

This product covers you for treatment in a public hospital, with limited cover in a private hospital

Policy document: hospital cover



Please read and retain for future reference.

Basic Public Hospital

Code: HX

About this cover:

Provides cover for treatment in a **public hospital and limited cover for treatment in a private hospital**. Restricted benefits will apply if you choose to be admitted to a private hospital and you will have **significant out-of-pocket expenses**.



If you have any questions relating to your cover or this policy document, please contact us:
Phone: 1300 362 144 Email: info@lhs.com.au Web: latrobehealth.com.au

Thank you for choosing Latrobe

Please refer to the below section, for further details on your cover and your policy:

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What is **not** covered

Private hospital only

✘ **Theatre fees**

Theatre fees in a private hospital or day hospital facility are not covered.

✘ **Pharmacy items**

- Bandages and dressings
- Medical appliances (such as braces and crutches)
- Medication to take home after your hospital stay
- Any medication that you were using prior to your hospital stay

✘ **Some therapies**

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

Public and Private hospital

✘ **Consumables and medical devices**

Robotic consumables and medical devices that are not on the Commonwealth Protheses Listing are not covered.

✘ **High cost drugs**

Any drug not listed on the Pharmaceutical Benefits Scheme (PBS) is not covered.

✘ **Hormone treatment**

Costs associated with assisted reproduction services are not covered.

✘ **Medical services**

Cosmetic and non-Medicare covered treatments are not included under this cover.

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

✘ **Out-of-pocket costs**

Charges above our **Just Ask!**[®] additional medical benefit scheme are also known as out-of-pocket costs and are not covered.

✘ **Some services**

Charges for professional services for procedures that do not have Medicare benefit payable such as cosmetic surgery and podiatric surgery.

What is **not fully** covered

Private hospital only

- **Accommodation charges**

A limited benefit for accommodation (including psychiatric and rehabilitation) is paid as an inpatient of any private hospital, or day hospital facility.

- **Intensive care**

A limited benefit is payable for intensive care services provided in a private hospital. You may, therefore, incur a large gap expense.

Public and Private hospital

- **Dental surgery**

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

You are covered for the hospital costs associated with such surgery in a public hospital and for limited benefits only in a Participating Private Hospital. Dentists' fees are only claimable if you have appropriate extras cover.

- **Podiatry surgery**

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

Fees charged by a podiatrist are not covered. You may be able to claim a benefit for these fees if you have an appropriate extras cover.

An overview of what is covered

Clinical categories for Basic hospital cover

Latrobe's Basic hospital provides cover in a shared ward or single room in a public hospital for all clinical categories. **Restricted benefits will apply if you choose to be admitted to a private hospital and you will have significant out-of-pocket expenses.**

 = Covered in a public hospital

 R = Restricted cover as outlined above

What is covered in a public hospital

What is restricted in a private hospital

-   R Rehabilitation
-   R Hospital psychiatric services
-   R Palliative care
-   R Brain and nervous system
-   R Eye (not cataracts)
-   R Ear, nose and throat
-   R Bone, joint and muscle
-   R Joint reconstructions
-   R Kidney and bladder
-   R Male reproductive system
-   R Digestive system
-   R Hernia and appendix
-   R Gastrointestinal endoscopy
-   R Gynaecology
-   R Miscarriage and termination of pregnancy
-   R Chemotherapy, radiotherapy and immunotherapy for cancer
-   R Pain management
-   R Skin
-   R Podiatric surgery (provided by a registered podiatric surgeon)

What is covered in a public hospital

What is restricted in a private hospital

-   R Breast surgery (medically necessary)
-   R Weight loss surgery
-   R Heart and vascular system
-   R Lung and chest
-   R Blood
-   R Back, neck and spine
-   R Dental surgery
-   R Tonsils, adenoids and grommets
-   R Implantation of hearing devices
-   R Cataracts
-   R Joint replacements
-   R Dialysis for chronic kidney failure
-   R Pregnancy and birth
-   R Assisted reproductive services
-   R Diabetes management (excluding insulin pumps)
-   R Plastic and reconstructive surgery (medically necessary)
-   R Pain management with device
-   R Sleep studies
-   R Insulin pumps

Explained: what is covered

Public hospital only

You are covered in a public hospital and can choose your own doctor. Limited benefits will apply for admissions to a private hospital.

