The Australian Government Rebate on private health insurance helps reduce the cost of health insurance. The rebate you are entitled to depends on your income and age and is indexed annually by the Australian Government. For more information, go to latrobehealth.com.au and search 'government rebate'.

Medicare Levy Surcharge

The Medicare Levy Surcharge is an extra tax paid by high income earners without private hospital cover. It applies to singles, couples and families.

The surcharge varies depending on your taxable income and is in addition to the Medicare Levy, which is paid by most Australian taxpayers. Hospital cover but not extras cover will provide an exemption to the surcharge.

For further information, go to latrobehealth.com.au and search Medicare Levy Surcharge, or contact your accountant, financial planner or the Australian Taxation Office at ato.gov.au.

Lifetime Health Cover

Lifetime Health Cover is an Australian 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 your cover. The loading is 2% for each year you delay joining, to a maximum of 70%. After 10 continuous years of cover, the loading will no longer apply.

Further information can be found at latrobehealth.com.au. Search 'lifetime health cover'.

Age-based discount

Age-based discounts are applicable on selected health covers for members aged 18 to 29. The discount can be quite substantial, depending on your age, and is locked in until you reach age 41 at which point it reduces by 2% each year until it reaches zero.

Definitions

You may come across these terms in your policy document.

Accident

A sudden, unplanned and unexpected event caused by an external force resulting in acute physical injury requiring immediate treatment. An acute physical injury is defined as damage to a body part caused by an external force.
It does not include:

- aggravation of an existing condition or injury
- pregnancy
- medical conditions
- injury resulting from surgical operations.

Accommodation

- Covers meals, bed fees, theatre fees and treatment including nursing care. It does not include:
- radiology
- pathology
- treatment by doctors.

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.

Calendar year

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

Informed Financial Consent

Your provider should advise you of any out-of-pocket costs prior to your admission - this is called Informed Financial Consent.

One or more of your providers may choose to charge above the Medicare Benefits Schedule amount. If you have received Informed Financial Consent, we will pay up to an additional 20% above the schedule fee to assist with reducing your out of pocket costs.

Informed Financial Consent does not apply to pathology or radiology services and an additional 6% above the schedule fee will be payable.

Limited benefits

A minimal level of benefit paid for treatment in non-participating private hospitals, for nursing home-type patients and for treatments not covered by Medicare, eg. dental, podiatric and cosmetic surgery.

Membership year

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

Non-surgically implanted prostheses

A replacement body part not surgically implanted - benefits are only payable when ordered by a Latrobe-approved provider. Please contact us for more information.

Pre-existing conditions

This refers to any ailment, illness or condition where the signs or symptoms were, in the opinion of an appointed medical advisor, in existence at any time in the six months prior to starting or upgrading your cover. No applicable to psychiatric, rehabilitation and palliative care.

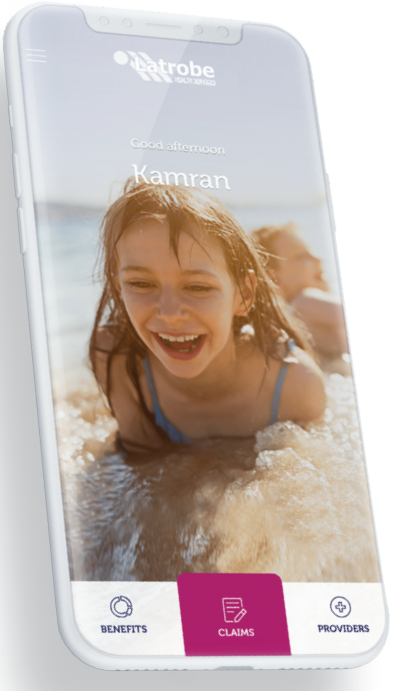
Restricted benefits

The minimum level of benefits health funds must pay for valid claims for treatment provided in a shared ward in public hospitals. These are set and periodically reviewed by the Government.

Note: The information contained in this brochure is current at the time of issue and replaces all previously published material.

Extras claiming on the go

Download the Latrobe Health Services mobile app from the Apple Store (iOS) or Google Play Store (Android) and start claiming on the go, track claims, check your benefits and limits, see your payment details, update your contact info and find a provider near you.



Using the camera on your mobile, scan the QR code and you'll be directed to your app store to download the Latrobe Health Services mobile app

Google Play Store (Android)
QR code

Apple Store (iOS)
QR code

Latrobe Health Services is a local, community-orientated and not for profit private health insurer to more than **87,000** Australians.

Latrobe HEALTH SERVICES

ABN 94 137 187 010

Waiting periods

Existing employees with current health insurance

Existing International Power employees will retain their current entitlements.

Waiting periods on any upgrade to a higher level of cover will be waived on hospital cover provided the upgrade is within 30 days of commencement of the first (1st) and third (3rd) year of the Health Benefits Plan.

Waiting periods on any upgrade to a higher level of cover will be waived on extras cover provided the upgrade is within 30 days of commencement of the first (1st) and third (3rd) year of the Health Benefits Plan.

New employees with current health insurance

New employees with current health insurance are guaranteed a maximum of two (2) years membership entitlement on any upgrade, provided the upgrade is within 30 days of commencement of employment with International Power.

Existing employees without current health insurance

Existing employees without current health insurance are guaranteed a two (2) year membership entitlement, provided they join within 30 days of commencement of the first (1st) and third (3rd) year of the Health Benefits Plan.

New employees without current health insurance

New employees without current health insurance are guaranteed a two (2) year membership entitlement, provided they join within 30 days of commencement of employment with International Power.

Partners entitlements

Partners of existing employees with current health insurance will be entitled to the equivalent level of benefits available to a new International Power employee.

(Definition of partner is a person who lives with the employee in a marital or de facto relationship).

Latrobe Health Services will guarantee a minimum of two (2) years membership entitlement on any transfer, provided the transfer is within 30 days of commencement of employment with International Power, if the years of membership with the current fund are greater than two (2) years, then Latrobe Health Services will recognise that period of membership.


Latrobe
HEALTH SERVICES