



**Latrobe Health Services**  
Premier Extras

**\$129.52 / month**

(Before Rebate, Discount & Loading)

Available in TAS

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:** Only one person.

This health insurer does not operate a preferred provider scheme.

**Policy ID: LHS/I10/TCCL10**

**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 policy	<ul style="list-style-type: none"> <li>Initial visit: \$34</li> <li>Subsequent visit: \$34</li> </ul>
✓ Audiology	2    \$1,000 per policy	<ul style="list-style-type: none"> <li>Initial visit: \$65</li> <li>Subsequent visit: \$65</li> </ul>
✓ Blood glucose monitors	12    \$250 total per person every 3 years. \$500 total all appliances every 3 years	<ul style="list-style-type: none"> <li>Per monitor: 90% of charge</li> </ul>
✓ Chiropractic	2    \$350 per policy	<ul style="list-style-type: none"> <li>Initial visit: \$45</li> <li>Subsequent visit: \$45</li> </ul>
✓ Dietetics/dietary advice	2    \$1,000 per policy	<ul style="list-style-type: none"> <li>Initial visit: \$45</li> <li>Subsequent visit: \$45</li> </ul>
✓ Endodontic	2 <b>No annual limit</b> combined limit for endodontic & general dental sub-limits apply	<ul style="list-style-type: none"> <li>Filling of one root canal: \$145</li> </ul>
✓ Eye therapy (orthoptics)	2    \$1,000 per policy	<ul style="list-style-type: none"> <li>Initial visit: \$50</li> <li>Subsequent visit: \$50</li> </ul>
✓ General dental	2 <b>No annual limit</b> combined limit for endodontic & general dental	<ul style="list-style-type: none"> <li>Fluoride treatment: \$27</li> <li>Scale &amp; clean: \$75</li> <li>Surgical tooth extraction: \$140</li> <li>Periodic oral examination: \$42</li> </ul>
✓ Health management / Healthy lifestyle	2    \$600 per policy	<ul style="list-style-type: none"> <li>Health management: 70% of charge</li> </ul>
✓ Hearing aids	12    \$1,000 per policy	<ul style="list-style-type: none"> <li>Hearing aid: \$1000</li> </ul>

<b>✓ Home nursing</b>	2	<b>\$1,000 per policy</b>	<ul style="list-style-type: none"><li>Initial visit: \$40</li><li>Subsequent visit: \$40</li></ul>
<b>✓ Major dental</b>	12	<b>\$1,500 per policy</b>	<ul style="list-style-type: none"><li>Full crown veneered: \$680</li></ul>
<b>✓ Non PBS pharmaceuticals</b>	2	<b>\$400 per policy</b> combined limit for non pbs pharmaceuticals & vaccinations	<ul style="list-style-type: none"><li>Per eligible prescription: \$100</li></ul>
<b>✓ Occupational therapy</b>	2	<b>\$1,000 per policy</b>	<ul style="list-style-type: none"><li>Initial visit: \$50</li><li>Subsequent visit: \$50</li></ul>
<b>✓ Optical</b>	6	<b>\$250 per policy</b>	<ul style="list-style-type: none"><li>Multi-focal lenses &amp; frames: \$250</li><li>Single vision lenses &amp; frames: \$250</li></ul>
<b>✓ Orthodontic</b>	12	<b>\$300 per policy</b> \$3,000 lifetime limit	<ul style="list-style-type: none"><li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: \$900</li></ul>
<b>✓ Orthotics (podiatric orthoses)</b>	2	<b>\$600 per policy</b> combined limit for orthotics (podiatric orthoses) & podiatry	<ul style="list-style-type: none"><li>Orthotics supply &amp; fit: \$100</li></ul>
<b>✓ Osteopathy</b>	2	<b>\$1,000 per policy</b>	<ul style="list-style-type: none"><li>Initial visit: \$45</li><li>Subsequent visit: \$45</li></ul>
<b>✓ Physiotherapy</b>	2	<b>\$1,000 per policy</b>	<ul style="list-style-type: none"><li>Initial visit: \$55</li><li>Subsequent visit: \$55</li></ul>
<b>✓ Podiatry</b>	2	<b>\$600 per policy</b> combined limit for orthotics (podiatric orthoses) & podiatry	<ul style="list-style-type: none"><li>Initial visit: \$30</li><li>Subsequent visit: \$30</li></ul>
<b>✓ Psychology</b>	2	<b>\$450 per policy</b>	<ul style="list-style-type: none"><li>Initial visit: \$80</li><li>Subsequent visit: \$80</li></ul>
<b>✓ Remedial massage</b>	2	<b>\$350 per policy</b>	<ul style="list-style-type: none"><li>Initial visit: \$45</li><li>Subsequent visit: \$45</li></ul>
<b>✓ Speech therapy</b>	2	<b>\$1,000 per policy</b>	<ul style="list-style-type: none"><li>Initial visit: \$60</li><li>Subsequent visit: \$60</li></ul>
<b>✓ Vaccinations</b>	2	<b>\$400 per policy</b> combined limit for non pbs pharmaceuticals & vaccinations	<ul style="list-style-type: none"><li>Per service: \$100</li></ul>

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

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - [https://www.health.tas.gov.au/ambulance/fees\\_and\\_accounts](https://www.health.tas.gov.au/ambulance/fees_and_accounts).

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

## Insurer Details

**Latrobe Health Services**

Premier Extras

**\$129.52 / month**

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Available in TAS

**Call now 1300 362 144**

Sponsor link

**Latrobe Health Services** <http://www.latrobehealth.com.au> [info@lhs.com.au](mailto:info@lhs.com.au)

1300 362 144

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