

Bronze Plus Hospital

Product summary

BP250, BP500 & BP6



Product features	
Excess options (per person per calendar year)	\$250, \$500, \$750
Excess payable for children	No
Available without extras	Yes
Emergency ambulance	Yes

Excess

Your chosen level of excess is a non-refundable amount of money that you pay towards the cost of services before benefits are payable when admitted into a hospital. If hospitalised, the total excess amount of your cover will apply once per person per calendar year.

What's covered?

This product includes cover for accommodation in a participating private hospital, theatre fees, Medicare-approved prostheses and pharmaceuticals (excluding experimental and high-cost non-PBS drugs).

What's not covered?

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

Treatment for pre-existing conditions (other than hospital psychiatric services, rehabilitation or palliative care) within the 12-month waiting period is not covered.

Limited benefits are paid for inpatient treatments that are not covered by Medicare, which include but are not limited to cosmetic procedures, dental surgery, podiatry surgery and prostheses associated with a surgery not covered by Medicare.

Out-of-pocket costs

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

What does this mean?

✓ = Covered

R = Restricted cover – minimum accommodation, no theatre fee payable

X = No cover in a public or private hospital

N/A - not applicable

Note:

Please read and retain for future reference. This product summary is not a complete description of your cover. Further details can be found in your Latrobe Health Services Member Guide, fund rules, Online Member Service, Latrobe app or call 1300 362 144 to check what you are covered for before receiving treatment.



Your product includes hospital treatment for these clinical categories

- R **Rehabilitation** – treatment to improve and restore function
- R **Hospital psychiatric services** – mental health conditions
- R **Palliative care** – treatment for terminal illness and end of life care
- ✓ **Brain and nervous system** – stroke, brain or spinal cord tumours
- ✓ **Eye (not cataracts)** – retinal detachment, tear duct conditions, eye infections and medically managed trauma to the eye
- ✓ **Ear, nose and throat** – damaged ear drum, sinus surgery, removal of foreign bodies, stapedectomy and throat cancer
- ✓ **Tonsils, adenoids and grommets** – hospital treatment of the tonsils, adenoids and insertion or removal of grommets
- ✓ **Bone, joint and muscle** – carpal tunnel, fractures, hand surgery, joint fusion, bone spurs, osteomyelitis and surgery for bone cancer
- ✓ **Joint reconstructions** – torn tendons, rotator cuff tears and damaged ligaments
- ✓ **Kidney and bladder** – kidney stones, adrenal gland tumour and incontinence
- ✓ **Male reproductive system** – male sterilisation, circumcision and prostate cancer
- ✓ **Digestive system** – gallstones, irritable bowel syndrome, haemorrhoids
- ✓ **Hernia and appendix** – hernia operations and appendicitis
- ✓ **Gastrointestinal endoscopy** – colonoscopy and gastroscopy
- ✓ **Gynaecology** – endometriosis, polycystic ovaries, repairs post childbirth
- ✓ **Miscarriage and termination of pregnancy**
- ✓ **Chemotherapy, radiotherapy and immunotherapy (for cancer)**
- ✓ **Pain management** – treatment of chronic pain NOT with a device
- ✓ **Skin** – surgery to remove melanoma, other skin lesions and wound repair
- ✓ **Breast surgery (medically necessary)** – breast lesion, breast tumours
- ✓ **Diabetes management (excluding insulin pumps)** – stabilisation
- ✓ **Dental surgery** – removal of wisdom teeth, dental implants
- ✓ **Lung and chest** – lung cancer, respiratory conditions, asthma, pneumonia
- ✓ **Blood** – blood clotting disorder, bone marrow transplants
- X **Heart and vascular system** – heart attack, stents, varicose veins
- X **Back, neck and spine** – sciatica, prolapsed discs, curvature of spine
- X **Plastic and reconstructive surgery (medically necessary)** – burns, skin grafts
- X **Podiatric surgery (provided by a registered podiatric surgeon)**
- X **Implantation of hearing devices** – Cochlear implants
- X **Cataracts** – replacement of eye lens
- X **Joint replacements** – full or partial replacement of joints
- X **Dialysis of chronic kidney failure** – filtering blood through a machine
- X **Insulin pumps** – treatment of diabetes with a pump that delivers insulin
- X **Pain management with device** – insertion of a device to manage pain
- X **Sleep studies** – investigation of sleep apnoea and snoring
- X **Pregnancy and birth** – treatment before, during and after having a baby
- X **Assisted reproductive services** – treatment to assist conception
- X **Weight loss surgery** – surgical treatment of obesity

Hospital waiting periods

1 day	Emergency ambulance
2 months	Psychiatric services, rehabilitation and palliative care All other hospital services, including accident-related treatment (for clinical categories included in the product)
12 months	Pre-existing conditions (excluding hospital psychiatric services, rehabilitation and palliative care)
N/A	Pregnancy and birth

Core Complete Extras

Product summary

PP & P



What's covered?