Accommodation in a shared room

Covers you in a shared room. In public hospitals there is no charge for theatre, intensive care, labour, recovery ward fees, medicines and drugs clinically required as part of your inpatient treatment.

Accommodation in a private room

In a public hospital single rooms are subject to availability. If you choose a single room, you may incur out-of-pocket expenses.

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

Just Ask!® Medical Gap cover is additional medical benefits to reduce the gap for in-hospital medical charges higher than the Medicare Benefit Schedule fee.

365 days accommodation cover

For admissions longer than 35 consecutive days, your cover continues when your doctor provides an ongoing Acute Care Certificate. Refer to page 8, *Nursing home-type patients*.

Psychiatric: Inpatient psychiatric program in a public hospital only.

Rehabilitation: Inpatient rehabilitation program in a public hospital only.

Surgically implanted prostheses

All prostheses are covered in accordance with the Commonwealth Prostheses Listing, refer to page 8.

Explained: what is covered Continued

Hospital benefits payable



Autologous blood collection

This procedure enables the use of your own blood during operations.

A benefit up to \$200 per admission is payable for the collection of autologous blood as an outpatient, this is payable after the receipt of the associated hospital inpatient claim.



Having a baby?

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.

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

Written confirmation of the expected delivery date is required from the treating obstetrician.

A family membership automatically covers newborn babies subject to waiting periods being served.

- **Non-admitted baby**

A newborn baby, less than 9 days old, is not an admitted patient. Any medical bills resulting from consultation to the baby do not qualify for any benefits from Latrobe. This also includes any fees raised for procedures such as circumcision. Medicare will rebate 85% of the Medicare Benefit Schedule fee.

- **Admitted baby**

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

- **Multiple births**

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

- **Private midwife**

A benefit of up to \$450 is payable for the attendance of a registered midwife at a birth in a private hospital. Note: the midwife cannot be an employee of the hospital.



Inpatient services

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

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

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

Explained: what is covered Continued

Hospital benefits payable



Magnetic Resonance Imaging Services (MRI)

Medicare only recognises and pays benefits for MRIs performed at certain locations. It is important that if you are having an MRI as an inpatient that you clarify that the MRI location is recognised by Medicare so that you can claim benefits from both Medicare and Latrobe.



Nursing home-type patients in a recognised private or public hospital

Latrobe will pay a nursing home-type patient default benefit as set by the Commonwealth Department of Health and Ageing, where:

- a hospital stay has exceeded 35 days;
- the treating doctor has deemed that the acute hospital care is no longer required;
- discharge home is not appropriate; and
- nursing home placement is not available.

The treating hospital may charge an additional fee directly to the patient of an amount that is determined by the hospital. This fee is not rebatable by Latrobe or Medicare. However, some hospitals are open to negotiation of this fee.

Latrobe is unable to provide any benefits towards the cost of care in any aged care facility.



Surgically implanted prostheses

A prosthesis is an artificial substitute for a missing body part, used for functional or cosmetic reasons, or both. Surgically implanted prostheses are sometimes required during a medical procedure, such as:

- replacement lenses
- artificial hip joints
- pacemakers
- heart valves

All prostheses listed on the Commonwealth Prostheses Listing are covered by your hospital cover. If you or your doctor choose a prosthesis that is not on this listing, you may have out-of-pocket expenses.

