

Hospital and Extras Health Cover

April 2017





We value our relationship with our members

As a member you can expect:



To be empowered to make choices about your health needs

It is important for us to know you are empowered to make informed decisions based on the best advice to manage your health needs.

Our experienced staff will:

- be accessible to you;
- listen to your needs; and
- provide clear, accurate and timely information and advice.



To develop a valuable relationship with us over time

Together with you, we will build a partnership:

- that is honest and open;
- that listens to your feedback;
- that creates opportunities to share information.

Respect for each other, honesty and timely feedback will support a growing relationship as we continue to review and improve our services.



To work in partnership with us to navigate any health episode

We understand the private health industry and appreciate that it can be complex.

Our experienced staff are committed to reducing this complexity and assist in achieving the best available health outcome for each individual member.

We aim to make it as simple and straight forward as possible to understand, manage and access your health cover.

Contents

Hospital Cover

- 2 Why choose to be privately covered?
- 4 Government incentives
- 5 Hospital covers at a glance
- 6 **Top Hospital (H3)** With no excess or co-payment
- 8 **MemberShare (H)**
Top Hospital with co-payment options
- 9 **CoverWise (X)**
Top Hospital with excess options
- 10 **Loyal Members (LM)**
Top Hospital with a reducing excess
- 11 **Family Care (K)**
Top Hospital with co-payment options for families with adult children
- 12 **Healthy Start (ST)**
A public hospital and extras package with limited private hospital cover, designed for young active singles
- 14 Going to hospital?
- 15 **Just Ask!**[®] medical gap cover
- 16 Ambulance Victoria
- 17 Travel Insurance
- 18 Extras cover at a glance

Extras Cover

- 20 **Premier Gold (PG)**
- 22 **Premier Silver (PV)**
- 24 **Premier (P)**
- 26 **Dental (D)**
- 28 **Family Care Gold (PH)**
- 30 **Family Care (PK)**
- 32 **Premier Plus[®] (PP)**
- 34 **Premier Family (PF)**
- 35 **Premier Singles (PS)**
- 36 Terms and conditions
- 38 Definitions
- 39 Lifetime Health Cover
- 40 Payment options, claim options, direct debit service agreement

- Fold out [Membership Application Form](#)
- [Australian Government Rebate Form](#)

- 41 Code of Conduct and Complaint Resolution
- 42 Privacy Statement
- 44 Notes

- Back cover [Contact us](#)

We encourage you to read this brochure carefully and retain for future reference.

Why choose to be privately insured?

We know that health insurance is complicated; we're here to help you make an informed decision on your health cover needs. We believe it is important you understand the basics of Australia's 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.

Every day millions of Australians access the public health care system to visit their doctor, have x-rays, blood tests or medical procedures performed in a public hospital.

However, Medicare does not cover private hospital costs or allow a choice of doctor, nor does it generally cover a wide range of allied health services such as dental, physiotherapy, chiropractic, etc.

What is private health insurance?

There are two types of private health insurance; hospital cover and extras cover.

Hospital cover is designed to contribute towards the costs involved when admitted as a private patient to a private or public hospital. For example:

- Accommodation or bed fees
- Intensive and critical care unit fees
- Theatre fees
- Protheses items

These costs can easily amount to thousands of dollars.

In addition, you will normally have *medical providers* that charge for their services which may include:

- Your surgeon/doctor
- Your anaesthetist
- Your assistant surgeon/s

These services are governed by Medicare and are subject to their assessing rules. Private health cover provides an additional benefit towards these costs.

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





Why do I need private health insurance?

Because we know that it gives you and your family peace of mind.

Private health cover assists you and your family with access to the private or public health system with your choice of doctor and hospital. At a private hospital, you also have more choice over the timing of your admission.

There are government incentives that encourage you to take out private health cover; the Australian Government Rebate, Lifetime Health Cover and the Medicare Levy Surcharge.

Extras cover can also help with the cost of services generally not covered by Medicare.

What is not covered?

Private health cover does not cover general practitioners, specialist consultations or any diagnostic services provided outside of hospital. These costs are generally claimed through Medicare.

What is not fully covered?

Private health cover 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";
- The medical costs for procedures that do not have a benefit payable under Medicare. Examples of such procedures are cosmetic surgery and procedures performed by podiatric surgeons.

Your doctor can advise you if Medicare will pay a benefit for your treatment.

Government incentives



Australian Government Rebate on private health insurance

The Australian Government Rebate on private health insurance helps reduce the cost of health insurance premiums. The Rebate you are entitled to will depend on your income and age and is indexed annually by the Federal Government.

The Australian Taxation Office has specific rules regarding how to define your income for Australian Government Rebate purposes.

For further information, contact your accountant, financial planner or visit the Australian Taxation Office website.



Lifetime Health Cover; lock into the lowest possible premium

Take out private hospital cover before 1 July after your 31st birthday and avoid paying a loading on 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 will no longer apply. Refer to page 39 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.



Medicare Levy Surcharge; private health insurance has tax benefits

The Medicare Levy Surcharge is an extra tax paid by Australian taxpayers who don't have an appropriate level of private hospital cover and are considered by the Australian Government to be high income earners. 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. Extras cover without hospital cover will not provide an exemption to the Surcharge.

The Australian Taxation Office has specific rules regarding how to define your income for Medicare Levy Surcharge purposes.

For further information, contact your accountant, financial planner or visit the Australian Taxation Office website.

Note: For more information about the Australian Government Rebate on private health insurance, Lifetime Health Cover or the Medicare Levy Surcharge, call us on **1300 362 144** or visit our website at latrobehealth.com.au. To determine the Australian Government Rebate tier that relates to your membership, please visit ato.gov.au or seek advice from your accountant or financial planner. Changes to your nominated Rebate tier can be made at anytime.

Hospital covers at a glance

We believe that you should never compromise your health by forgoing cover for certain procedures in order to reduce your premium. That is why, unlike other health funds, we have **no exclusions** on any of our hospital covers.

Type of cover	Top Hospital H3	Member Share H	Cover Wise X	Loyal Members LM	Family Care K	Healthy Start ST
	p. 6	p. 8	p. 9	p. 10	p. 11	p. 12
No excess or co-payment	●				●	
\$40 or \$70 per day co-payment		●			●	
Excess options – \$150, \$250, \$500, \$750, \$1000			●			
After the fourth year, pay no excess				●		
Families with non-student dependants aged 18 up to their 25th birthday					●	
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	●	●	●	●	●	
Delivery and pregnancy related services	●	●	●	●	●	
Assisted reproductive services	●	●	●	●	●	
Surgical prostheses	●	●	●	●	●	
Psychiatric care	●	●	●	●	●	
Rehabilitation treatment	●	●	●	●	●	
Private midwife attendance at hospital birth	●	●	●	●	●	
Personal comforts – TV, local phone	●	●	●	●	●	
In-hospital medical gap cover	●	●	●	●	●	
Just Ask! [®] medical gap cover	●	●	●	●	●	

For information regarding this unique hospital and extras package for young active singles, refer to page 12.

What is not fully covered in hospital?

Treatment not covered by Medicare i.e. procedures that do not have a benefit payable under the Medicare Benefit Schedule. Refer to **non-Medicare covered treatments** on page 14. Accommodation charges may not be fully covered in a non-participating private hospital.

