



**Latrobe Health Services**  
Core Essential Extras

**\$35.08 / month**

(Before Rebate, Discount & Loading)

Available in SA

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 policy must be purchased with a hospital policy.

This health insurer does not operate a preferred provider scheme.

**Policy ID:** LHS/I16/SBKR10

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

## Extras Cover

**This policy includes General treatment (Extras) cover for**

Note, for treatments marked with \* : Periodic Oral Examination - 1 free up to \$60, Scale and clean - 1 free up to \$120, Fluoride Treatment - 2 free up to \$36.

Treatment & waiting period (months)	Benefit limits per 12 months unless otherwise stated	Examples of maximum benefits
✓ Acupuncture	2 <b>\$350 per policy</b> combined limit for acupuncture, chiropractic, dietetics/dietary advice, exercise physiology, osteopathy, physiotherapy, remedial massage & other services	<ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$30</li> </ul>
✓ Chiropractic	2 <b>\$350 per policy</b> combined limit for acupuncture, chiropractic, dietetics/dietary advice, exercise physiology, osteopathy, physiotherapy, remedial massage & other services	<ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$30</li> </ul>
✓ Dietetics/dietary advice	2 <b>\$350 per policy</b> combined limit for acupuncture, chiropractic, dietetics/dietary advice, exercise physiology, osteopathy, physiotherapy, remedial massage & other services	<ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$30</li> </ul>
✓ Endodontic	2 <b>\$375 per policy</b> combined limit for endodontic & general dental	<ul style="list-style-type: none"> <li>Filling of one root canal: 50% of charge</li> </ul>
✓ Exercise physiology	2 <b>\$350 per policy</b> combined limit for acupuncture, chiropractic, dietetics/dietary advice, exercise physiology, osteopathy, physiotherapy, remedial massage & other services	<ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$30</li> </ul>
✓ General dental	2 <b>\$375 per policy</b> combined limit for endodontic & general dental	<ul style="list-style-type: none"> <li>Fluoride treatment: \$36</li> <li>Scale &amp; clean: 50% of charge</li> <li>Surgical tooth extraction: 50% of charge</li> <li>Periodic oral examination: 50% of charge</li> </ul>

<b>✓ Optical</b>	<b>6</b>	<b>\$175 per policy</b>	<ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: \$175</li> <li>Single vision lenses &amp; frames: \$175</li> </ul>
<b>✓ Osteopathy</b>	<b>2</b>	<b>\$350 per policy</b>	<ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$30</li> </ul>
		combined limit for acupuncture, chiropractic, dietetics/dietary advice, exercise physiology, osteopathy, physiotherapy, remedial massage & other services	
<b>✓ Physiotherapy</b>	<b>2</b>	<b>\$350 per policy</b>	<ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$30</li> </ul>
		combined limit for acupuncture, chiropractic, dietetics/dietary advice, exercise physiology, osteopathy, physiotherapy, remedial massage & other services	
<b>✓ Psychology</b>	<b>2</b>	<b>\$200 per policy</b>	<ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$30</li> </ul>
<b>✓ Remedial massage</b>	<b>2</b>	<b>\$350 per policy</b>	<ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$30</li> </ul>
		combined limit for acupuncture, chiropractic, dietetics/dietary advice, exercise physiology, osteopathy, physiotherapy, remedial massage & other services	

Periodic Oral Examination - \$60 for 1 service, 50% for additional services. Scale and clean - \$120 for 1 service, 50% 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 braces, splints, cam boot and a 50% rebate on full ambulance subscriptions when paid voluntarily but not as a state tax or levy. When this extras cover is coupled with a hospital cover a benefit bonus will also accumulate.

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

<b>✗</b> Ante-natal/Post-natal classes	<b>✗</b> Health management / Healthy lifestyle	<b>✗</b> Occupational therapy
<b>✗</b> Audiology	<b>✗</b> Hearing aids	<b>✗</b> Orthodontic
<b>✗</b> Blood glucose monitors	<b>✗</b> Home nursing	<b>✗</b> Orthotics (podiatric orthoses)
<b>✗</b> Chinese medicine	<b>✗</b> Major dental	<b>✗</b> Podiatry
<b>✗</b> Eye therapy (orthoptics)	<b>✗</b> Non PBS pharmaceuticals	<b>✗</b> Speech therapy
		<b>✗</b> Vaccinations

**Other features of this general treatment cover:** When combined with hospital, also includes a Benefit Bonus of \$50 each year per person capped at \$100 per membership, accruing up to \$250 per person capped at \$500 per membership. For Couple and Family memberships, each person may only claim up to 50% of the accrued benefit bonus in any one year. Benefit Bonus limits refresh each year on join anniversary. If unused, benefit bonus rolls over up to a maximum of 5 years' benefit (\$250 per person capped at \$500 per membership)

**For further information about this policy see:** <https://www.latrobehealth.com.au/health-cover/cover-extras/core-singles-and-couples/>

## Ambulance cover

In SA 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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Call now **1300 362 144**  
Sponsor link

### Latrobe Health Services

<http://www.latrobehealth.com.au>  
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 [1300 362 144](tel:1300362144)

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