

**Latrobe Health Services**  
**Core Families Extras****\$81.81 / month**

(Before Rebate, Discount &amp; 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:** 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/I17/SBMF1Y**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 | <b>\$150 per person up to \$450 per policy</b><br>combined limit for acupuncture, dietetics/dietary advice, remedial massage & other services                                                     | <ul style="list-style-type: none"><li>Initial visit: \$30</li><li>Subsequent visit: \$30</li></ul> |
| ✓ Ante-natal/Post-natal classes     | 2 | <b>\$200 per person up to \$600 per policy</b><br>combined limit for ante-natal/post-natal classes, chiropractic, exercise physiology, osteopathy, physiotherapy, speech therapy & other services | <ul style="list-style-type: none"><li>Initial visit: \$30</li><li>Subsequent visit: \$30</li></ul> |
| ✓ Chiropractic                      | 2 | <b>\$200 per person up to \$600 per policy</b><br>combined limit for ante-natal/post-natal classes, chiropractic, exercise physiology, osteopathy, physiotherapy, speech therapy & other services | <ul style="list-style-type: none"><li>Initial visit: \$30</li><li>Subsequent visit: \$30</li></ul> |
| ✓ Dietetics/dietary advice          | 2 | <b>\$150 per person up to \$450 per policy</b><br>combined limit for acupuncture, dietetics/dietary advice, 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 person</b><br>combined limit for endodontic & general dental                                                                                                                         | <ul style="list-style-type: none"><li>Filling of one root canal: \$131.8</li></ul>                 |
| ✓ Exercise physiology               | 2 | <b>\$200 per person up to \$600 per policy</b><br>combined limit for ante-natal/post-natal classes, chiropractic, exercise physiology, osteopathy, physiotherapy, speech therapy & 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 person</b><br>combined limit for endodontic & general dental                                                                                                                         | <ul style="list-style-type: none"> <li>Fluoride treatment: \$20</li> <li>Scale &amp; clean: \$60</li> <li>Periodic oral examination: \$32</li> </ul> |
| ✓ Health management / Healthy lifestyle | 12 | <b>\$225 per membership across all appliances every 2 years</b>                                                                                                                                   | <ul style="list-style-type: none"> <li>Health management: 65% of charge</li> </ul>                                                                   |
| ✓ Optical                               | 6  | <b>\$200 per person</b>                                                                                                                                                                           | <ul style="list-style-type: none"> <li>Single vision lenses &amp; frames: \$200</li> </ul>                                                           |
| ✓ Osteopathy                            | 2  | <b>\$200 per person up to \$600 per policy</b><br>combined limit for ante-natal/post-natal classes, chiropractic, exercise physiology, osteopathy, physiotherapy, speech therapy & other services | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>                                                |
| ✓ Physiotherapy                         | 2  | <b>\$200 per person up to \$600 per policy</b><br>combined limit for ante-natal/post-natal classes, chiropractic, exercise physiology, osteopathy, physiotherapy, speech therapy & other services | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>                                                |
| ✓ Psychology                            | 2  | <b>\$225 per person up to \$675 per policy</b>                                                                                                                                                    | <ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$30</li> </ul>                                                |
| ✓ Remedial massage                      | 2  | <b>\$150 per person up to \$450 per policy</b><br>combined limit for acupuncture, dietetics/dietary advice, remedial massage & other services                                                     | <ul style="list-style-type: none"> <li>Initial visit: \$35</li> <li>Subsequent visit: \$35</li> </ul>                                                |
| ✓ Speech therapy                        | 2  | <b>\$200 per person up to \$600 per policy</b><br>combined limit for ante-natal/post-natal classes, chiropractic, exercise physiology, osteopathy, physiotherapy, speech therapy & other services | <ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$30</li> </ul>                                                |

Periodic Oral Examination - 1 free up to \$60 and \$32 for additional services. Scale and clean - 1 free up to \$120 and \$60 for additional services. Fluoride Treatment - 2 free up to \$36 and \$20 for additional services. A benefit is also payable for myotherapy, health appliances & aids such as crutches, knee braces, splints, cam boot, nebuliser, asthma and peak flow meters 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

- |                            |                           |                                  |
|----------------------------|---------------------------|----------------------------------|
| ✗ Audiology                | ✗ Home nursing            | ✗ Orthotics (podiatric orthoses) |
| ✗ Blood glucose monitors   | ✗ Major dental            | ✗ Podiatry                       |
| ✗ Chinese medicine         | ✗ Non PBS pharmaceuticals | ✗ Vaccinations                   |
| ✗ Eye therapy (orthoptics) | ✗ Occupational therapy    |                                  |
| ✗ Hearing aids             | ✗ Orthodontic             |                                  |

## 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



**Latrobe Health Services**  
Core Families Extras

**\$81.81 / month**

(Before Rebate, Discount & Loading)

Available in SA

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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