Waiting periods

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

Waiting periods will apply to:

- all new members
- existing members upgrading their level of cover
- members transferring from other funds to a higher level of cover
- change from a single membership to a family membership for the birth of a baby

An upgrade of cover refers to: any change in cover that entitles you to receive higher benefits on your new cover compared to your previous cover.

Higher benefits relate to:

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

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

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



12 month waiting period

- pre-existing conditions
- pregnancy related conditions



2 months waiting period

- all other services, where no other waiting period applies including:
 - » psychiatric care
 - » rehabilitation
 - » palliative care

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 practitioner, in existence at any time in the period of 6 months prior to the day you joined or upgraded your cover.

Latrobe's medical practitioner will take into account information provided by your own practitioner who treated the condition 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.

Your responsibility

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

We are unable to make a determination regarding your cover until we have received these certificates and the Latrobe appointed medical advisor has had an opportunity to determine the pre-existing status. This may involve consultation with your medical practitioners.

We strongly advise that you do not proceed with an admission to a private hospital until the determination has been made, as you may be liable for a considerable hospital expense, should the condition be deemed as pre-existing. **If you are planning treatment it is essential that you contact us for a benefit estimation before you are admitted to hospital.**

Before going to hospital

We want to help make your stay in hospital as worry free as possible, by providing sound advice and helpful information before you're admitted. A comprehensive listing of Participating Private Hospitals is available on our website together with information regarding **Just Ask!**[®] to assist you.

Public hospitals

Under the Australian Health Care Agreement, members can elect to be treated as a private patient in a public hospital. This allows the member to choose their treating doctor, but it does not enable them to avoid the public hospital waiting list. If you are planning treatment in a public hospital, you should contact the hospital to confirm the likely waiting times. Please note that:

- You are not obliged to be a private patient, nor can you be coerced by hospital staff.
- Benefits are paid in accordance with the Commonwealth determined default benefits when treated as a private patient in a public hospital.
- If you elect to be admitted to a single room in a public hospital, we will pay a benefit equal to the Department of Health's shared ward accommodation rate in a public hospital plus an additional amount of up to \$80 per night. Out-of-pocket costs may be incurred if the public hospital charges above this rate. Please contact us if you find yourself in the unlikely position where this has occurred.
- Government funding covers the cost of theatre fees and extra costs associated with critical care services.
- Admission as a private patient enables medical providers to bill you for their services and a gap may be payable.

Medical benefits

When you're admitted to hospital, you may have doctors' bills with out-of-pocket costs.

The Federal Government sets the Medicare Benefit Schedule (MBS) fee for all medical services. Medicare pays 75% of that fee and Latrobe pays the remaining 25%. Whilst the Government sets the MBS fees, doctors' charges are not regulated. If your doctor charges above the schedule fee, known as the 'Medical Gap', we will pay additional medical benefits to help reduce your out-of-pocket costs. Refer to the table below.



Our **Just Ask!**® additional medical benefit scheme encourages you to be informed about your out-of-pocket costs. Informed Financial Consent (IFC) is an estimation of the cost to you when the doctor charges above the MBS fee. *This estimation can be subject to change if the MBS item numbers vary at the time of the procedure.*

We do not limit your choice of doctor. **All doctors** can participate as long as IFC has been provided.

IFC for pathology and radiology may not be possible; these accounts will be paid including the **Just Ask!**® additional medical benefit. These services are likely to have out-of-pocket costs.

We offer 2 claiming options:

- **Simplified billing:** if your doctor forwards the account/s directly to us with IFC, we will submit the claim to Medicare on their behalf for assessment. Benefits are paid directly to the doctor and you will only be responsible for the out-of-pocket costs.
- **Medicare Two-way:** if your doctor sends the account/s to you and you **have paid** the account, visit your local Medicare branch to receive your Statement of Benefits, which can then be submitted to us with your completed Latrobe Claim Form. If your doctor sends the account/s to you and you **have not paid** the account/s, complete a Medicare Claim Form, a Medicare Two-way Claim Form and a Latrobe Claim Form, and submit with your account/s directly to us.

