

**Latrobe Health Services**
Core Families Extras**\$116.87 / 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 & dependants, including non-student dependants (3 or more people, only 2 of whom are adults).

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/117/WBMK2Y

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	\$150 per person up to \$450 per policy combined limit for acupuncture, dietetics/dietary advice, remedial massage & other services	- Initial visit: \$30 - Subsequent visit: \$30
✓ Ante-natal/Post-natal classes	2	\$200 per person up to \$600 per policy combined limit for ante-natal/post-natal classes, chiropractic, exercise physiology, osteopathy, physiotherapy, speech therapy & other services	- Initial visit: \$30 - Subsequent visit: \$30
✓ Chiropractic	2	\$200 per person up to \$600 per policy combined limit for ante-natal/post-natal classes, chiropractic, exercise physiology, osteopathy, physiotherapy, speech therapy & other services	- Initial visit: \$30 - Subsequent visit: \$30
✓ Dietetics/dietary advice	2	\$150 per person up to \$450 per policy combined limit for acupuncture, dietetics/dietary advice, remedial massage & other services	- Initial visit: \$30 - Subsequent visit: \$30
✓ Endodontic	2	\$375 per person combined limit for endodontic & general dental	Filling of one root canal: \$131.8
✓ Exercise physiology	2	\$200 per person up to \$600 per policy combined limit for ante-natal/post-natal classes, chiropractic, exercise physiology, osteopathy, physiotherapy, speech therapy & other services	- Initial visit: \$30 - Subsequent visit: \$30

✓ General dental	2	\$375 per person combined limit for endodontic & general dental	- Fluoride treatment: \$20 - Scale & clean: \$60 - Periodic oral examination: \$32
✓ Health management / Healthy lifestyle	12	\$225 per membership across all appliances every 2 years	Health management: 65% of charge
✓ Optical	6	\$200 per person	Single vision lenses & frames: \$200
✓ Osteopathy	2	\$200 per person up to \$600 per policy combined limit for ante-natal/post-natal classes, chiropractic, exercise physiology, osteopathy, physiotherapy, speech therapy & other services	- Initial visit: \$40 - Subsequent visit: \$40
✓ Physiotherapy	2	\$200 per person up to \$600 per policy combined limit for ante-natal/post-natal classes, chiropractic, exercise physiology, osteopathy, physiotherapy, speech therapy & other services	- Initial visit: \$40 - Subsequent visit: \$40
✓ Psychology	2	\$225 per person up to \$675 per policy	- Initial visit: \$30 - Subsequent visit: \$30
✓ Remedial massage	2	\$150 per person up to \$450 per policy combined limit for acupuncture, dietetics/dietary advice, remedial massage & other services	- Initial visit: \$35 - Subsequent visit: \$35
✓ Speech therapy	2	\$200 per person up to \$600 per policy combined limit for ante-natal/post-natal classes, chiropractic, exercise physiology, osteopathy, physiotherapy, speech therapy & other services	- Initial visit: \$30 - Subsequent visit: \$30

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 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
Core Families Extras

\$116.87 / 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**

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