

**Latrobe Health Services**  
**Premier Families Extras****\$286.99 / month**

(Before Rebate, Discount &amp; Loading)

Available in NT

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/I19/DCDR2Y**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>\$400 per person up to \$1,200 per policy</b><br>combined limit for acupuncture, chinese medicine, dietetics/dietary advice & remedial massage                                   | <ul style="list-style-type: none"><li>Initial visit: \$45</li><li>Subsequent visit: \$45</li></ul> |
| ✓ Ante-natal/Post-natal classes     | 2  | <b>\$550 per person up to \$1,650 per policy</b><br>combined limit for ante-natal/post-natal classes, chiropractic, exercise physiology, osteopathy, physiotherapy & other services | <ul style="list-style-type: none"><li>Initial visit: \$45</li><li>Subsequent visit: \$45</li></ul> |
| ✓ Audiology                         | 2  | <b>\$425 per person up to \$1,275 per policy</b><br>combined limit for audiology, eye therapy (orthoptics), occupational therapy & speech therapy                                   | <ul style="list-style-type: none"><li>Initial visit: \$40</li><li>Subsequent visit: \$40</li></ul> |
| ✓ Blood glucose monitors            | 12 | <b>\$500 total all appliances every 2 years</b><br>combined limit for blood glucose monitors & hearing aids                                                                         | <ul style="list-style-type: none"><li>Per monitor: 65% of charge</li></ul>                         |
| ✓ Chinese medicine                  | 2  | <b>\$400 per person up to \$1,200 per policy</b><br>combined limit for acupuncture, chinese medicine, dietetics/dietary advice & remedial massage                                   | <ul style="list-style-type: none"><li>Initial visit: \$45</li><li>Subsequent visit: \$45</li></ul> |
| ✓ Chiropractic                      | 2  | <b>\$550 per person up to \$1,650 per policy</b><br>combined limit for ante-natal/post-natal classes, chiropractic, exercise physiology, osteopathy, physiotherapy & other services | <ul style="list-style-type: none"><li>Initial visit: \$45</li><li>Subsequent visit: \$45</li></ul> |
| ✓ Dietetics/dietary advice          | 2  | <b>\$400 per person up to \$1,200 per policy</b><br>combined limit for acupuncture, chinese medicine, dietetics/dietary advice & remedial massage                                   | <ul style="list-style-type: none"><li>Initial visit: \$45</li><li>Subsequent visit: \$45</li></ul> |

