

**Latrobe Health Services**  
**Healthy Start (Basic)****\$352.10 / month**

(Before Rebate, Discount &amp; Loading)

Available in WA

You may be entitled to an Australian Government Rebate on the above premium. Your premium may also include a Lifetime Health Cover Loading or an insurer discount. Check with your insurer for details.

**This policy covers:** Two adults & dependants, including non-student dependants (3 or more people, only 2 of whom are adults).

Children (0 - 17), non-classified\* dependant (18 - 20), students (21 - 31) and non-students (21 to 31), as well as persons with a disability who qualify as a child, non-classified\* dependant, student and non-student in these age ranges.

\*Non-classified dependant: A person who is between the ages of 18 & 20 who does not have a spouse or partner.

- This policy exempts you from the Medicare Levy Surcharge.
- This policy provides accident cover - check with insurer for details.
- This policy does not provide benefits for travel or accommodation outside of hospital.

**Policy ID: LHS/J1/WBYH2Y****Source: Private Health Information Statement (PHIS)**

## Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

**This policy includes cover for**

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

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](https://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:** No excess

**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
- 12 months for pregnancy and birth (obstetrics)
- 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

Benefits are payable for a shared or single room in any public hospital. Availability of single rooms in public hospitals cannot be guaranteed. If you elect to be admitted to a private 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 \$80.00, and you may incur an out-of-pocket expense. Additional medical gap benefits are payable on this table.

This health insurer does not operate a preferred provider scheme.

Policy ID: LHS/J1/WBYH2Y Source: [Private Health Information Statement \(PHIS\)](#)

## Extras Cover

This policy **includes** General treatment (Extras) cover for

| Treatment & waiting period (months) |    | Benefit limits per 12 months unless otherwise stated                                                                                                                                             | Examples of maximum benefits                                                                                                                                 |
|-------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Chiropractic                      | 2  | <b>\$250 per person up to \$500 per policy</b><br>combined limit for chiropractic, non pbs pharmaceuticals, osteopathy, physiotherapy, podiatry, remedial massage, vaccinations & other services | <ul style="list-style-type: none"><li>• Initial visit: \$26</li><li>• Subsequent visit: \$26</li></ul>                                                       |
| ✓ General dental                    | 2  | <b>\$500 per person up to \$2,000 per policy</b>                                                                                                                                                 | <ul style="list-style-type: none"><li>• Fluoride treatment: \$23.2</li><li>• Scale &amp; clean: \$57.6</li><li>• Periodic oral examination: \$30.5</li></ul> |
| ✓ Major dental                      | 12 | <b>Accident only cover, \$250 per accident, maximum \$500 per person, membership limit is \$2000. Combined with General Dental.</b>                                                              | <ul style="list-style-type: none"><li>• Full crown veneered: \$0</li></ul>                                                                                   |

|                                  |   |                                                                                                                                                                                                  |                                                                                                                                            |
|----------------------------------|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ <b>Non PBS pharmaceuticals</b> | 2 | <b>\$250 per person up to \$500 per policy</b><br>combined limit for chiropractic, non pbs pharmaceuticals, osteopathy, physiotherapy, podiatry, remedial massage, vaccinations & other services | <ul style="list-style-type: none"> <li>Per eligible prescription: \$25</li> </ul>                                                          |
| ✓ <b>Optical</b>                 | 6 | <b>\$150 per person</b>                                                                                                                                                                          | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: \$150</li> <li>Single vision lenses &amp; frames: \$150</li> </ul> |
| ✓ <b>Osteopathy</b>              | 2 | <b>\$250 per person up to \$500 per policy</b><br>combined limit for chiropractic, non pbs pharmaceuticals, osteopathy, physiotherapy, podiatry, remedial massage, vaccinations & other services | <ul style="list-style-type: none"> <li>Initial visit: \$25</li> <li>Subsequent visit: \$25</li> </ul>                                      |
| ✓ <b>Physiotherapy</b>           | 2 | <b>\$250 per person up to \$500 per policy</b><br>combined limit for chiropractic, non pbs pharmaceuticals, osteopathy, physiotherapy, podiatry, remedial massage, vaccinations & other services | <ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$30</li> </ul>                                      |
| ✓ <b>Podiatry</b>                | 2 | <b>\$250 per person up to \$500 per policy</b><br>combined limit for chiropractic, non pbs pharmaceuticals, osteopathy, physiotherapy, podiatry, remedial massage, vaccinations & other services | <ul style="list-style-type: none"> <li>Initial visit: \$25</li> <li>Subsequent visit: \$25</li> </ul>                                      |
| ✓ <b>Remedial massage</b>        | 2 | <b>\$250 per person up to \$500 per policy</b><br>combined limit for chiropractic, non pbs pharmaceuticals, osteopathy, physiotherapy, podiatry, remedial massage, vaccinations & other services | <ul style="list-style-type: none"> <li>Initial visit: \$25</li> <li>Subsequent visit: \$25</li> </ul>                                      |
| ✓ <b>Vaccinations</b>            | 2 | <b>\$250 per person up to \$500 per policy</b><br>combined limit for chiropractic, non pbs pharmaceuticals, osteopathy, physiotherapy, podiatry, remedial massage, vaccinations & other services | <ul style="list-style-type: none"> <li>Per service: \$25</li> </ul>                                                                        |

A benefit is also payable for a 50% rebate on full ambulance subscriptions when paid voluntarily but not as a state tax or levy. Vaccinations are for travel vaccines and must be approved by Latrobe.

#### This policy **does not include** General treatment (Extras) cover for

- |                                 |                                         |                                  |
|---------------------------------|-----------------------------------------|----------------------------------|
| ✗ Acupuncture                   | ✗ Endodontic                            | ✗ Home nursing                   |
| ✗ Ante-natal/Post-natal classes | ✗ Exercise physiology                   | ✗ Occupational therapy           |
| ✗ Audiology                     | ✗ Eye therapy (orthoptics)              | ✗ Orthodontic                    |
| ✗ Blood glucose monitors        | ✗ Health management / Healthy lifestyle | ✗ Orthotics (podiatric orthoses) |
| ✗ Chinese medicine              | ✗ Hearing aids                          | ✗ Psychology                     |
| ✗ Dietetics/dietary advice      |                                         | ✗ Speech therapy                 |

#### Ambulance cover

In WA 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



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Healthy Start (Basic)

**\$352.10 / month**

(Before Rebate, Discount & Loading)

Available in WA

Call now  1300 362 144 [Sponsor link](#)

#### Latrobe Health Services

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

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 1300 362 144

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