Informed Financial Consent - additional benefits paid by Latrobe

	Simplified billing	Medicare Two-way
Specialists	25%	20%
General practitioners	16%	13%
Pathology and Radiology	6%	3%

For more about our **Just Ask!**® scheme, please call us or visit our website.

Policy document: extras cover



**Please read and retain for future reference.
This product is closed to new members.**

Maximum Ancillary

Code: MA



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Overview of your cover

Maximum Ancillary

Code: MA

Extras: What is covered?

Acupuncture	✓
Allergy vaccines	✓
Ambulance	✓
Audiology	✓
Blood glucose monitors / nebuliser	✓
Blood pressure monitors	✓
Breast prostheses	✓
Chiropractic	✓
C-PAP machine	✓
Dietitian	✓
Eye, occupational and speech therapies	✓
Eximer laser surgery	✓
General dental	✓
Hearing aids	✓
Home services	✓
Integrated health management	✓
Lymphoedema garments	✓
Major dental	✓
Massage (remedial and therapeutic)	✓
Myotherapy	✓
Optical (including spectacles and contact lenses)	✓
Orthodontics	✓
Osteopathy	✓
Personal alarm call system	✓
Pharmacy prescriptions	✓
Physiotherapy	✓
Podiatry consultations	✓
Podiatry services (including orthotics)	✓
Prostheses (non-surgically implanted) excludes breast prostheses	✓
Psychology / relationship counselling	✓
QUIT smoking course	✓
Sunglasses	✓
Visiting nurse	✓

Extras benefits



Dental benefits

Dental benefits are paid on a set rebate according to the item number used to describe the service, as per the current edition of the Australian Dental Association's Schedule of Dental Services and Glossary (ADA Glossary). The ADA Glossary restricts certain combinations of items at any one consultation.

All dental limits apply to a calendar year. A calendar year starts on 1 January and ends on 31 December.

You are strongly encouraged to contact us for a benefit quotation before undergoing dental treatment.



Optical benefits

The provision of a benefit for the purchase / repair / replacement of optical appliances, prescribed by a registered optometrist or ophthalmologist.



Orthodontics benefits

Benefits are set at the level in which the fixed appliance course commences and paid over a 3 year period after relevant waiting periods have been served. If you are a new member with no previous cover and the course starts in the first 12 months of cover, no benefit will be payable.

Before you commence a course of treatment an Orthodontic Treatment Form must be completed by the dentist or orthodontist providing the service. **If you require a form please log on to our website or contact our Member Service Centre.**



Pharmacy benefits

Pharmacy benefits include prescribed drugs and medicines dispensed by a pharmacist and/or travel and allergy vaccines dispensed by a pharmacist or doctor.

Benefits are not payable for oral contraceptives, Pharmaceutical Benefit Scheme (PBS) subsidised prescriptions or substances from which they are compounded.

The benefit is calculated after deducting the current PBS general patient contribution.



Podiatry benefits

The provision of a benefit for services provided by a qualified and registered podiatrist in private practice.

Podiatry benefits are paid on a set rebate according to the item number used to describe the services by the Australian Podiatry Association (Vic) in its current schedule.

Orthotic benefits are only payable when devices are prescribed or referred by a podiatrist.



Ambulance Transportation

A benefit is payable under this policy for either :

- Australia wide ambulance emergency transportation, where such emergency transportation is not covered by any other source; or
- A refund of 100% of the cost of ambulance subscriptions paid to an authorised ambulance service provider for a subscription taken when paid voluntarily, but not as a state tax or levy. Limited to 1 family or 2 single subscriptions per year.

Benefits payable under a) will only be paid for transportation requested by a qualified medical officer and/or where clinical indicators warrant ambulance transport. This excludes medical out-patient transportation and transportation for social reasons. Air ambulance transportation will only be provided if no road transport is available and the medical condition requires such transport.