Note: For more information regarding participating private hospitals, refer to page 36.

Important: Waiting periods, psychiatric benefit limitation period, default and limited benefits, restricted benefits, co-payment and excesses may apply. Please refer to pages 36 – 38. This chart is for comparison purposes only.

Top Hospital

With no excess or co-payment

What is covered in hospital?

✓ Private or shared room	In a private hospital you have the choice of a private or shared room. However, 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*	Day procedures 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 37 of this brochure for more information.
✓ Major surgery*	Coronary/heart procedures, joint replacement and cataract surgery are just some of the major procedures covered.
✓ Delivery and pregnancy related services	In-patient services directly related to childbirth such as antenatal services, complications of pregnancy, delivery and post natal care.
✓ Assisted reproductive services*	Benefits for services provided in hospital to assist conception such as IVF and GIFT.
✓ Psychiatric care*	In-hospital treatment and programs for mental health disorders. Benefit limitation period of 24 months applies to all new members. Refer to page 37 for more detail.
✓ 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 members 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.
✓ TV Hire, local phone	In participating private hospitals, your cover includes the cost of local phone calls and TV hire. There are times due to treatment guidelines when access to individual TV hire is limited to a common room; personal in-room TV hire will not be covered in this circumstance. Please note WiFi internet connections and Pay TV are NOT covered and any issues relating to charges for these items should be discussed with the hospital.
✓ In-hospital medical gap cover	Medicare pays 75% of the Medicare Benefit Schedule Fee for in-hospital medical charges and Latrobe pays the remaining 25%.

What is covered in hospital?

✓ **Just Ask!**® medical gap cover

Additional medical benefits to reduce or eliminate the gap for in-hospital medical charges higher than the Medicare Benefit Schedule Fee. Refer to page 15 of this brochure for more information.

** For services provided whilst an in-patient in hospital.*

What is not fully covered in hospital?

Treatment not covered by Medicare i.e. procedures that do not have a benefit payable under the Medicare Benefit Schedule. Refer to **non-Medicare covered treatments** on page 14. Accommodation charges may not be fully covered in a non-participating private hospital.



Important: Waiting periods, psychiatric benefit limitation period, default and limited benefits and restricted benefits may apply. Please refer to pages 36 – 38. **Note:** This is a summary of the coverage provided by hospital cover, more information is included in our policy documents. For further information regarding participating private hospitals, refer to page 36 or visit latrobehealth.com.au



Top Hospital with co-payment options

What is covered in hospital?

You have the security of our Top Hospital cover (explained on page 6), with a choice of a capped daily co-payment.

How does the co-payment work?

The co-payment is payable for each person covered by your membership. It only applies to the first seven days of every admission.

Special benefits:

- Choice of two co-payments to suit your budget.
- Pay less without reducing benefits.
- Regardless of whether you choose MemberShare H2 or H1, the co-payment is only \$30 for a day procedure.
- The co-payment **does not** apply to public hospital admissions.

H2 \$40 daily co-payment – maximum \$280 per stay

H1 \$70 daily co-payment – maximum \$490 per stay

Important: Waiting periods, psychiatric benefit limitation period, default and limited benefits, restricted benefits or co-payment may apply. Please refer to pages 36 – 38.



Top Hospital with excess options

What is covered in hospital?

You have the security of our Top Hospital cover (explained on page 6), with a choice of an 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.

When the hospital cost is less than your excess:

You must pay all accommodation costs for your treatment.

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

Your in-patient medical claims are still covered even if the hospital costs are lower than the excess.

Special benefits:

- Pay less without reducing benefits.
- The great advantage of this cover is each person only pays the excess once in any calendar year, even with another admission.
- Families never pay more than two excesses in any calendar year.

X1 \$150 excess

X2 \$250 excess

X3 \$500 excess

The options below, X4 and X5, will not exempt you from the Medicare Levy Surcharge, visit latrobehealth.com.au

X4 \$750 excess

X5 \$1000 excess

Important: Waiting periods, psychiatric benefit limitation period, default and limited benefits, restricted benefits or excesses may apply. Please refer to pages 36 – 38.



Top Hospital with a reducing excess

What is covered in hospital?

With this unique product, you have the security of our Top Hospital cover (explained on page 6), 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 two hospital episodes in any membership year.

And, of course, you will 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 accommodation costs for your treatment.

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

Your in-patient medical claims are still covered even if the hospital costs are lower than the excess.

Special benefits:

- The reducing excess is not affected by claims.
- Pay less without reducing benefits.
- Your reward is that for each year you have Loyal Members cover, the amount of the excess reduces and after four consecutive years, there is no excess to pay.

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

After the 4th year, pay no excess!

Important: Waiting periods, psychiatric benefit limitation period, default and limited benefits, restricted benefits or excesses may apply. Please refer to pages 36 – 38.

Family Care

K

Top Hospital for families with adult children

What is covered in hospital?

Family Care is your family's hospital health cover solution when your children are no longer full time students. For just a little extra, you can maintain quality health cover for all your family on one membership. Providing they are not married or living in a defacto relationship (they may even be living away from home, or earning their own income) your children are covered up to their 25th birthday.

You have the option of choosing our Top Hospital cover (explained on page 6) or, if you prefer, you can reduce the cost of your premium by choosing a capped daily co-payment option.

How does the co-payment work?

The co-payment is payable for each person covered by your membership. It only applies to the first seven days of every admission.

Special benefits:

- Choice of two co-payments to suit your budget.
- Regardless of whether you choose Family Care K2 or K1, the co-payment is only \$30 for a day procedure.
- The co-payment **does not** apply to public hospital admissions.
- A cost effective option for families with non-student dependants from 18 up to their 25th birthday.

K3 Top Hospital cover - with no excess or co-payment

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 (See pages 28 – 31)

Important: Waiting periods, psychiatric benefit limitation period, default and limited benefits, restricted benefits or co-payment may apply. Please refer to pages 36 – 38.

Healthy Start

A public hospital and extras package with limited private hospital cover, designed for young active singles

What is covered in a public hospital?

You are covered in a public hospital and 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 pays 75% of the Medicare Benefit Schedule Fee for in-hospital medical charges and Latrobe pays the remaining 25%.
✓ <i>Just Ask!</i> [®] medical gap cover	Additional medical benefits to reduce or eliminate the gap for in-hospital medical charges higher than the Medicare Benefit Schedule Fee.
✓ Surgically implanted prostheses	All prostheses are covered in accordance with the Commonwealth Prostheses Listing. Refer to page 37 of this brochure for more information.

What is not fully covered in a public hospital?

Treatment not covered by Medicare i.e. procedures that do not have a benefit payable under the Medicare Benefit Schedule. Refer to **non-Medicare covered treatments** on page 14.

What is covered in a private hospital?

Cover is restricted to the following specified procedures:

- ✓ Knee operations – **arthroscopy** and **meniscectomy**
- ✓ Removal of **appendix, tonsils, adenoids** or **wisdom teeth**
- ✓ **Dilation and curette** where no other procedure is performed
- Any **immediate** treatment as a result of an **accident** (refer to page 38).
- ✓ **Immediate treatment** refers to the **initial** treatment required immediately following an accident. This does not include treatment at an emergency centre of a hospital.

What is not fully covered in a private hospital?

