Latrobe Health Services
Premier Family Care Extras

$235.98 / 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: One adult & dependants, including non-student dependants (2 or more people, only one of whom is an adult).

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/I11/TCEV1Y

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: $40 • Subsequent visit: $32
✓ **Audiology**	2	**$1,000 per person**	• Initial visit: $65 • Subsequent visit: $65
✓ **Blood glucose monitors**	12	**$250 per person every 3 years. $500 total all appliances per membership every 3 years**	• Per monitor: 90% of charge
✓ **Chiropractic**	2	**$350 per person**	• Initial visit: $46 • Subsequent visit: $29
✓ **Dietetics/dietary advice**	2	**$1,000 per person**	• Initial visit: $45 • Subsequent visit: $40
✓ **Endodontic**	3	**No annual limit** combined limit for endodontic & general dental sub-limits apply	• Filling of one root canal: $110.7
✓ **Eye therapy (orthoptics)**	2	**$1,000 per person**	• Initial visit: $50 • Subsequent visit: $40
✓ **General dental**	3	**No annual limit** combined limit for endodontic & general dental	• Fluoride treatment: $25 • Scale & clean: $56 • Surgical tooth extraction: $102.1 • Periodic oral examination: $29.12

✓ **Health management / Healthy lifestyle**	2	**$75 per person**	• Health management: $75
✓ **Hearing aids**	12	**$1,000 per person**	• Hearing aid: $1000
✓ **Home nursing**	2	**$1,000 per person**	• Initial visit: $45 • Subsequent visit: $18
✓ **Major dental**	12	**$300 per person**	• Full crown veneered: $585.6
✓ **Non PBS pharmaceuticals**	2	**$400 per person**	• Per eligible prescription: $100
✓ **Occupational therapy**	2	**$1,000 per person**	• Initial visit: $50 • Subsequent visit: $50
✓ **Optical**	12	**$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: $30
✓ **Physiotherapy**	2	**$1,000 per person**	• Initial visit: $42 • Subsequent visit: $37
✓ **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: $36 • Subsequent visit: $32
✓ **Speech therapy**	2	**$1,000 per person**	• Initial visit: $60 • Subsequent visit: $60

A benefit is paid for state ambulance subscriptions when paid voluntarily but not as a state tax or levy. The benefit is 100% of the cost. Benefits are also payable for CPAP machines, air compressors, nebulisers, TENS machines, lymphoedema garments, and non-surgically implanted prostheses. Major dental and orthodontic benefits increase with years of membership. The orthotic benefit shown is a guide only and benefits will differ according to the orthotic prescribed.

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

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

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.

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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