

**Latrobe Health Services**
Core Essential Extras**\$70.17 / 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: Two adults (and no-one else).

This policy must be purchased with a hospital policy.

This health insurer does not operate a preferred provider scheme.

Policy ID: LHS/I16/TBLK20

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	\$350 per person up to \$700 per policy combined limit for acupuncture, chiropractic, dietetics/dietary advice, exercise physiology, osteopathy, physiotherapy, remedial massage & other services	<ul style="list-style-type: none">Initial visit: \$30Subsequent visit: \$30
✓ Chiropractic	2	\$350 per person up to \$700 per policy combined limit for acupuncture, chiropractic, dietetics/dietary advice, exercise physiology, osteopathy, physiotherapy, remedial massage & other services	<ul style="list-style-type: none">Initial visit: \$30Subsequent visit: \$30
✓ Dietetics/dietary advice	2	\$350 per person up to \$700 per policy combined limit for acupuncture, chiropractic, dietetics/dietary advice, exercise physiology, osteopathy, physiotherapy, remedial massage & other services	<ul style="list-style-type: none">Initial visit: \$30Subsequent visit: \$30
✓ Endodontic	2	\$375 per person combined limit for endodontic & general dental	<ul style="list-style-type: none">Filling of one root canal: 50% of charge
✓ Exercise physiology	2	\$350 per person up to \$700 per policy combined limit for acupuncture, chiropractic, dietetics/dietary advice, exercise physiology, osteopathy, physiotherapy, remedial massage & other services	<ul style="list-style-type: none">Initial visit: \$30Subsequent visit: \$30
✓ General dental	2	\$375 per person combined limit for endodontic & general dental	<ul style="list-style-type: none">Fluoride treatment: \$36Scale & clean: 50% of chargeSurgical tooth extraction: 50% of chargePeriodic oral examination: 50% of charge

✓ Optical	6	\$175 per person	<ul style="list-style-type: none"> Multi-focal lenses & frames: \$175 Single vision lenses & frames: \$175
✓ Osteopathy	2	\$350 per person up to \$700 per policy combined limit for acupuncture, chiropractic, dietetics/dietary advice, exercise physiology, osteopathy, physiotherapy, remedial massage & other services	<ul style="list-style-type: none"> Initial visit: \$30 Subsequent visit: \$30
✓ Physiotherapy	2	\$350 per person up to \$700 per policy combined limit for acupuncture, chiropractic, dietetics/dietary advice, exercise physiology, osteopathy, physiotherapy, remedial massage & other services	<ul style="list-style-type: none"> Initial visit: \$30 Subsequent visit: \$30
✓ Psychology	2	\$200 per person	<ul style="list-style-type: none"> Initial visit: \$30 Subsequent visit: \$30
✓ Remedial massage	2	\$350 per person up to \$700 per policy combined limit for acupuncture, chiropractic, dietetics/dietary advice, exercise physiology, osteopathy, physiotherapy, remedial massage & other services	<ul style="list-style-type: none"> Initial visit: \$30 Subsequent visit: \$30

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

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

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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Core Essential Extras

\$70.17 / month

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Call now  **1300 362 144**
Sponsor link

Latrobe Health Services

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

 info@lhs.com.au

 **1300 362 144**

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Private Health Information Statement is available from the Private Health Insurance Ombudsman website at <https://privatehealth.gov.au/dynamic/Premium/PHIS/LHS/I16/TBLK20>