Annual limits

This is the total amount you can claim for a particular service or health appliance. Annual limits apply to extras cover and can include a limit:

- per person
- per membership
- for a specified period of time
- for a specified combination of services
- during a calendar year
- during a membership year

Please refer to the benefits tables on page 5 and 6.

Benefits table and waiting periods



For services and products provided in Australia by a Latrobe approved practitioner in private practice.

Cover details:

	Years of membership	Maximum benefit	Personal limit	Waiting period
General dental	-	-	\$1200	2 months
Including diagnostic and preventive services, oral surgery, extractions endodontics and restorations				
Major dental	-	-	\$1200	12 months
Crowns, bridgework, dentures and periodontics				
Orthodontics		Maximum per year	Maximum per course	12 months
Benefits are paid over a 3 year period	1	\$670	\$2000	
	2	\$670	\$2000	
	3	\$660	\$2000	

	Consultations		Personal limit	Maximum benefit	Waiting period
	Initial	Subsequent			
Audiology	\$20	\$15	\$50	-	2 months
Dietitian	\$24	\$18	\$250	-	2 months
Physiotherapy	\$27	\$22	-	-	2 months
Group physiotherapy / hydrotherapy	\$9	-	-	-	
Combined limit	-	-	\$350	-	
Psychology (each consultation)	\$45	\$25	-	-	2 months
Relationship Counselling	\$24	\$18	-	-	
Combined limit	-	-	\$350 p/p	-	
Speech therapy, eye therapy or occupational therapy					2 months
	\$27	\$22	-	-	
Combined limit	-	-	\$350	-	
Services					
Chiropractic	\$24	\$18	-	-	2 months
Myotherapy	\$24	\$18	-	-	2 months
Osteopathy	\$24	\$18	-	-	2 months
Massage	\$24	\$18	-	-	2 months
Acupuncture	\$24	\$18	-	-	6 months
Chiropractic X-rays	-	-	-	\$20	2 months
Combined limit			\$450 p/p	\$800	
Other					
Podiatry	\$45	\$35	-	-	
Orthotics (when prescribed by a podiatrist)	-	-	-	According to schedule	
Pressure garments	-	-	-	50% of cost	
A benefit of 50% of the cost of pressure garments for the treatment of Lymphoedema					
Combined limit	-	-	\$300	-	

Benefits table and waiting periods Continued



For services and products provided in Australia by a Latrobe approved practitioner in private practice.

Cover details:

	Maximum benefit	Personal limit	Waiting period
Blood pressure monitor	-	-	36 months
A benefit equal to 50% of the cost. Up to \$100 per membership every 3 years			
Blood glucose monitor / nebuliser			36 months
Combined limit of up to \$300 per membership every 3 years			
Hearing aid	-	\$650 per 5yrs	36 months
Includes repairs other than batteries, one device every 5 years			
Optical	-	\$180	12 months
Includes spectacles & repairs, contact lenses. Excludes sunglasses not containing an optical prescription			
Sunglasses		\$50	12 months
The provision of a benefit of up to \$50.00 for sunglasses that are EPF (eye protection factor) 10			
Excimer Laser surgery	\$500 per eye	\$1000 per membership	12 months
Pharmacy prescription			2 months
Benefit is 15% of the cost of private (non-PBS)	\$25 per script	\$250	
Allergy Vaccines	Up to 70% of cost	\$200	2 months
Prostheses (non-surgically implanted)	Up to 85% of cost	\$800	12 months
(excludes breast prosthesis)			
Breast Prostheses (non-surgically implanted)	-	\$200	2 months
C-PAP machine	\$500	\$500	36 months
Benefit is payable for purchase of machine not for hire. Every 3 years			
Personal alarm call system			12 months
Initial installation	\$50	\$50 per membership	
Monitoring	\$50		
Home Services			12 months
Major Surgery	\$19.30 per hr	10 hours per hospital episode	
Palliative Care	\$19.30 per hr	25 hours per year	
Maternity	\$19.30 per hr	10 hours per pregnancy	
Visiting Nurse	\$15 per visit	\$250	2 months
Integrated Health Management	\$30 per quarter	\$120	2 months
Members must register with Latrobe before commencing an approved program			
QUIT smoking course	-	Up to \$70	2 months
Benefit is payable on completion of course			

Welcome to Latrobe

General information



Please read and retain for future reference.



