

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

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on privatehealth.gov.au for which hospitals have arrangements with your insurer – <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

The following payments may also apply for hospital admissions

Excess: You will have to pay an excess of \$500 per admission. This is limited to a maximum of \$500 per person and \$1000 per policy per year.

Excess payments do not apply to hospital admissions for dependants.

Co-payments: No co-payments

The following waiting periods for hospital admissions apply to new or upgrading members**Waiting periods:**

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 2 months for all other treatments

Gap Cover

This provider offers 'known gap' or 'no gap' cover for medical bills for this product. The Medical Costs Finder (<https://www.health.gov.au/resources/apps-and-tools/medical-costs-finder>) lets you find out more about the cost of specialist medical services.

Other features of this hospital cover

Each adult only pays the excess once per calendar year. Families pay only two excesses per calendar year. Excesses do not apply to child dependants. Additional medical gap benefits are payable on this policy.

Ambulance cover

In NT this policy provides:

Emergency: Unlimited with a waiting period of 1 day.

Call-out fees: Will be paid for each attendance, including emergency treatment without transport to hospital.

For further information about this policy see: <https://www.latrobehealth.com.au/health-cover/emergency-ambulance-cover/>

Insurer Details



Latrobe Health Services
Bronze Plus Hospital 500 Excess

\$290.77 / month

(Before Rebate, Discount & Loading)

Available in NT

Call now  **1300 362 144**
Sponsor link

Latrobe Health Services

 <http://www.latrobehealth.com.au>

 info@lhs.com.au

 **1300 362 144**

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