Latrobe Health Services
Premier Extras

$323.80 / month
(Before Rebate, Discount & Loading)
Available in NT

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

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

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

This health insurer does not operate a preferred provider scheme.

Policy ID: LHS/I10/DCCH2Y

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	**$1,000 per person**	• Initial visit: $34 • Subsequent visit: $34
✓ **Audiology**	2	**$1,000 per person**	• Initial visit: $65 • Subsequent visit: $65
✓ **Blood glucose monitors**	12	**$250 total per person every 3 years. $500 total all appliances every 3 years**	• Per monitor: 90% of charge
✓ **Chiropractic**	2	**$350 per person**	• Initial visit: $45 • Subsequent visit: $45
✓ **Dietetics/dietary advice**	2	**$1,000 per person**	• Initial visit: $45 • Subsequent visit: $45
✓ **Endodontic**	2	**No annual limit** combined limit for endodontic & general dental sub-limits apply	• Filling of one root canal: $145
✓ **Eye therapy (orthoptics)**	2	**$1,000 per person**	• Initial visit: $50 • Subsequent visit: $50
✓ **General dental**	2	**No annual limit** combined limit for endodontic & general dental	• Fluoride treatment: $27 • Scale & clean: $75 • Surgical tooth extraction: $140 • Periodic oral examination: $42

✓ **Health management / Healthy lifestyle**	2	**$600 per person**	• Health management: 70% of charge
✓ **Hearing aids**	12	**$1,000 per person**	• Hearing aid: $1000
✓ **Home nursing**	2	**$1,000 per person**	• Initial visit: $40 • Subsequent visit: $40
✓ **Major dental**	12	**$1,500 per person**	• Full crown veneered: $680
✓ **Non PBS pharmaceuticals**	2	**$400 per person** combined limit for non pbs pharmaceuticals & vaccinations	• Per eligible prescription: $100
✓ **Occupational therapy**	2	**$1,000 per person**	• Initial visit: $50 • Subsequent visit: $50
✓ **Optical**	6	**$250 per person**	• Multi-focal lenses & frames: $250 • Single vision lenses & frames: $250
✓ **Orthodontic**	12	**$300 per person** $3,000 lifetime limit	• Braces for upper & lower teeth, including removal plus fitting of retainer: $900
✓ **Orthotics (podiatric orthoses)**	2	**$600 per person** combined limit for orthotics (podiatric orthoses) & podiatry	• Orthotics supply & fit: $100
✓ **Osteopathy**	2	**$1,000 per person**	• Initial visit: $45 • Subsequent visit: $45
✓ **Physiotherapy**	2	**$1,000 per person**	• Initial visit: $55 • Subsequent visit: $55
✓ **Podiatry**	2	**$600 per person** combined limit for orthotics (podiatric orthoses) & podiatry	• Initial visit: $30 • Subsequent visit: $30
✓ **Psychology**	2	**$450 per person**	• Initial visit: $80 • Subsequent visit: $80
✓ **Remedial massage**	2	**$350 per person**	• Initial visit: $45 • Subsequent visit: $45
✓ **Speech therapy**	2	**$1,000 per person**	• Initial visit: $60 • Subsequent visit: $60
✓ **Vaccinations**	2	**$400 per person** combined limit for non pbs pharmaceuticals & vaccinations	• Per service: $100

A benefit is also payable for myotherapy, health appliances & aids, such as CPAP or TENS machine, non surgically implanted prosthesis, health screenings and a 100% 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 limited to travel vaccines and must be Latrobe approved.

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

✗ Ante-natal/Post-natal classes
✗ Chinese medicine
✗ Exercise physiology

Ambulance cover

In NT 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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Latrobe Health Services
http://www.latrobehealth.com.au
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