

**Latrobe Health Services**  
**Core Complete Extras****\$108.34 / 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 (and no-one else).

This health insurer does not operate a preferred provider scheme.

**Policy ID:** LHS/I3/DBHX20**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>\$300 per person up to \$600 per policy</b> combined limit for acupuncture, dietetics/dietary advice, remedial massage & other services	<ul style="list-style-type: none"><li>Initial visit: \$36</li><li>Subsequent visit: \$36</li></ul>
✓ Audiology	2	<b>\$300 per person up to \$600 per policy</b> combined limit for audiology, eye therapy (orthoptics), home nursing, non pbs pharmaceuticals, occupational therapy, speech therapy & vaccinations	<ul style="list-style-type: none"><li>Initial visit: \$25</li><li>Subsequent visit: \$25</li></ul>
✓ Blood glucose monitors	12	<b>\$200 per person up to \$400 per policy</b>	<ul style="list-style-type: none"><li>Per monitor: 70% of charge</li></ul>
✓ Chiropractic	2	<b>\$300 per person up to \$600 per policy</b> combined limit for chiropractic, osteopathy & physiotherapy	<ul style="list-style-type: none"><li>Initial visit: \$36</li><li>Subsequent visit: \$36</li></ul>
✓ Dietetics/dietary advice	2	<b>\$300 per person up to \$600 per policy</b> combined limit for acupuncture, dietetics/dietary advice, remedial massage & other services	<ul style="list-style-type: none"><li>Initial visit: \$36</li><li>Subsequent visit: \$36</li></ul>
✓ Endodontic	2	<b>\$1,000 per person up to \$2,000 per policy</b> combined limit for endodontic, general dental & major dental	<ul style="list-style-type: none"><li>Filling of one root canal: \$109.8</li></ul>
✓ Eye therapy (orthoptics)	2	<b>\$300 per person up to \$600 per policy</b> combined limit for audiology, eye therapy (orthoptics), home nursing, non pbs pharmaceuticals, occupational therapy, speech therapy & vaccinations	<ul style="list-style-type: none"><li>Initial visit: \$25</li><li>Subsequent visit: \$25</li></ul>
✓ General dental	2	<b>\$1,000 per person up to \$2,000 per policy</b> combined limit for endodontic, general dental & major dental	<ul style="list-style-type: none"><li>Fluoride treatment: \$36</li><li>Scale &amp; clean: \$57.6</li><li>Surgical tooth extraction: \$104.3</li><li>Periodic oral examination: \$30.5</li></ul>

✓ Health management / Healthy lifestyle	12	\$500 per person	<ul style="list-style-type: none"> <li>Health management: 70% of charge</li> </ul>
✓ Hearing aids	12	\$500 per person	<ul style="list-style-type: none"> <li>Hearing aid: 70% of charge</li> </ul>
✓ Home nursing	2	<b>\$300 per person up to \$600 per policy</b> combined limit for audiology, eye therapy (orthoptics), home nursing, non pbs pharmaceuticals, occupational therapy, speech therapy & vaccinations	<ul style="list-style-type: none"> <li>Initial visit: \$24</li> <li>Subsequent visit: \$24</li> </ul>
✓ Major dental	12	<b>\$1,000 per person up to \$2,000 per policy</b> combined limit for endodontic, general dental & major dental	<ul style="list-style-type: none"> <li>Full crown veneered: \$556.8</li> </ul>
✓ Non PBS pharmaceuticals	2	<b>\$300 per person up to \$600 per policy</b> combined limit for audiology, eye therapy (orthoptics), home nursing, non pbs pharmaceuticals, occupational therapy, speech therapy & vaccinations	<ul style="list-style-type: none"> <li>Per eligible prescription: \$35</li> </ul>
✓ Occupational therapy	2	<b>\$300 per person up to \$600 per policy</b> combined limit for audiology, eye therapy (orthoptics), home nursing, non pbs pharmaceuticals, occupational therapy, speech therapy & vaccinations	<ul style="list-style-type: none"> <li>Initial visit: \$25</li> <li>Subsequent visit: \$25</li> </ul>
✓ Optical	6	\$200 per person	<ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: \$200</li> <li>Single vision lenses &amp; frames: \$200</li> </ul>
✓ Orthodontic	12	<b>\$600 per person</b> \$1,800 lifetime limit	<ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: \$1800</li> </ul>
✓ Orthotics (podiatric orthoses)	2	<b>\$300 per person</b> combined limit for orthotics (podiatric orthoses) & podiatry	<ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: \$70</li> </ul>
✓ Osteopathy	2	<b>\$300 per person up to \$600 per policy</b> combined limit for chiropractic, osteopathy & physiotherapy	<ul style="list-style-type: none"> <li>Initial visit: \$36</li> <li>Subsequent visit: \$36</li> </ul>
✓ Physiotherapy	2	<b>\$300 per person up to \$600 per policy</b> combined limit for chiropractic, osteopathy & physiotherapy	<ul style="list-style-type: none"> <li>Initial visit: \$45</li> <li>Subsequent visit: \$45</li> </ul>
✓ Podiatry	2	<b>\$300 per person</b> combined limit for orthotics (podiatric orthoses) & podiatry	<ul style="list-style-type: none"> <li>Initial visit: \$25</li> <li>Subsequent visit: \$25</li> </ul>
✓ Psychology	2	\$300 per person	<ul style="list-style-type: none"> <li>Initial visit: \$50</li> <li>Subsequent visit: \$50</li> </ul>
✓ Remedial massage	2	<b>\$300 per person up to \$600 per policy</b> combined limit for acupuncture, dietetics/dietary advice, remedial massage & other services	<ul style="list-style-type: none"> <li>Initial visit: \$36</li> <li>Subsequent visit: \$36</li> </ul>
✓ Speech therapy	2	<b>\$300 per person up to \$600 per policy</b> combined limit for audiology, eye therapy (orthoptics), home nursing, non pbs pharmaceuticals, occupational therapy, speech therapy & vaccinations	<ul style="list-style-type: none"> <li>Initial visit: \$25</li> <li>Subsequent visit: \$25</li> </ul>

- ✓ **Vaccinations**      2      **\$300 per person up to \$600 per policy**      • Per service: \$35
- combined limit for audiology, eye therapy (orthoptics), home nursing, non pbs pharmaceuticals, occupational therapy, speech therapy & vaccinations

Periodic Oral Examination - \$60 for 1 service, \$30.50 for additional services. Scale and clean - \$120 for 1 service, \$57.60 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 brace, splint, cam boot, CPAP or TENS machine, non surgically implanted prosthesis, health screenings and a 50% rebate on full ambulance subscriptions when paid voluntarily but not as a state tax or levy. Orthodontic benefits increase with years of membership. The orthotic benefit shown is a guide only and benefits will differ according to the orthotic prescribed. Vaccinations are for travel vaccines and must be approved by Latrobe.

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

✗ Ante-natal/Post-natal classes

✗ Chinese medicine

✗ Exercise physiology

## Ambulance cover

In NT 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



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**Core Complete Extras**

**\$108.34 / 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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