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Phone: 1300 362 144 Email: info@lhs.com.au Web: latrobehealth.com.au

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Our Member Promise

We are a not-for-profit, member-owned health fund established in 1951. We are committed to providing value for our members and helping them make the best choice for their health care needs.

We know that healthcare is complicated and can, at times, be stressful and difficult to understand. **Our Member Promise** to you is to provide expert knowledge and understanding throughout your membership with us.

Latrobe values your membership and will do everything possible to ensure that you have a thorough understanding of what you are covered for. Our policy documents are designed to assist you to fully understand your level of cover. We regularly review our policy documents and other information provided to members in order to assist for a better understanding.

If you have any concerns or queries about your level of cover, please contact us for assistance.



Health cover terms

Accident

A sudden, unplanned and unexpected event caused by an external force resulting in acute physical injury requiring immediate treatment.

An acute physical injury is defined as damage to a body part caused by an external force.

It does not include:

- aggravation of an existing condition or injury
- pregnancy
- any medical conditions
- injury resulting for surgical operations

Approved providers

To be eligible for benefits:

- the service or product must be provided in Australia
- providers are not automatically approved for all services that they provide. For example, Latrobe may approve a masseuse for massage services, but not for 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 extras, 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.

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

Calendar year and membership year

- A calendar year starts on 1 January and ends on 31 December annually.
- A membership year is a 12-month period commencing on the day you join Latrobe, or change to another level of cover.

Claiming benefits

You must submit fully itemised original accounts and receipts, if applicable, in order to claim benefits. Unfortunately, we cannot accept photocopied documents. Latrobe will accept duplicate accounts certified by the service provider, if the original documents are lost.

- Benefits are not payable if your membership is suspended at the date of service.
- Latrobe retains all original accounts. We recommend that you keep a photocopy for your own records if you wish to do so.
- If you are a provider and also a Latrobe member, any claim for services provided by you or your business partners to yourself or your dependants do not qualify for a benefit.

Claim time limit

If claims for any benefits 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 possible 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, such as WorkCover, Transport Accident Commission, public liability, travel insurance, or private legal action.

Circumstances of financial hardship: Latrobe may be able to assist you by paying these claims initially, but they will need to be re-paid if the claim against the other source is successful. Please contact Latrobe if this may be applicable to you.

Cooling off period

If you change your mind for any reason and decide to cancel your cover within 30 days of commencing or changing your cover, we will provide a full refund of any premiums that you have paid, provided no claims have been made.

Dependants

This term includes:

- Your partner. You and your partner both have equal authority to this membership. You will need to advise us if you wish to remove equal authority.
- Dependant children aged under 18.
- Student dependants aged between 18 and 25, who are studying fulltime. For continued cover, you must complete and return the Student Dependent Registration Form that is sent to you every year.

Dependants aged between 18 and 25 must not be married or in a defacto relationship.

Episode

Means a period of hospitalisation per person. If a person is readmitted to hospital for the same illness within a seven-day period, this will not be classed as a new episode.

Financial membership

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

Medicare eligibility

Members and dependants that are not eligible to receive a green Medicare card may not be able to claim for benefits paid under the Commonwealth Medicare Benefits scheme, and may incur significant out of pocket expenses if admitted to any hospital as a private patient. Members are strongly advised to contact Medicare directly on 132 011 to confirm their eligibility.