|                                         |    |                                                                                                                                                                                     |                                                                                                                                                                                                |
|-----------------------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Endodontic                            | 2  | <b>\$1,000 per person</b><br>combined limit for endodontic & general dental                                                                                                         | <ul style="list-style-type: none"> <li>Filling of one root canal: \$145</li> </ul>                                                                                                             |
| ✓ Exercise physiology                   | 2  | <b>\$550 per person up to \$1,650 per policy</b><br>combined limit for ante-natal/post-natal classes, chiropractic, exercise physiology, osteopathy, physiotherapy & other services | <ul style="list-style-type: none"> <li>Initial visit: \$45</li> <li>Subsequent visit: \$45</li> </ul>                                                                                          |
| ✓ Eye therapy (orthoptics)              | 2  | <b>\$425 per person up to \$1,275 per policy</b><br>combined limit for audiology, eye therapy (orthoptics), occupational therapy & speech therapy                                   | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>                                                                                          |
| ✓ General dental                        | 2  | <b>\$1,000 per person</b><br>combined limit for endodontic & general dental                                                                                                         | <ul style="list-style-type: none"> <li>Fluoride treatment: \$27</li> <li>Scale &amp; clean: \$75</li> <li>Surgical tooth extraction: \$140</li> <li>Periodic oral examination: \$42</li> </ul> |
| ✓ Health management / Healthy lifestyle | 12 | <b>\$250 per person</b>                                                                                                                                                             | <ul style="list-style-type: none"> <li>Health management: 65% of charge</li> </ul>                                                                                                             |
| ✓ Hearing aids                          | 12 | <b>\$500 total all appliances every 2 years</b><br>combined limit for blood glucose monitors & hearing aids                                                                         | <ul style="list-style-type: none"> <li>Hearing aid: 65% of charge</li> </ul>                                                                                                                   |
| ✓ Major dental                          | 12 | <b>\$875 per person</b>                                                                                                                                                             | <ul style="list-style-type: none"> <li>Full crown veneered: \$680</li> </ul>                                                                                                                   |
| ✓ Non PBS pharmaceuticals               | 2  | <b>\$340 per person up to \$1,020 per policy</b>                                                                                                                                    | <ul style="list-style-type: none"> <li>Per eligible prescription: \$50</li> </ul>                                                                                                              |
| ✓ Occupational therapy                  | 2  | <b>\$425 per person up to \$1,275 per policy</b><br>combined limit for audiology, eye therapy (orthoptics), occupational therapy & speech therapy                                   | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>                                                                                          |
| ✓ Optical                               | 6  | <b>\$250 per person</b>                                                                                                                                                             | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: \$250</li> <li>Single vision lenses &amp; frames: \$250</li> </ul>                                                     |
| ✓ Orthodontic                           | 12 | <b>\$750 per person</b><br>\$2,400 lifetime limit                                                                                                                                   | <ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: \$750</li> </ul>                                                        |
| ✓ Orthotics (podiatric orthoses)        | 2  | <b>\$400 per person up to \$1,200 per policy</b><br>combined limit for orthotics (podiatric orthoses) & podiatry                                                                    | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 65% of charge</li> </ul>                                                                                                    |
| ✓ Osteopathy                            | 2  | <b>\$550 per person up to \$1,650 per policy</b><br>combined limit for ante-natal/post-natal classes, chiropractic, exercise physiology, osteopathy, physiotherapy & other services | <ul style="list-style-type: none"> <li>Initial visit: \$45</li> <li>Subsequent visit: \$45</li> </ul>                                                                                          |
| ✓ Physiotherapy                         | 2  | <b>\$550 per person up to \$1,650 per policy</b><br>combined limit for ante-natal/post-natal classes, chiropractic, exercise physiology, osteopathy, physiotherapy & other services | <ul style="list-style-type: none"> <li>Initial visit: \$50</li> <li>Subsequent visit: \$50</li> </ul>                                                                                          |
| ✓ Podiatry                              | 2  | <b>\$400 per person up to \$1,200 per policy</b><br>combined limit for orthotics (podiatric orthoses) & podiatry                                                                    | <ul style="list-style-type: none"> <li>Initial visit: \$45</li> <li>Subsequent visit: \$45</li> </ul>                                                                                          |
| ✓ Psychology                            | 2  | <b>\$450 per person up to \$1,350 per policy</b>                                                                                                                                    | <ul style="list-style-type: none"> <li>Initial visit: \$60</li> <li>Subsequent visit: \$60</li> </ul>                                                                                          |

|                    |   |                                                                                                                                                   |                                                                                                    |
|--------------------|---|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| ✓ Remedial massage | 2 | <b>\$400 per person up to \$1,200 per policy</b><br>combined limit for acupuncture, chinese medicine, dietetics/dietary advice & remedial massage | <ul style="list-style-type: none"><li>Initial visit: \$45</li><li>Subsequent visit: \$45</li></ul> |
| ✓ Speech therapy   | 2 | <b>\$425 per person up to \$1,275 per policy</b><br>combined limit for audiology, eye therapy (orthoptics), occupational therapy & speech therapy | <ul style="list-style-type: none"><li>Initial visit: \$40</li><li>Subsequent visit: \$40</li></ul> |

Periodic Oral Examination - 2 free up to \$60 and \$42 for additional services. Scale and clean - 2 free up to \$120 and \$75 for additional services. Fluoride Treatment - 2 free up to \$36 and \$27 for additional services. A benefit is also payable for myotherapy, Chinese medicine, health appliances & aids such as CPAP or TENS machine, crutches, knee braces, splints, cam boot, medical gases, nebuliser, asthma and peak flow meters, immunotherapy, skin prick test, EpiPen, infant sleep school, Australian breast feeding association, school accident top up, wheelchair hire, QUIT course, nicotine replacement, travel for medical outpatient visits and a 100% rebate on full ambulance subscriptions when paid voluntarily but not as a state tax or levy. When coupled with a hospital cover a benefit bonus will also accumulate.

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

✗ Home nursing

✗ Vaccinations

## Ambulance cover

In NT this policy provides:

Emergency: With a waiting period of 1 day, limited to 2 services per year.

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**  
**Premier Families Extras**

**\$286.99 / month**

(Before Rebate, Discount & Loading)

Available in NT

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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