

**Latrobe Health Services**
Premier Extras**\$259.04 / month**
(Before Rebate, Discount & Loading)
Available in WA

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 (and no-one else).

This health insurer does not operate a preferred provider scheme.

Policy ID: LHS/I10/WCBW20

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

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



Latrobe Health Services
Premier Extras


\$259.04 / month
(Before Rebate, Discount & Loading)
Available in WA

Call now  **1300 362 144**
Sponsor link

Latrobe Health Services

 <http://www.latrobehealth.com.au>

 info@lhs.com.au

 **1300 362 144**

Disclaimer: This document is not a Private Health Information Statement (PHIS), and it is not intended to replace that document. The details contained in the **healthslips.com.au Policy Information** was provided by the insurer to the Australian Government. It is intended as general information. It may not take into account your circumstances. For further information contact the insurer. Information used is Licensed from the Commonwealth of Australia under a Creative Commons 3.0 licence.

Private Health Information Statement is available from the Private Health Insurance Ombudsman website at <https://privatehealth.gov.au/dynamic/Premium/PHIS/LHS/110/WCBW20>