Default benefits will apply to the cost of any admission, other than for the procedures specified above. Significant out-of-pocket costs will be incurred if your admission is not for a specified procedure.

Treatment not covered by Medicare i.e. procedures that do not have a benefit payable under the Medicare Benefit Schedule. Refer to **non-Medicare covered treatments** on page 14.

We strongly recommend that you contact Latrobe prior to any hospital admission.

Extras cover details	Years of membership	Maximum benefit	Personal limit	Membership limit
Limited general dental				
Specified items including diagnostics, most preventative services, extractions, restorations	-	-	\$500	\$1000
Other dental				
Treatment resulting from an accident	-	\$250	Per accident	Per accident
A combined limit applies to chiropractic and osteopathy				
Chiropractic:				
Initial consultation	-	\$26	-	-
Subsequent consultations	-	\$19	-	-
Chiropractic X-rays	-	\$28	One	One
Osteopathy:				
Initial consultation	-	\$25	-	-
Subsequent consultations	-	\$17	-	-
Combined limit:	-	-	\$250	\$500
Physiotherapy				
Initial consultation	-	\$27	-	-
Subsequent consultations	-	\$22	-	-
Group physiotherapy/hydrotherapy consultation	-	\$9 per class	-	-
Combined limit:	-	-	\$300	\$600
Optical				
Includes spectacles and repairs, contact lenses. Excludes sunglasses not containing an optical prescription	-	\$125	\$125	-
Mouth guards				
Supplied by a dentist or dental technician	-	\$55	\$55	-
Ambulance subscription rebate				
Limit one family subscription or two single subscriptions	-	\$22 single	-	-
When paid voluntarily, but not as a state tax or levy	-	\$44 family	-	-
Travel Insurance purchased online through Latrobe				
Discount		25%	-	-

Important: Waiting periods, psychiatric benefit limitation period, default and limited benefits or restricted benefits may apply. Please refer to pages 36 – 38. **Note:** 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 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.

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

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

Private or public?

We have agreements with participating private hospitals and day procedure centres throughout Australia. Non-participating private hospitals may charge more for their services. You have cover for treatment as a private patient in any Australian public hospital and you can exercise some choice over the doctors who will care for you. A list of our participating private hospitals is available on our website.

Admission to a non-participating private hospital

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

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 facility. It also provides information about what to do if you have a problem with your medical treatment or your private health insurance.

Call us or visit latrobehealth.com.au to read or download a copy. We encourage you to read it carefully and we welcome any questions you may have.

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 and procedures performed by podiatric surgeons. Your doctor can advise you if Medicare will pay a benefit for your treatment.

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 Benefit 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 Benefit Schedule fee for in-hospital medical services and we pay the remaining 25%. Some doctors charge more than the Medicare Benefit Schedule fee but, when that happens, **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 doctors. Every provider can participate in our easy solution to medical gaps.



Just Ask![®] pays additional gap medical benefits

When doctors 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 us 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.

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 discussed at the first consultation.

What is Simplified Billing?

Simplified Billing is when your doctor forwards all accounts relating to your treatment directly to us. 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![®] can 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%



Image courtesy of Ambulance Victoria

Ambulance Victoria

Accidents and incidents occur every day, in every part of the state and in many cases, when we least expect it.

In 2015/16 Ambulance Victoria attended to 843,051 emergency and non emergency cases and 4,556 emergency air incidents.

Ambulance Victoria membership gives you protection against the cost of world class emergency and clinically necessary non-emergency treatment and transport services delivered by highly skilled and dedicated paramedics, aided by state-of-the-art equipment and resources.

Specifically it includes:

- All emergency road ambulance transport.
- All MICA (Mobile Intensive Care Ambulance) attendance and treatment.
- All emergency air ambulance and clinically necessary non-emergency air ambulance.
- All ambulance treatment when transport is not required.
- The same level of cover for ambulance treatment and transport services provided interstate as covered in Victoria.
- All clinically necessary non-emergency patient transport.

Join today. Call 1300 362 144.

*Source: Ambulance Victoria 2015/16 Annual Report. Note: Ambulance cover is not included with any Latrobe product. For more information about Ambulance Victoria business rules, please visit www.ambulance.vic.gov.au. Members not residing in Victoria should contact their local Ambulance Service provider regarding ambulance cover in their respective state or territory. Latrobe is an agent of Ambulance Victoria and is authorised to accept new subscriptions and subscription payments on behalf of Ambulance Victoria.

Prepare for the unexpected

Buy your travel insurance
online from Latrobe and
receive 25% off*

latrobehealth.com.au

*Discount applies to the current listed price. Please note that discounts are not cumulative. Insurance issued by QBE Insurance (Australia) Limited ABN 78 003 191 035, AFSL 239545. A Product Disclosure Statement (PDS) should be considered before buying these products. A PDS can be obtained by calling 1300 362 144. Normal acceptance criteria applies.

Extras cover available with or without a hospital cover

WHAT IS COVERED?	PREMIER GOLD	PREMIER SILVER	PREMIER	DENTAL	FAMILY CARE GOLD	FAMILY CARE
	PG	PV	P	D	PH	PK
	p. 20	p. 22	p. 24	p. 26	p. 28	p. 30
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 and mole mapping)	●	●			●	●
Hearing aids	●	●	●		●	●
Lymphoedema garments	●	●			●	●
Major dental	●	●	●	●	●	●
Massage (remedial and therapeutic)	●	●			●	●
Mouth guard	●		●	●	●	●
Myotherapy	●	●			●	●
Naturopathy	●	●	●		●	●
Nebulisers, air compressor pumps	●	●	●		●	●
Optical (including spectacles and contact lenses)	●	●	●		●	●
Orthodontics	●	●	●		●	●
Osteopathy	●	●	●		●	●
Pharmacy prescriptions ¹	●	●	●		●	●
Physiotherapy	●	●	●		●	●
Podiatry consultations	●	●	●		●	●
Podiatry services (including orthotics)	●	●	●		●	●
Prosthetics (non-surgical)	●	●	●		●	●
Psychology	●	●	●		●	●
Travel insurance discounts	●	●	●	●	●	●
Visiting nurse	●	●	●		●	●

Note: 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 may apply. Please refer to pages 36 – 38.
¹Conditions apply, please refer to pharmacy benefits on page 37.

Extras cover only available with a hospital cover

WHAT IS COVERED?	PREMIER PLUS	PREMIER FAMILY	PREMIER SINGLES
	PP	PF	PS
	p. 32	p. 34	p. 35
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 and mole mapping)	•		
Hearing aids	•		
Lymphoedema garments	•		
Major dental	•	Accident only	
Massage (remedial and therapeutic)	•		
Mouth guard	•	•	•
Myotherapy	•		
Naturopathy	•		
Nebulisers, air compressor pumps	•		
Optical (including spectacles and contact lenses)	•	•	•
Orthodontics	•		
Osteopathy	•	•	•
Pharmacy prescriptions ¹	•	•	•
Physiotherapy	•	•	•
Podiatry consultations	•	•	
Podiatry services (including orthotics)	•		
Prosthetics (non-surgical)	•		
Psychology	•		
Travel insurance discounts	•	•	•
Visiting nurse	•		

Note: 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 may apply. Please refer to pages 36 – 38.

¹Conditions apply, please refer to pharmacy benefits on page 37.

