



Latrobe Health Services
Core Complete Extras Package

\$75.49 / month

(Before Rebate, Discount & Loading)

Available in NSW & ACT

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

This policy covers: One adult & dependants (2 or more people, only one of whom is an adult).

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

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

This policy must be purchased with a hospital policy.

This health insurer does not operate a preferred provider scheme.

Policy ID: LHS/I1/NBIR1D

Source: [Private Health Information Statement \(PHIS\)](#)

Extras Cover

This policy includes General treatment (Extras) cover for

Treatment & waiting period (months)	Benefit limits per 12 months unless otherwise stated	Examples of maximum benefits
✓ Acupuncture	2 \$300 per person up to \$600 per policy combined limit for acupuncture, dietetics/dietary advice, remedial massage & other services	<ul style="list-style-type: none"> Initial visit: \$36 Subsequent visit: \$36
✓ Audiology	2 \$300 per person up to \$600 per policy combined limit for audiology, eye therapy (orthoptics), home nursing, non pbs pharmaceuticals, occupational therapy, speech therapy & vaccinations	<ul style="list-style-type: none"> Initial visit: \$25 Subsequent visit: \$25
✓ Blood glucose monitors	12 \$200 per person up to \$400 per policy	<ul style="list-style-type: none"> Per monitor: 70% of charge
✓ Chiropractic	2 \$300 per person up to \$600 per policy combined limit for chiropractic, osteopathy & physiotherapy	<ul style="list-style-type: none"> Initial visit: \$36 Subsequent visit: \$36
✓ Dietetics/dietary advice	2 \$300 per person up to \$600 per policy combined limit for acupuncture, dietetics/dietary advice, remedial massage & other services	<ul style="list-style-type: none"> Initial visit: \$36 Subsequent visit: \$36
✓ Endodontic	2 \$1,000 per person up to \$2,000 per policy combined limit for endodontic, general dental & major dental	<ul style="list-style-type: none"> Filling of one root canal: \$109.8
✓ Eye therapy (orthoptics)	2 \$300 per person up to \$600 per policy combined limit for audiology, eye therapy (orthoptics), home nursing, non pbs pharmaceuticals, occupational therapy, speech therapy & vaccinations	<ul style="list-style-type: none"> Initial visit: \$25 Subsequent visit: \$25

✓ General dental	2	\$1,000 per person up to \$2,000 per policy combined limit for endodontic, general dental & major dental	<ul style="list-style-type: none"> Fluoride treatment: \$36 Scale & clean: \$57.6 Surgical tooth extraction: \$104.3 Periodic oral examination: \$30.5
✓ Health management / Healthy lifestyle	12	\$500 per person	<ul style="list-style-type: none"> Health management: 70% of charge
✓ Hearing aids	12	\$500 per person	<ul style="list-style-type: none"> Hearing aid: 70% of charge
✓ Home nursing	2	\$300 per person up to \$600 per policy combined limit for audiology, eye therapy (orthoptics), home nursing, non pbs pharmaceuticals, occupational therapy, speech therapy & vaccinations	<ul style="list-style-type: none"> Initial visit: \$24 Subsequent visit: \$24
✓ Major dental	12	\$1,000 per person up to \$2,000 per policy combined limit for endodontic, general dental & major dental	<ul style="list-style-type: none"> Full crown veneered: \$556.8
✓ Non PBS pharmaceuticals	2	\$300 per person up to \$600 per policy combined limit for audiology, eye therapy (orthoptics), home nursing, non pbs pharmaceuticals, occupational therapy, speech therapy & vaccinations	<ul style="list-style-type: none"> Per eligible prescription: \$35
✓ Occupational therapy	2	\$300 per person up to \$600 per policy combined limit for audiology, eye therapy (orthoptics), home nursing, non pbs pharmaceuticals, occupational therapy, speech therapy & vaccinations	<ul style="list-style-type: none"> Initial visit: \$25 Subsequent visit: \$25
✓ Optical	6	\$200 per person	<ul style="list-style-type: none"> Multi-focal lenses & frames: \$200 Single vision lenses & frames: \$200
✓ Orthodontic	12	\$600 per person \$1,800 lifetime limit	<ul style="list-style-type: none"> Braces for upper & lower teeth, including removal plus fitting of retainer: \$1800
✓ Orthotics (podiatric orthoses)	2	\$300 per person combined limit for orthotics (podiatric orthoses) & podiatry	<ul style="list-style-type: none"> Orthotics supply & fit: \$70
✓ Osteopathy	2	\$300 per person up to \$600 per policy combined limit for chiropractic, osteopathy & physiotherapy	<ul style="list-style-type: none"> Initial visit: \$36 Subsequent visit: \$36
✓ Physiotherapy	2	\$300 per person up to \$600 per policy combined limit for chiropractic, osteopathy & physiotherapy	<ul style="list-style-type: none"> Initial visit: \$45 Subsequent visit: \$45
✓ Podiatry	2	\$300 per person combined limit for orthotics (podiatric orthoses) & podiatry	<ul style="list-style-type: none"> Initial visit: \$25 Subsequent visit: \$25
✓ Psychology	2	\$300 per person	<ul style="list-style-type: none"> Initial visit: \$50 Subsequent visit: \$50
✓ Remedial massage	2	\$300 per person up to \$600 per policy combined limit for acupuncture, dietetics/dietary advice, remedial massage & other services	<ul style="list-style-type: none"> Initial visit: \$36 Subsequent visit: \$36
✓ Speech therapy	2	\$300 per person up to \$600 per policy combined limit for audiology, eye therapy (orthoptics), home nursing, non pbs pharmaceuticals, occupational therapy, speech therapy & vaccinations	<ul style="list-style-type: none"> Initial visit: \$25 Subsequent visit: \$25

✓ Vaccinations**2 \$300 per person up to \$600 per policy**

combined limit for audiology, eye therapy (orthoptics), home nursing, non pbs pharmaceuticals, occupational therapy, speech therapy & vaccinations

- Per service: \$35

Periodic Oral Examination - \$60 for 1 service, \$30.50 for additional services. Scale and clean - \$120 for 1 service, \$57.60 for additional services. Fluoride Treatment - \$36 for 2 services, limit 2 services per person per year. A benefit is also payable for myotherapy, Health Appliances & Aids, such as crutches, knee brace, splint, cam boot, CPAP or TENS machine, non surgically implanted prosthesis, health screenings and a 50% rebate on full ambulance subscriptions when paid voluntarily but not as a state tax or levy. Orthodontic benefits increase with years of membership. The orthotic benefit shown is a guide only and benefits will differ according to the orthotic prescribed. Vaccinations are for travel vaccines and must be approved by Latrobe.

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

✗ Ante-natal/Post-natal classes

✗ Chinese medicine

✗ Exercise physiology

Ambulance cover

In NSW & ACT this policy provides:

Emergency: Unlimited with a waiting period of 1 day.

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

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

Insurer Details

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Core Complete Extras Package**\$75.49 / month**

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Call now **1300 362 144**
Sponsor link**Latrobe Health Services**

- <http://www.latrobehealth.com.au>
- info@lhs.com.au
- 1300 362 144**

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