



### Latrobe Health Services Core Complete Extras

**\$108.34 / month**

(Before Rebate, Discount &amp; Loading)

Available in QLD

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/QBHF20

**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><br>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><br>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><br>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><br>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><br>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><br>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><br>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> |

|                                                |    |                                                                                                                                                                                                      |                                                                                                                                            |
|------------------------------------------------|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ <b>Health management / Healthy lifestyle</b> | 12 | <b>\$500 per person</b>                                                                                                                                                                              | <ul style="list-style-type: none"> <li>Health management: 70% of charge</li> </ul>                                                         |
| ✓ <b>Hearing aids</b>                          | 12 | <b>\$500 per person</b>                                                                                                                                                                              | <ul style="list-style-type: none"> <li>Hearing aid: 70% of charge</li> </ul>                                                               |
| ✓ <b>Home nursing</b>                          | 2  | <b>\$300 per person up to \$600 per policy</b><br>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>                                      |
| ✓ <b>Major dental</b>                          | 12 | <b>\$1,000 per person up to \$2,000 per policy</b><br>combined limit for endodontic, general dental & major dental                                                                                   | <ul style="list-style-type: none"> <li>Full crown veneered: \$556.8</li> </ul>                                                             |
| ✓ <b>Non PBS pharmaceuticals</b>               | 2  | <b>\$300 per person up to \$600 per policy</b><br>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>                                                          |
| ✓ <b>Occupational therapy</b>                  | 2  | <b>\$300 per person up to \$600 per policy</b><br>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>                                      |
| ✓ <b>Optical</b>                               | 6  | <b>\$200 per person</b>                                                                                                                                                                              | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: \$200</li> <li>Single vision lenses &amp; frames: \$200</li> </ul> |
| ✓ <b>Orthodontic</b>                           | 12 | <b>\$600 per person</b><br>\$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>   |
| ✓ <b>Orthotics (podiatric orthoses)</b>        | 2  | <b>\$300 per person</b><br>combined limit for orthotics (podiatric orthoses) & podiatry                                                                                                              | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: \$70</li> </ul>                                                         |
| ✓ <b>Osteopathy</b>                            | 2  | <b>\$300 per person up to \$600 per policy</b><br>combined limit for chiropractic, osteopathy & physiotherapy                                                                                        | <ul style="list-style-type: none"> <li>Initial visit: \$36</li> <li>Subsequent visit: \$36</li> </ul>                                      |
| ✓ <b>Physiotherapy</b>                         | 2  | <b>\$300 per person up to \$600 per policy</b><br>combined limit for chiropractic, osteopathy & physiotherapy                                                                                        | <ul style="list-style-type: none"> <li>Initial visit: \$45</li> <li>Subsequent visit: \$45</li> </ul>                                      |
| ✓ <b>Podiatry</b>                              | 2  | <b>\$300 per person</b><br>combined limit for orthotics (podiatric orthoses) & podiatry                                                                                                              | <ul style="list-style-type: none"> <li>Initial visit: \$25</li> <li>Subsequent visit: \$25</li> </ul>                                      |
| ✓ <b>Psychology</b>                            | 2  | <b>\$300 per person</b>                                                                                                                                                                              | <ul style="list-style-type: none"> <li>Initial visit: \$50</li> <li>Subsequent visit: \$50</li> </ul>                                      |
| ✓ <b>Remedial massage</b>                      | 2  | <b>\$300 per person up to \$600 per policy</b><br>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>                                      |
| ✓ <b>Speech therapy</b>                        | 2  | <b>\$300 per person up to \$600 per policy</b><br>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>                                      |
| ✓ <b>Vaccinations</b>                          | 2  | <b>\$300 per person up to \$600 per policy</b><br>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 service: \$35</li> </ul>                                                                        |

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

Ambulance cover is provided by the State government for Queensland residents (<https://www.ambulance.qld.gov.au>). This includes cover whilst interstate.

**For further information about this policy see:** <https://www.latrobehealth.com.au/health-cover/emergency-ambulance-cover/>

## Insurer Details



**Latrobe Health Services**  
Core Complete Extras

**\$108.34 / month**  
(Before Rebate, Discount & Loading)  
Available in QLD

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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