Premier Gold

Available with or without
a hospital cover

Cover details	Years of membership	Maximum benefit	Personal limit
General dental Including diagnostic and preventative services, oral surgery, extractions, endodontics and restorations	-	-	-
Major dental Crowns, bridgework, dentures and periodontics	1 2 3 4 5 6+	- - - - - -	No benefit \$300 \$500 \$800 \$1000 \$1500
Orthodontics Benefits are fixed at the level in which the course commences and paid over a 3 year period	1 2 3 4 5 6 - 9 10+	Maximum per year No benefit \$300 \$400 \$500 \$600 \$800 \$1000	Maximum per course No benefit \$900 \$1200 \$1500 \$1800 \$2400 \$3000

Other health services	Initial consultation	Subsequent consultations	Personal limit
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 Group physiotherapy/hydrotherapy consultation	\$42 \$15 per class	\$37 \$15 per class	- -
Combined limit:	-	-	\$1000
Psychology	\$80	\$80	\$450
Speech therapy	\$60	\$60	\$1000
Visiting nurse	\$45	\$18	\$1000

Cover details	Years of membership	Maximum benefit	Personal limit
Optical			
Includes spectacles and repairs, contact lenses and optical prescription sunglasses	-	\$250	\$250
Pharmacy prescription¹			
Maximum per prescription	-	\$100	\$400
Podiatry			
Benefits are a set amount depending on item number for consultations, treatment and orthotics prescribed by a podiatrist	-	-	\$600
Health appliances			
Per membership every 3 years:			
Blood glucose monitor	-	90% of cost	\$250
Air compressor	-	90% of cost	\$250
Nebulisers	-	90% of cost	\$250
TENS machine	-	90% of cost	\$250
C-PAP machine	-	90% of cost	\$250
Combined membership limit:	-	-	\$500
Lymphoedema garments			
4 garments per year	-	70% of cost	\$600
Prostheses			
(Non-surgically implanted), every 3 years	-	Up to 90% of cost	\$800
Hearing aid			
Includes repairs other than batteries, every 5 years	-	\$1000	\$1000
Mouth guards			
Supplied by a dentist or dental technician	-	\$65	\$65
Ambulance subscription rebate			
When paid voluntarily, but not as a state tax or levy. Limited to one family or two single subscriptions	-	-	100%
Travel Insurance purchased online through Latrobe			
Discount	-	25%	-

Note: 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 may apply. Please refer to pages 36 – 38.

¹Conditions apply, please refer to pharmacy benefits on page 37.

Premier Silver

Available with or without
a hospital cover

Cover details	Years of membership	Maximum benefit	Personal limit	Membership limit
General dental				
Including diagnostic and preventative services, oral surgery, extractions, endodontics and restorations	-	-	\$1200	\$2400
Major dental				
Crowns, bridgework, dentures and periodontics	1	-	No benefit	-
	2+	-	\$1200	\$2400
Combined general and major dental limit:	-	-	\$1200	\$2400
Orthodontics				
Benefits are fixed at the level in which the course commences and paid over a 3 year period		Maximum per year	Maximum per course	
	1	No benefit	No benefit	-
	2	\$300	\$900	-
	3	\$367 ¹	\$1100	-
	4	\$450	\$1350	-
	5	\$550	\$1650	-
	6+	\$667 ²	\$2000	-
Physiotherapy				
Initial consultation	-	\$30	-	-
Subsequent consultations	-	\$25	-	-
Group physiotherapy/hydrotherapy consultation	-	\$12 per class	-	-
Combined limit:	-	-	\$350	\$700
Dietitian				
Initial consultation	-	\$30	-	-
Subsequent consultations	-	\$25	-	-
Combined limit:	-	-	\$300	-
Audiology				
Initial consultation	-	\$30	-	-
Subsequent consultations	-	\$25	-	-
Combined limit:	-	-	\$300	-
Psychology				
Consultation	-	\$50	-	-
Group consultation	-	\$20	-	-
Combined limit:	-	-	\$300	-
Any combination of the following services: speech therapy, eye therapy, occupational therapy				
Initial consultations	-	\$30	-	-
Subsequent consultations	-	\$25	-	-
Combined limit:	-	-	\$350	\$700
Pharmacy prescription³ and allergy/travel vaccines				
Pharmacy prescription	-	\$35	\$250	\$500
Allergy/travel vaccines	-	70% of cost	\$200	-
Combined limit:	-	-	\$350	\$700
Optical				
Includes spectacles and repairs, contact lenses and optical prescription sunglasses	-	\$180	\$180	-

Cover details	Years of membership	Maximum benefit	Personal limit	Membership limit
Any combination of the following therapies: chiropractic, osteopathy, naturopathy, massage, acupuncture, myotherapy				
Initial consultation	-	\$26	-	-
Subsequent consultations	-	\$20	-	-
Chiropractic X-ray	-	\$28	One	-
Combined limit:	-	-	\$450	\$900
Health appliances				
Per membership every 3 years				
Blood glucose monitor	-	80% of cost	\$250	-
Air compressor pump	-	80% of cost	\$250	-
Nebuliser	-	80% of cost	\$250	-
TENS machine	-	80% of cost	\$250	-
C-PAP machine	-	80% of cost	\$250	-
Combined limit:	-	-	\$500	\$500
Blood pressure monitor				
Per membership every 3 years	-	-	-	\$100
Lymphoedema garments				
4 garments per year	-	70% of cost	\$500	-
Prostheses				
(Non surgically implanted), every 3 years	-	Up to 70% of cost	\$800	-
Hearing aid				
Includes repairs other than batteries, every 5 years	-	\$650	\$650	-
Visiting nurse				
Visiting nurse	-	\$17 per visit	\$250	\$500
Podiatry				
Benefits are a set amount depending on item number for consultations, treatment and orthotics prescribed by a podiatrist	-	-	\$300	-
Health screenings				
Every 2 years: Mammograms, bone density testing, mole mapping	-	-	\$55	-
QUIT smoking course				
Benefit for the completion of a QUIT smoking course	-	\$70 per course	-	-
Ambulance subscription rebate				
When paid voluntarily, but not as a state tax or levy. Limit one family subscription or two single subscriptions	-	-	100%	-
Travel Insurance purchased online through Latrobe				
Discount	-	25%	-	-

Note: 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 may apply. Please refer to pages 36 – 38.

¹3rd year benefit is \$366.

²3rd year benefit is \$666.

³Conditions apply, please refer to pharmacy benefits on page 37.