Overseas benefits

If you plan to travel overseas, you are strongly advised to take out travel insurance. This will cover medical and hospital treatment as well as a range of travel specific cover options. You cannot claim medical and hospital benefits for services received outside Australia.

Private Patient's Hospital Charter

The Private Patient's Hospital Charter is a guide to what it means to be a private patient in a public hospital, a private hospital or day hospital. It also provides information about what to do if you have a problem with your medical treatment or your private health insurance.

For a copy of this charter or our information sheet 'Private patient in a public hospital?', please call our Member Service Centre on 1300 362 144, or visit our website latrobehealth.com.au

Rules

Our Fund Rules govern all matters to do with membership and the operation of our Fund. These Rules must comply with all relevant Government 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 the introduction of any new rule that might reduce your membership conditions or benefits.

Significant detrimental changes to policy benefits

Hospital cover: In the case of significant detrimental changes, including contracting arrangements, we will:

- advise you of the change, in writing, giving you at least 60 days notice;
- not apply the changes to any pre-booked admissions; and
- review any member on a current course of treatment and consider appropriate transitional measures.

Extras cover: For significant detrimental changes to extras benefits, we undertake to advise you, in writing, with at least 30 days notice.

Suspending your membership

Latrobe will consider a request for suspension of your membership:

- **If you are planning to travel overseas. To be eligible:**
 - » you must have held your Latrobe membership for a period of at least 12 months
 - » you must apply for a suspension prior to your departure date
- Please note:**
- » Suspensions are for a minimum of 2 weeks to a maximum of 2 years for overseas travel, per suspension.
 - » 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.
 - » Your membership must be reactivated for a minimum of 6 months prior to a new suspension being granted.
- **Financial hardship suspensions must be due to one of the following reasons:**
 - » illness;
 - » unemployment; or
 - » death of a family member.

Please note that:

- » To be eligible, you must have held your Latrobe membership for a period of at least 12 months.
- » During the suspension period, you do not make any membership payments or make any claims.
- » Suspension may not be a suitable option if you qualify to pay the Medicare Levy Surcharge, refer to page 7.
- » Maximum period of suspensions for financial hardship is 12 months

Please call us for further information regarding suspending your membership.

Upgrading your cover or transferring from another fund

You do not have to re-serve waiting periods that you have already served. If you upgrade your cover, waiting periods may apply to services that were not previously covered. Your membership with your previous fund must be up to date when you transfer; a gap in cover of more than 30 days may mean that you will have to re-serve all waiting periods.

We are unable to pay claims until we have received a clearance certificate from your previous fund. Your new membership card will not work for electronic claiming while we are waiting for the clearance certificate.

Upon receipt of your clearance certificate, your previous cover will be reviewed for benefits claimed and to determine if waiting periods will apply.

Ambulance cover

Each state has different systems for providing and paying for ambulance cover. If you are moving or travelling interstate, for your own security and peace of mind, you should contact your local ambulance provider.

State	If you have...	What you need to do to ensure you have Ambulance cover
<ul style="list-style-type: none"> • ACT • NSW 	<ul style="list-style-type: none"> • Hospital cover 	Ambulance cover is included in your hospital cover. Latrobe will pay a levy to the Ambulance Service of NSW.
	<ul style="list-style-type: none"> • Extras cover 	Ambulance cover must be purchased separately through an ambulance service provider in NSW.
<ul style="list-style-type: none"> • Vic 	<ul style="list-style-type: none"> • Hospital and/or extras cover 	Members living in Victoria can arrange an Ambulance Victoria membership through Latrobe. Depending on what extras cover you hold, you can claim some or all of the membership cost back through us.
<ul style="list-style-type: none"> • SA 	<ul style="list-style-type: none"> • Hospital cover 	You must purchase this cover from your local ambulance provider.
	<ul style="list-style-type: none"> • Extras cover 	You must purchase this cover from your local ambulance provider. You can claim some or all of the membership cost back through Latrobe, depending on which extras cover you hold.
<ul style="list-style-type: none"> • NT • WA 	<ul style="list-style-type: none"> • Hospital cover 	You must purchase this cover from your local ambulance provider.
	<ul style="list-style-type: none"> • Extras cover 	You must purchase this cover from your local ambulance provider. You can claim some or all of the membership cost back through Latrobe, depending on which extras cover you hold.
<ul style="list-style-type: none"> • Qld • Tas 	Your ambulance cover is covered by your states taxes.	
<ul style="list-style-type: none"> • Pensioners • TAC • Veteran Affairs 	Please refer to your card issuer or state service for ambulance cover details.	

