

**Latrobe Health Services**  
Basic Extras**\$44.34 / 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:** One adult & dependants, including non-student dependants (2 or more people, only one of whom is an adult).

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/I6/DBFN1Y

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                                                                                                                           |
|-------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Chiropractic                      | 2  | <b>\$250 per person up to \$500 per policy</b><br>combined limit for chiropractic, non pbs pharmaceuticals, osteopathy, physiotherapy, podiatry, remedial massage, vaccinations & other services | <ul style="list-style-type: none"><li>Initial visit: \$26</li><li>Subsequent visit: \$26</li></ul>                                                     |
| ✓ General dental                    | 2  | <b>\$500 per person up to \$2,000 per policy</b>                                                                                                                                                 | <ul style="list-style-type: none"><li>Fluoride treatment: \$23.2</li><li>Scale &amp; clean: \$57.6</li><li>Periodic oral examination: \$30.5</li></ul> |
| ✓ Major dental                      | 12 | <b>Accident only cover, \$250 per accident, maximum \$500 per person, membership limit is \$2000. Combined with General Dental.</b>                                                              | <ul style="list-style-type: none"><li>Full crown veneered: \$0</li></ul>                                                                               |
| ✓ Non PBS pharmaceuticals           | 2  | <b>\$250 per person up to \$500 per policy</b><br>combined limit for chiropractic, non pbs pharmaceuticals, osteopathy, physiotherapy, podiatry, remedial massage, vaccinations & other services | <ul style="list-style-type: none"><li>Per eligible prescription: \$25</li></ul>                                                                        |
| ✓ Optical                           | 6  | <b>\$150 per person</b>                                                                                                                                                                          | <ul style="list-style-type: none"><li>Multi-focal lenses &amp; frames: \$150</li><li>Single vision lenses &amp; frames: \$150</li></ul>                |
| ✓ Osteopathy                        | 2  | <b>\$250 per person up to \$500 per policy</b><br>combined limit for chiropractic, non pbs pharmaceuticals, osteopathy, physiotherapy, podiatry, remedial massage, vaccinations & other services | <ul style="list-style-type: none"><li>Initial visit: \$25</li><li>Subsequent visit: \$25</li></ul>                                                     |

|                           |   |                                                                                                                                                                                                  |                                                                                                       |
|---------------------------|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| ✓ <b>Physiotherapy</b>    | 2 | <b>\$250 per person up to \$500 per policy</b><br>combined limit for chiropractic, non pbs pharmaceuticals, osteopathy, physiotherapy, podiatry, remedial massage, vaccinations & other services | <ul style="list-style-type: none"> <li>Initial visit: \$30</li> <li>Subsequent visit: \$30</li> </ul> |
| ✓ <b>Podiatry</b>         | 2 | <b>\$250 per person up to \$500 per policy</b><br>combined limit for chiropractic, non pbs pharmaceuticals, osteopathy, physiotherapy, podiatry, remedial massage, vaccinations & other services | <ul style="list-style-type: none"> <li>Initial visit: \$25</li> <li>Subsequent visit: \$25</li> </ul> |
| ✓ <b>Remedial massage</b> | 2 | <b>\$250 per person up to \$500 per policy</b><br>combined limit for chiropractic, non pbs pharmaceuticals, osteopathy, physiotherapy, podiatry, remedial massage, vaccinations & other services | <ul style="list-style-type: none"> <li>Initial visit: \$25</li> <li>Subsequent visit: \$25</li> </ul> |
| ✓ <b>Vaccinations</b>     | 2 | <b>\$250 per person up to \$500 per policy</b><br>combined limit for chiropractic, non pbs pharmaceuticals, osteopathy, physiotherapy, podiatry, remedial massage, vaccinations & other services | <ul style="list-style-type: none"> <li>Per service: \$25</li> </ul>                                   |

A benefit is also payable for a 50% rebate on full ambulance subscriptions when paid voluntarily but not as a state tax or levy. Vaccinations are for travel vaccines and must be approved by Latrobe.

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

- |                                 |                                         |                                  |
|---------------------------------|-----------------------------------------|----------------------------------|
| ✗ Acupuncture                   | ✗ Endodontic                            | ✗ Home nursing                   |
| ✗ Ante-natal/Post-natal classes | ✗ Exercise physiology                   | ✗ Occupational therapy           |
| ✗ Audiology                     | ✗ Eye therapy (orthoptics)              | ✗ Orthodontic                    |
| ✗ Blood glucose monitors        | ✗ Health management / Healthy lifestyle | ✗ Orthotics (podiatric orthoses) |
| ✗ Chinese medicine              | ✗ Hearing aids                          | ✗ Psychology                     |
| ✗ Dietetics/dietary advice      |                                         | ✗ Speech therapy                 |

## 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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Basic Extras

**\$44.34 / 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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