Cover details	Years of membership	Maximum benefit	Personal limit	Membership limit
General dental				
Including diagnostic and preventative services, oral surgery, extractions, endodontics and restorations	-	-	\$1000	\$2000
Major dental				
Crowns, bridgework, dentures and periodontics	1	-	No benefit	-
	2	-	\$300	-
	3	-	\$600	-
	4+	-	\$1000	\$2000
Combined general and major dental limit:	-	-	\$1000	\$2000
Orthodontics				
Benefits are fixed at the level in which the course commences and paid over a 3 year period		Maximum per year	Maximum per course	
	1	No benefit	No benefit	-
	2	\$300	\$900	-
	3	\$350	\$1050	-
	4	\$400	\$1200	-
	5	\$450	\$1350	-
	6+	\$600	\$1800	-
A combined limit applies to the following therapies and services: chiropractic, physiotherapy, pharmacy ¹ , occupational therapy, naturopathy, eye therapy, speech therapy, osteopathy, visiting nurse				
Chiropractic:				
Initial consultation	-	\$26	-	-
Subsequent consultations	-	\$19	-	-
Chiropractic X-ray	-	\$28	One	-
Physiotherapy:				
Initial consultation	-	\$27	-	-
Subsequent consultations	-	\$22	-	-
Group physiotherapy/hydrotherapy consultation	-	\$10 per class	-	-
Occupational therapy, naturopathy, eye therapy, speech therapy, osteopathy, visiting nurse:				
Initial consultations	-	\$25	-	-
Subsequent consultations	-	\$17	-	-
Pharmacy:				
Pharmacy prescription ¹	-	\$25	-	-
Combined limit:	-	-	\$300	\$600
Other services: dietitian, acupuncture, audiology				
Initial consultations	-	\$25	-	-
Subsequent consultations	-	\$17	-	-
Dietitian	-	-	\$300	-
Acupuncture	-	-	\$300	-
Audiology	-	-	\$300	-

Cover details	Years of membership	Maximum benefit	Personal limit	Membership limit
Optical				
Includes spectacles and repairs, contact lenses and optical prescription sunglasses	-	\$125	\$125	-
Health appliances				
Per membership every 3 years:				
Blood glucose monitor	-	70% of cost	\$200	-
Air compressor pump	-	70% of cost	\$200	-
Nebuliser	-	70% of cost	\$200	-
TENS machine	-	70% of cost	\$200	-
C-PAP machine	-	70% of cost	\$200	-
Combined limit:	-	-	\$400	\$400
Prostheses				
(Non surgically implanted), every 3 years	-	Up to 70% of cost	\$500	-
Hearing aid				
Includes repairs other than batteries, every 5 years	-	\$500	\$500	-
Mouth guards				
Supplied by a dentist or dental technician	-	\$55	\$55	-
Podiatry				
Benefits are a set amount depending on item number for consultations, treatment and orthotics prescribed by a podiatrist	-	-	\$300	-
Psychology				
Each consultation	-	\$50	\$300	-
Ambulance subscription rebate				
When paid voluntarily, but not as a state tax or levy	-	\$44 family	-	\$44
Limit one family subscription or two single subscriptions	-	\$22 single	-	\$44
Travel Insurance purchased online through Latrobe				
Discount	-	25%	-	-

Bonus Upgrade to Premier Plus® if combined with hospital cover

Note: 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 may apply. Please refer to pages 36 – 38.

¹Conditions apply, please refer to pharmacy benefits on page 37.

Cover details	Years of membership	Maximum benefit	Personal limit	Membership limit
General dental				
Including diagnostic and preventative services, oral surgery, extractions, endodontics, restorations and mouth guards	-	-	\$1000	\$2000
Major dental				
Crowns, bridgework, dentures and periodontics	1	-	No benefit	-
	2	-	\$300	-
	3	-	\$600	-
	4+	-	\$1000	\$2000
Combined general and major dental limit:	-	-	\$1000	\$2000
Travel Insurance purchased online through Latrobe				
Discount	-	25%	-	-

Note: 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 may apply. Please refer to pages 36 – 38.



Family Care Gold

Available with or without
a hospital cover

Cover details	Years of membership	Maximum benefit	Personal limit
General dental Including diagnostic and preventative services, oral surgery, extractions, endodontics and restorations	-	-	-
Major dental Crowns, bridgework, dentures and periodontics	1 2 3 4 5 6+	- - - - - -	No benefit \$300 \$500 \$800 \$1000 \$1500
Orthodontics Benefits are fixed at the level in which the course commences and paid over a 3 year period	1 2 3 4 5 6 - 9 10+	Maximum per year No benefit \$300 \$400 \$500 \$600 \$800 \$1000	Maximum per course No benefit \$900 \$1200 \$1500 \$1800 \$2400 \$3000

Other health services	Initial consultation	Subsequent consultations	Personal limit
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 Group physiotherapy/hydrotherapy consultation	\$42 \$15 per class	\$37 \$15 per class	- -
Combined limit:	-	-	\$1000
Psychology	\$80	\$80	\$450
Speech therapy	\$60	\$60	\$1000
Visiting nurse	\$45	\$18	\$1000

Cover details	Years of membership	Maximum benefit	Personal limit
Optical			
Includes spectacles and repairs, contact lenses and optical prescription sunglasses	-	\$250	\$250
Pharmacy prescription¹			
Maximum per prescription	-	\$100	\$400
Podiatry			
Benefits are a set amount depending on item number for consultations, treatment and orthotics prescribed by a podiatrist	-	-	\$600
Health appliances			
Per membership every 3 years:			
Blood glucose monitor	-	90% of cost	\$250
Air compressor	-	90% of cost	\$250
Nebulisers	-	90% of cost	\$250
TENS machine	-	90% of cost	\$250
C-PAP machine	-	90% of cost	\$250
Combined membership limit:	-	-	\$500
Lymphoedema garments			
4 garments per year	-	70% of cost	\$600
Prostheses			
(Non surgically implanted), every 3 years	-	Up to 90% of cost	\$800
Hearing aid			
Includes repairs other than batteries, every 5 years	-	\$1000	\$1000
Mouth guards			
Supplied by a dentist or dental technician	-	\$65	\$65
Ambulance subscription rebate			
When paid voluntarily, but not as a state tax or levy. Limited to one family or two single subscriptions	-	-	100%
Travel Insurance purchased online through Latrobe			
Discount	-	25%	-

Family Care Gold is the perfect choice for families who simply want the best extras cover. 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 defacto relationship. They may even be living away from home, or earning their own income.

An ideal option with Family Care hospital cover (See pages 11)

Note: 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 may apply. Please refer to pages 36 – 38.

¹Conditions apply, please refer to pharmacy benefits on page 37.

Family Care

Available with or without
a hospital cover

Cover details	Years of membership	Maximum benefit	Personal limit	Membership limit
General dental				
Including diagnostic and preventative services, oral surgery, extractions, endodontics, restorations	-	-	\$1000	\$2000
Major dental				
Crowns, bridgework, dentures and periodontics	1	-	No benefit	-
	2	-	\$300	-
	3	-	\$600	-
	4+	-	\$1000	\$2000
Combined general and major dental limit:	-	-	\$1000	\$2000
Orthodontics				
Benefits are fixed at the level in which the course commences and paid over a 3 year period		Maximum per year	Maximum per course	
	1	No benefit	No benefit	-
	2	\$300	\$900	-
	3	\$350	\$1050	-
	4	\$400	\$1200	-
	5	\$450	\$1350	-
	6+	\$600	\$1800	-
A combined limit applies to the following therapies and services: chiropractic, physiotherapy, pharmacy ¹ , osteopathy, eye therapy, naturopathy, visiting nurse, occupational therapy, speech therapy, massage				
Chiropractic:				
Initial consultation	-	\$26	-	-
Subsequent consultations	-	\$19	-	-
Chiropractic X-ray	-	\$28	One	-
Physiotherapy:				
Initial consultation	-	\$27	-	-
Subsequent consultations	-	\$22	-	-
Group physiotherapy/hydrotherapy consultation	-	\$10 per class	-	-
Osteopathy, eye therapy, naturopathy, visiting nurse, occupational therapy, speech therapy, massage:				
Initial consultations	-	\$25	-	-
Subsequent consultations	-	\$17	-	-
Pharmacy:				
Pharmacy prescription ¹	-	\$25	-	-
Combined limit:	-	-	\$300	\$600
Other services: dietitian, acupuncture, audiology, myotherapy				
Initial consultations	-	\$25	-	-
Subsequent consultations	-	\$17	-	-
Dietitian	-	-	\$300	-
Acupuncture	-	-	\$300	-
Audiology	-	-	\$300	-
Myotherapy	-	-	\$300	-