Subject to change by state. For further information, please contact us.

Government incentives

For hospital and/or extras cover



Australian Government Rebate

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

The rebate can be claimed as a tax offset or you can choose to simply pay less on your premiums.

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

For hospital cover only



Medicare Levy Surcharge

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:

- a single person earning more than \$90,000 a year
- a couple or family earning more than \$180,000 a year. The income threshold increases by \$1500 for your second and each subsequent child

Other important details:

- Gold Hospital \$1000 excess (code: X5) will not exempt you from the Medicare Levy Surcharge
- Gold Hospital \$1000 excess (code: X7) will not exempt you from the Medicare Levy Surcharge
- Extras cover without hospital cover will not exempt you from the Surcharge



Lifetime Health Cover

Lifetime Health Cover is an Australian Government initiative designed to encourage people to take out private hospital cover at a younger age and maintain it throughout their lifetime.

You have until 1 July after your 31st birthday to take out private hospital cover, otherwise you may be required to pay a loading on 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.

Age-based discount

Age-based discounts are applicable on selected hospital covers, available for members who are aged between 18 - 29. The discount can be quite substantial depending on your age. For as long as you remain on the same cover, your discount is locked in at this rate until you turn 41 years of age and then reduces by 2% per year until it reaches zero.

Code of Conduct

The Private Health Insurance Code of Conduct is a self-regulatory code to promote informed relationships between private health insurers, consumers, 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 private health insurance products and services
- Provide information to members on their rights and obligations under their relationship with us
- Provide our 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 our Code of Conduct or for more information on the Private Health Insurance Code of Conduct go to: privatehealthcareaustralia.org.au/codeofconduct

Complaints 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.

For full details of our confidential and free complaints resolution policy, and how the resolution process works, please refer to the 'Important Information' section of our website latrobehealth.com.au

How to lodge a complaint

There are a number of ways you can lodge a complaint including:

- 🌐 Accessing the online 'Contact Us' form at latrobehealth.com.au
- ☎ 1300 362 144 (8.30am - 5.30pm, Monday to Friday). Please note: any time you call our Member Service Centre call recording is activated. You are at any time able to request that call recording be turned off.
- 📍 Latrobe branch between 9.00am - 5.00pm, Monday to Friday (Bairnsdale, Traralgon, Moe, Morwell)
- ✉ info@lhs.com.au
- ✉ Member Services Manager, Latrobe Health Services, Reply Paid 41, Morwell VIC 3840

Private Health Insurance Ombudsman

The Private Health Insurance Ombudsman (PHIO) provides free and independent services to handle unresolved issues between members and their health fund. PHIO can be contacted:

- ☎ Complaints hotline: 1300 362 072 (select option 4 for Private Health Insurance)
- ✉ phio.info@ombudsman.gov.au
- 🌐 www.ombudsman.gov.au

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

If you are deaf or have a hearing or speech impairment, please contact PHIO through the National Relay Service:

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

Privacy 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 and we may be contacted by:

☎ 1300 362 144

✉ privacy@latrobe.com.au

✉ Latrobe Health Services, Reply Paid 41, Morwell VIC 3840

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 on 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.

Please contact us for a copy of our Privacy Statement (as per details shown above), or go to www.latrobehealth.com.au