We pay benefits on the services listed below when:

- the provider is in private practice in Australia and is approved by Latrobe
- all goods and services are supplied within Australia
- claims are made within two years of the date of service
- the service is provided once per day (you cannot claim the same service twice in the same day, e.g. physio).

Services	Description	Benefit	Annual Limit	Waiting period	
Emergency ambulance	Unlimited ambulance transports where necessary	No limit	No limit	1 day	
General dental Items as per dental schedule	Periodic oral examination	\$30.50	\$1000 per person \$2000 per membership Combined general and major dental limits	2 months	
	Scale and clean	\$57.60			
	Simple tooth extraction	\$63.15			
	Adhesive restoration (filling 1 surface)	\$63.30			
	Preparation of 1 root canal	\$105.50			
	Filling of 1 root canal	\$109.80			
	Surgical tooth extraction	\$104.30			
	Mouth guard (supplied by a dentist or dental technician)	\$80 per person			
Major dental Items as per dental schedule	Treatment of acute periodontal infection	\$41.15		12 months	
	Bridge pontic –indirect	\$418.10			
	Full crown veneers	\$556.80			
Orthodontics	Benefits are fixed at the level in which the course of treatment starts and paid over a 3 year period	Annual Year 1 – \$0 Year 2 – \$300 Year 3 – \$350 Year 4 – \$400 Year 5 – \$450 Year 6+ – \$600	Lifetime limit Year 1 – \$0 Year 2 – \$900 Year 3 – \$1050 Year 4 – \$1200 Year 5 – \$1350 Year 6+ – \$1800	12 months	
Optical	Spectacles and repairs	\$200	\$200 per person	6 months	
	Contact lenses				
	Prescription sunglasses				
Group physiotherapy / hydrotherapy	Group sessions	\$10	\$300 per person \$600 per membership Combined limit	2 months	
Physiotherapy	Consultation	\$45			
Chiropractic		\$32			
Chiropractic X-ray (one per person)		X-ray consultation			\$28
Osteopathy		Consultation			\$35
Audiology	Consultation	\$25	\$300 per person \$600 per membership Combined limit*	2 months	
Eye, occupational and speech therapy		\$25			

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Services	Description	Benefit	Annual Limit	Waiting period
Acupuncture	Consultation	\$30	\$300 per person \$600 per membership Combined limit	2 months
Massage (with registered provider)		\$35		
Myotherapy		\$30		
Nutrition and dietetics		\$25		
Podiatry Other Items as per podiatry schedule	Consultation	\$25	\$300 per person	2 months
Podiatry services (including orthotics)		Benefit amount varies depending on item number		
Psychology	Consultation	\$50	\$300 per person	2 months
Ambulance membership fee		50%		2 months
Health appliances Blood glucose monitor CPAP machine Nebuliser Air compressor pump TENS machine Crutches Brace (knee) Splint (finger, hand, wrist, arm, elbow) Cam boot	Purchase of device (supporting documentation required)	70%	\$200 total per person every 3 years \$400 total all appliances per membership every 3 years	12 months
Health screening	Bone density testing	\$55	\$55 per person every 2 years	2 months
	Mammograms			
	Mole mapping / Skin check			
Hearing aid	Purchase of device (Includes repairs other than batteries)	70%	\$500 per person every 5 years	12 months
Pharmaceuticals	Includes most prescribed items not subsidised by the government. Benefits will be paid after the PBS standard subsidy charge has been deducted	\$35	\$300 per person \$600 per membership Combined limit*	2 months
Travel vaccines		\$35		
Prostheses (non-surgically implanted)	Purchase of external prostheses	70%	\$500 per person every 3 years	12 months
Lymphoedema garments (4 garments per year)	Purchase of external prostheses	70%	\$500 per person	2 months
Visiting nurse	The provision of a benefit for nursing services provided by an approved private practice	\$24	\$300 per person \$600 per membership Combined limit*	2 months

* Combined annual limit \$300 per person, maximum \$600 per couple or family membership per calendar year on, speech therapy, eye therapy, occupational therapy, visiting nurse, pharmaceuticals, travel vaccines, and audiology.