Cover details	Years of membership	Maximum benefit	Personal limit	Membership limit
Optical				
Includes spectacles and repairs, contact lenses and optical prescription sunglasses	-	\$125	\$125	-
Health appliances				
Per membership every 3 years:				
Blood glucose monitor	-	70% of cost	\$200	-
Air compressor pump	-	70% of cost	\$200	-
Nebuliser	-	70% of cost	\$200	-
TENS machine	-	70% of cost	\$200	-
C-PAP machine	-	70% of cost	\$200	-
Combined limit:	-	-	\$400	\$400
Lymphoedema garments				
4 garments per year	-	70% of cost	\$500	-
Prostheses				
(Non surgically implanted), every 3 years	-	Up to 70% of cost	\$500	-
Hearing aid				
Includes repairs other than batteries, every 5 years	-	\$500	\$500	-
Mouth guards				
Supplied by a dentist or dental technician	-	\$55	\$55	-
Podiatry				
Benefits are a set amount depending on item number for consultations, treatment and orthotics prescribed by a podiatrist	-	-	\$300	-
Psychology				
Each consultation	-	\$50	\$300	-
Health screenings				
Limit every 2 years: Mammograms, bone density testing, mole mapping	-	\$45	\$45	-
Ambulance subscription rebate				
When paid voluntarily, but not as a state tax or levy. Limit one family subscription or two single subscriptions.	-	\$44	-	\$44
Travel Insurance purchased online through Latrobe				
Discount	-	25%	-	-

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.

An ideal option with Family Care hospital cover (See pages 11)

Note: 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 may apply. Please refer to pages 36 – 38.

¹Conditions apply, please refer to pharmacy benefits on page 37.

Cover details	Years of membership	Maximum benefit	Personal limit	Membership limit
General dental				
Including diagnostic and preventative services, oral surgery, extractions, endodontics and restorations	-	-	\$1000	\$2000
Major dental				
Crowns, bridgework, dentures and periodontics	1	-	No benefit	-
	2	-	\$300	-
	3	-	\$600	-
	4+	-	\$1000	\$2000
Combined general and major dental limit:	-	-	\$1000	\$2000
Orthodontics				
Benefits are fixed at the level in which the course commences and paid over a 3 year period		Maximum per year	Maximum per course	
	1	No benefit	No benefit	-
	2	\$300	\$900	-
	3	\$350	\$1050	-
	4	\$400	\$1200	-
	5	\$450	\$1350	-
	6+	\$600	\$1800	-
A combined limit applies to the following therapies and services: chiropractic, physiotherapy, osteopathy, massage, speech therapy, naturopathy, pharmacy ¹ , occupational therapy, eye therapy, visiting nurse				
Chiropractic:				
Initial consultation	-	\$26	-	-
Subsequent consultations	-	\$19	-	-
Chiropractic X-ray	-	\$28	One	-
Physiotherapy:				
Initial consultation	-	\$27	-	-
Subsequent consultations	-	\$22	-	-
Group physiotherapy/hydrotherapy consultation	-	\$10 per class	-	-
Osteopathy, eye therapy, naturopathy, visiting nurse, occupational therapy, speech therapy, massage:				
Initial consultations	-	\$25	-	-
Subsequent consultations	-	\$17	-	-
Pharmacy:				
Pharmacy prescription ¹	-	\$25	-	-
Combined limit:	-	-	\$300	\$600
Other services: dietitian, acupuncture, audiology, myotherapy				
Initial consultations	-	\$25	-	-
Subsequent consultations	-	\$17	-	-
Dietitian	-	-	\$300	-
Acupuncture	-	-	\$300	-
Audiology	-	-	\$300	-
Myotherapy	-	-	\$300	-

Cover details	Years of membership	Maximum benefit	Personal limit	Membership limit
Optical				
Includes spectacles and repairs, contact lenses and optical prescription sunglasses	-	\$125	\$125	-
Health appliances				
Per membership every 3 years:				
Blood glucose monitor	-	70% of cost	\$200	-
Air compressor pump	-	70% of cost	\$200	-
Nebuliser	-	70% of cost	\$200	-
TENS machine	-	70% of cost	\$200	-
C-PAP machine	-	70% of cost	\$200	-
Combined limit:	-	-	\$400	\$400
Lymphoedema garments				
4 garments per year	-	70% of cost	\$500	-
Prostheses				
(Non surgically implanted), every 3 years	-	Up to 70% of cost	\$500	-
Hearing aid				
Includes repairs other than batteries, every 5 years	-	\$500	\$500	-
Mouth guards				
Supplied by a dentist or dental technician	-	\$55	\$55	-
Podiatry				
Benefits are a set amount depending on item number for consultations, treatment and orthotics prescribed by a podiatrist	-	-	\$300	-
Psychology				
Each consultation	-	\$50	\$300	-
Health screenings				
Limit every 2 years: Mammograms, bone density testing, mole mapping	-	\$45	\$45	-
Ambulance subscription rebate				
When paid voluntarily, but not as a state tax or levy	-	\$44 family	-	\$44
Limit one family subscription or two single subscriptions	-	\$22 single	-	
Travel Insurance purchased online through Latrobe				
Discount	-	25%	-	-

Note: 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 may apply. Please refer to pages 36 – 38.

¹Conditions apply, please refer to pharmacy benefits on page 37.

Cover details	Years of membership	Maximum benefit	Personal limit	Membership limit
Limited general dental				
Specified items including diagnostics, most preventative services, extractions and restorations	-	-	\$500	\$2000
Other dental				
Treatment resulting from an accident	-	\$250	Per accident	-
Combined dental limit:	-	-	\$500	\$2000
A combined limit applies to the following therapies and services: chiropractic, physiotherapy, osteopathy, pharmacy ¹ , podiatry consultation				
Chiropractic:				
Initial consultation	-	\$26	-	-
Subsequent consultations	-	\$19	-	-
Chiropractic X-ray	-	\$28	One	-
Physiotherapy:				
Initial consultation	-	\$27	-	-
Subsequent consultations	-	\$22	-	-
Group physiotherapy/hydrotherapy consultation	-	\$9 per class	-	-
Osteopathy, podiatry:				
Initial consultations	-	\$25	-	-
Subsequent consultations	-	\$17	-	-
Pharmacy:				
Pharmacy prescription ¹	-	\$25	\$150	\$300
Combined limit:	-	-	\$250	\$500
Optical				
Includes spectacles and repairs, contact lenses and optical prescription sunglasses	-	\$125	\$125	-
Mouth guards				
Supplied by a dentist or dental technician	-	\$55	\$55	-
Ambulance subscription rebate				
When paid voluntarily, but not as a state tax or levy	-	\$44 family	-	\$44
Limit one family subscription or two single subscriptions	-	\$22 single	-	
Travel Insurance purchased online through Latrobe				
Discount	-	25%	-	-

Note: 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 may apply. Please refer to pages 36 – 38.

