

**Latrobe Health Services**
Core Complete Extras**\$108.34 / month**
(Before Rebate, Discount & Loading)
Available in SA

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/SBHL20

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

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

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 SA 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

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Available in SA

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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