



**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 <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>

<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> 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> 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> 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> 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> \$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> 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> 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> 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> 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> 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> 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> 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

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

**\$108.34 / month**

(Before Rebate, Discount & Loading)

Available in SA

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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