¹Conditions apply, please refer to pharmacy benefits on page 37.

Cover details	Years of membership	Maximum benefit	Personal limit
Limited general dental			
Specified items including diagnostics, most preventative services, extractions and restorations	-	-	\$400
A combined limit applies to the following therapies: chiropractic, physiotherapy, osteopathy			
Chiropractic:			
Initial consultation	-	\$26	-
Subsequent consultations	-	\$19	-
Chiropractic X-ray	-	\$28	One
Physiotherapy:			
Initial consultation	-	\$27	-
Subsequent consultations	-	\$22	-
Group physiotherapy/hydrotherapy consultation	-	\$9 per class	-
Osteopathy:			
Initial consultation	-	\$25	-
Subsequent consultations	-	\$17	-
Combined limit:	-	-	\$250
Pharmacy prescription¹			
Pharmacy prescription	-	\$25	\$150
Optical			
Includes spectacles and repairs, contact lenses and optical prescription sunglasses	-	\$125	\$125
Mouth guards			
Supplied by a dentist or dental technician	-	\$55	\$55
Ambulance subscription rebate			
When paid voluntarily, but not as a state tax or levy. Limited to a single subscription.	-	\$22	\$22
Travel Insurance purchased online through Latrobe			
Discount	-	25%	-

Note: 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 may apply. Please refer to pages 36 – 38.

¹Conditions apply, please refer to pharmacy benefits on page 37.

Terms and conditions

A summary of Latrobe's main rules and other important information

Membership

We offer three types of membership:

- Single membership, which covers the member only;
- Family membership which covers the member and their eligible dependants*; and
- Family Care memberships, which covers the member and their eligible dependants* including non-student dependant children to the age of 25.

*See page 38 for further information regarding dependants

Access to membership

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

Third party authority

Due to privacy laws, we must have your authority if you want another person, other than a partner who is registered on your membership who is not on the membership to have control or access (for example in the event of absence overseas, illness or incapacity, speech, hearing or language difficulties). Please tick the appropriate box on the application form or call us to arrange for a third person to have access to your membership.

Cooling off period

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

Financial policy

Your membership must always be paid at least one payment period in advance. If your membership is in arrears for 60 days, it is automatically cancelled.

Membership for non-residents of Australia

If you are not eligible for full Medicare benefits, please contact our Member Service Centre on **1300 362 144** to discuss your health care options.

Newborn baby cover

To ensure your newborn is covered at birth, an upgrade from a single membership to a family membership is required 2 months prior to the expected delivery date. Documentation of expected date of delivery from the treating doctor is required. A family membership automatically covers newborn babies subject to normal rules and conditions.

Suspension policy

We will consider a request for suspension of your membership if you are planning to travel overseas. To be eligible, you must have held your membership with us for a period of at least 12 months.

During the suspension period, you do not make any membership payments, nor can you make a claim for any services that would normally be covered. We may also consider a suspension period in the event of financial hardship.

Please note that:

- Conditions for suspension vary according to your circumstances.
- Suspension may not be a suitable option if you are liable to pay the Medicare Levy Surcharge.
- You must apply for a suspension prior to your departure date.
- Your membership must be reactivated for a minimum of 6 months prior to a new suspension being granted.
- If you have upgraded your level of cover at anytime during the 12 months prior to your travel, you will still be required to serve the balance of any waiting periods before the higher level of benefit is paid.

Please contact us for advice and further information regarding membership suspensions.

Claims

To ensure that your claim is processed as quickly as possible, please complete a Latrobe claim form and submit it to us with the original accounts/receipts. We cannot accept photocopies of accounts or receipts. If all documentation is not received, or the claim form has not been completed correctly, there will be a delay in processing your claim.

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 practicable 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, eg. WorkCover, Transport Accident Commission, public liability, travel insurance or private legal action. We may be able to assist you in the case of financial hardship, for more information please contact us.

Overseas travel

Your Latrobe membership does not cover claims against the cost of medical, hospital or other health services provided whilst you are travelling overseas. You are strongly advised to take out travel insurance. Members are eligible for substantial discounts on travel insurance purchased through us.

Claims – Hospital

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 or contact us.

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.

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 extent of your cover.

Claims – Extras

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.

Psychology services

In the case of a service whereby the member who incurred the cost has elected to claim the Medicare benefit (under the Chronic Disease Management Scheme), no private health insurance benefit will be payable.

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 that you must wait after joining before you can claim benefits under your hospital or extras cover. Waiting periods apply to members who have not previously held cover, members transferring from another fund to a higher level of cover, or where waiting periods have not been served, and existing Latrobe members upgrading their level of cover.

12 months waiting period applies to:

Pre-existing conditions (excluding psychiatric, rehabilitation and palliative care), major dental and orthodontic treatment, optical, blood glucose monitors, blood pressure monitors, compressor pumps and nebulisers, hearing aids, C-PAP machines, TENS machines and non surgically implanted prostheses.

12 months waiting period also applies to pregnancy related conditions. The expected delivery date must be after the completion of a 12 month waiting period. Written confirmation of expected delivery date is required from the treating obstetrician.

3 months waiting period applies to:

General dental treatment and mouth guards.

2 month waiting period applies to:

All other services, including psychiatric care, rehabilitation and palliative care, where no other waiting period applies.

Pre-existing conditions

This refers to any ailment, illness or condition where the signs or symptoms were, in the opinion of a Latrobe appointed medical advisor, in existence at any time in the period of 6 months ending on the day you joined or upgraded your cover.

Latrobe's medical advisor 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 pre-existing. No benefits are paid for the treatment of a pre-existing condition during the first 12 months of starting a new cover.

Transferring from another fund

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

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

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

We do not have exclusions for any procedures on any of our hospital covers. However, some funds do impose exclusions on their hospital covers. This means that if you require treatment for a service that was excluded under your previous level of cover, you will need to serve waiting periods with us before any benefits are payable.

Please note: Any excess or co-payment amount paid with your previous fund is not transferable and you will be required to pay any excess or co-payment obligation to Latrobe.

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.

Psychiatric benefit limitation

A benefit limitation period of 2 years applies to all psychiatric care.

A benefit limitation period is an initial period of time during which only a minimum benefit is paid. The benefits payable on all hospital products during a designated benefit limitation period will be the minimum benefit as declared by the Minister for Health and Ageing, except when a waiting period is also being served, in which case no benefit is payable.

The psychiatric benefit limitation will be applied for a period of 2 years to new members:

- who have not held previous hospital cover, or
- whose hospital cover has lapsed by more than 30 days

Benefit limitations do not apply to existing members changing their level of hospital cover or to new members who transfer to Latrobe within 30 days of ceasing hospital cover with another fund.

Definitions

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 providers

To be eligible for benefits:

- The service or product must be provided in Australia.
- The provider must be approved by Latrobe for the particular service or product being claimed.
- Providers are not automatically approved for all services or products that they provide. For example, we may approve a naturopath for naturopathy services, but not for massage or myotherapy.

Before receiving treatment, we recommend that you contact us to confirm that your provider is approved.

We reserve the right to withdraw approval of a provider without notice. 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 members.

