Latrobe Health Services
Advantage Family Care Extras

$113.06 / 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 & 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/I2/TBED2Y

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	**$300 per person**	• Initial visit: $25 • Subsequent visit: $17
✓ **Audiology**	2	**$300 per person**	• Initial visit: $25 • Subsequent visit: $17
✓ **Blood glucose monitors**	12	**$200 per person up to $400 per policy**	• Per monitor: 70% of charge
✓ **Chiropractic**	2	**$300 per person up to $600 per policy** combined limit for chiropractic, eye therapy (orthoptics), home nursing, non pbs pharmaceuticals, occupational therapy, osteopathy, physiotherapy, remedial massage, speech therapy & other services	• Initial visit: $26 • Subsequent visit: $19
✓ **Dietetics/dietary advice**	2	**$300 per person**	• Initial visit: $25 • Subsequent visit: $17
✓ **Endodontic**	3	**$1,000 per person up to $2,000 per policy** combined limit for endodontic, general dental & major dental sub-limits apply	• Filling of one root canal: $93.1
✓ **Eye therapy (orthoptics)**	2	**$300 per person up to $600 per policy** combined limit for chiropractic, eye therapy (orthoptics), home nursing, non pbs pharmaceuticals, occupational therapy, osteopathy, physiotherapy, remedial massage, speech therapy & other services	• Initial visit: $25 • Subsequent visit: $17

✓ **General dental**	3	**$1,000 per person up to $2,000 per policy** combined limit for endodontic, general dental & major dental sub-limits apply	• Fluoride treatment: $19.5 • Scale & clean: $50 • Surgical tooth extraction: $88 • Periodic oral examination: $26
✓ **Health management / Healthy lifestyle**	2		• Health management: $55
✓ **Hearing aids**	12	**$500 per person**	• Hearing aid: $500
✓ **Home nursing**	2	**$300 per person up to $600 per policy** combined limit for chiropractic, eye therapy (orthoptics), home nursing, non pbs pharmaceuticals, occupational therapy, osteopathy, physiotherapy, remedial massage, speech therapy & other services	• Initial visit: $25 • Subsequent visit: $17
✓ **Major dental**	12	**$1,000 per person up to $2,000 per policy** combined limit for endodontic, general dental & major dental	• Full crown veneered: $456
✓ **Non PBS pharmaceuticals**	2	**$300 per person up to $600 per policy** combined limit for chiropractic, eye therapy (orthoptics), home nursing, non pbs pharmaceuticals, occupational therapy, osteopathy, physiotherapy, remedial massage, speech therapy & other services	• Per eligible prescription: $25
✓ **Occupational therapy**	2	**$300 per person up to $600 per policy** combined limit for chiropractic, eye therapy (orthoptics), home nursing, non pbs pharmaceuticals, occupational therapy, osteopathy, physiotherapy, remedial massage, speech therapy & other services	• Initial visit: $25 • Subsequent visit: $17
✓ **Optical**	12	**$135 per person**	• Multi-focal lenses & frames: $135 • Single vision lenses & frames: $135
✓ **Orthodontic**	12	**$300 per person** $1,800 lifetime limit	• Braces for upper & lower teeth, including removal plus fitting of retainer: $900
✓ **Orthotics (podiatric orthoses)**	2	**$300 per person** combined limit for orthotics (podiatric orthoses) & podiatry	• Orthotics supply & fit: $70
✓ **Osteopathy**	2	**$300 per person up to $600 per policy** combined limit for chiropractic, eye therapy (orthoptics), home nursing, non pbs pharmaceuticals, occupational therapy, osteopathy, physiotherapy, remedial massage, speech therapy & other services	• Initial visit: $25 • Subsequent visit: $17
✓ **Physiotherapy**	2	**$300 per person up to $600 per policy** combined limit for chiropractic, eye therapy (orthoptics), home nursing, non pbs pharmaceuticals, occupational therapy, osteopathy, physiotherapy, remedial massage, speech therapy & other services	• Initial visit: $27 • Subsequent visit: $22
✓ **Podiatry**	2	**$300 per person** combined limit for orthotics (podiatric orthoses) & podiatry	• Initial visit: $25 • Subsequent visit: $25
✓ **Psychology**	2	**$300 per person**	• Initial visit: $50 • Subsequent visit: $50

✓ **Remedial massage**	2	**$300 per person up to $600 per policy** combined limit for chiropractic, eye therapy (orthoptics), home nursing, non pbs pharmaceuticals, occupational therapy, osteopathy, physiotherapy, remedial massage, speech therapy & other services	• Initial visit: $25 • Subsequent visit: $17
✓ **Speech therapy**	2	**$300 per person up to $600 per policy** combined limit for chiropractic, eye therapy (orthoptics), home nursing, non pbs pharmaceuticals, occupational therapy, osteopathy, physiotherapy, remedial massage, speech therapy & other services	• Initial visit: $25 • Subsequent visit: $17

Benefits are also payable for pressure garments, non-surgically implanted prostheses, CPAP machines, air compressors, nebulisers and TENS machines. The orthotic benefit shown is a guide only and benefits will differ according to the orthotic prescribed. A benefit is paid for state ambulance subscriptions when paid voluntarily but not as a state tax or levy. Benefit is $44 for family memberships.

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

- ✗ Ante-natal/Post-natal classes
- ✗ Chinese medicine
- ✗ Exercise physiology
- ✗ Vaccinations

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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Call now 1300 362 144
Sponsor link

Latrobe Health Services
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