We accept no responsibility for the outcome of any advice, service, product or treatment given to members by an approved provider.

Benefit year

Calendar year

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

Membership year

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

Certified age at entry (CAE)

Under the Lifetime Health Cover scheme, all adult members are assigned a CAE when first taking out 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.

Default benefits and other limited benefits

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

Benefits for accommodation in a single room in a public hospital will be paid in accordance with the rate set by the individual State Health Departments.

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 us to confirm the extent of your cover before admission to hospital.

Dependants

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

Dependant child

A person who is aged under 18 years of age who does not have a spouse or partner, or who is 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 membership even if they are still studying full time.

Non-student dependant

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.

Initial consultation

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

Non-surgical prosthesis

A replacement body part not surgically implanted; benefits are only payable when ordered by a registered doctor.

Pharmaceutical Benefits Scheme (PBS)

The PBS is an Australian 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.

Rules

Latrobe's Rules govern all matters to do with your membership and the operation of Latrobe. The Australian Government reviews these Rules to ensure they are fair and comply with all relevant legislation. When you apply for a Latrobe membership, you agree to abide by the Rules, which you can view upon request. 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 membership conditions or benefits.

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.

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

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 will no longer apply.

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

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

- Lifetime Health Cover does not apply to extras cover or ambulance subscriptions.
- 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 us 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.

If you are unsure whether you have to pay a loading, we strongly recommend that you call us for further information.

After 10 continuous years of cover, the loading will no longer apply.

Payment options, claim options, direct debit service agreement

Payment options



Direct debit

Payments are automatically debited from your nominated banking account, MasterCard or VISA credit card. It's easy and flexible – you can even nominate your preferred date and frequency. You also qualify for a discount on your premium.



BPay

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.



MasterCard or VISA

Phone us or register online.



Post Billpay

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.



Mail

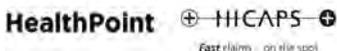
Send a cheque payable to Latrobe Health Services along with the tear off slip at the bottom of your renewal account to Latrobe Health Services, Reply Paid 41, Morwell VIC 3840.



Latrobe branch

Visit latrobehealth.com.au

Claim options



Swipe your membership card

Next time you have general treatment, 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

Register for our Smart'nEasy claim service. Within 2 business days of receiving your mailed claim, we pay your benefits directly into your nominated account.



Mail

Simply complete a claim form and attach your fully detailed provider accounts and receipts. Mail to Latrobe Health Services, Reply Paid 41, Morwell VIC 3840.



Latrobe branch

Visit latrobehealth.com.au

Direct debit service 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 not less than 7 days before the next scheduled debit, by phoning **1300 362 144**.
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. In the event that we are unable to withdraw full payment from your nominated account, we will contact you in writing and notify you of the date of the next drawing and the amount that will be deducted from your account. After two failed attempts to debit your account, we will remove you from the direct debit system. Please note that you will be responsible for paying any arrears that arise on your membership due to a direct debit not being deducted, for whatever reason. You should check your account statement to verify that the amounts debited from your account are correct.
9. 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.
10. All requests for payment cancellation or changes, enquiries or disputes should be made directly to Latrobe.
11. 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.

Code of Conduct and Complaint Resolution

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 work towards improving 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 under their relationship with us.
- 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 on the Private Health Insurance Code of Conduct, go to latrobehealth.com.au

Complaint Resolution

We believe the way we resolve complaints is a very important aspect of being able to deliver excellent member service. We actively encourage feedback in an effort to improve our products and services and our relationship with you. As part of this, we ensure you have access to a readily available, confidential and free complaint resolution process.

How to lodge a complaint

Contact us with details about the complaint by:

- Calling **1300 362 144** between 8:30am - 5:30pm, Monday to Friday.
- Emailing your information to info@lhs.com.au
- Mailing a letter to: **Member Services Manager, Latrobe Health Services, Reply Paid 41, Morwell VIC 3840.**
- Visiting the nearest Latrobe branch office between 9:00am - 5:00pm, Monday to Friday.

Private Health Insurance Ombudsman

The Ombudsman provides free and independent services to handle unresolved issues between members and their health fund.

- Complaints hotline: **1300 362 072**
- Email: phio.info@ombudsman.gov.au
- Website: www.ombudsman.gov.au



Privacy Statement

Privacy Statement - Your Privacy is Important to Us

Latrobe's Privacy Statement 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 and we may be contacted by:

- Mail: PO Box 41 Morwell VIC 3840
- Email: privacy@latrobe.com.au
- Phone: 1300 362 144

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, as well as a range of other products and services which 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?

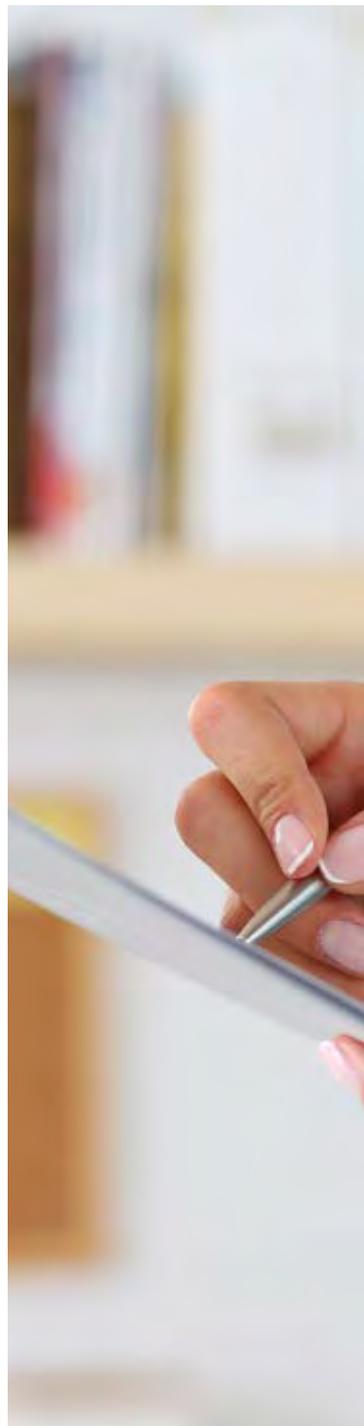
We may be required to disclose some or all of your personal and sensitive information to individuals or organisations who provide services to us to assist us in fulfilling our functions and activities, or with whom you have direct dealings and who have provided services to you, for example hospitals, doctors, dentists, optometrists, 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?

Our Privacy Statement provides full details of the above points and also information of how you can access any information we may hold about you, how a complaint may be lodged and how we will deal with that complaint.





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



(MEMBERS OWN) HEALTH FUNDS

Fifteen like minded health funds (18 brands) have come together to highlight a genuine choice when it comes to health insurance. Members Own Health Funds, like Latrobe Health Services, exist to benefit members, not to profit investors or overseas owners. More than two and a half million people across Australia are already with a Members Own Health Fund.



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





Member Service Centre



1300 362 144

8.30am – 5.30pm weekdays
(closed Victorian public holidays)



03 5128 9289



info@lhs.com.au



Latrobe Health Services Limited
Reply Paid 41, Morwell VIC 3840



Visit our website

latrobehealth.com.au

Note: The information contained in this brochure is current at the time of issue, 1 April 2017, and replaces all previously published material.

ABN 94 137 187 010

