

**Latrobe Health Services**  
Basic Extras**\$63.35 / month**

(Before Rebate, Discount &amp; Loading)

Available in TAS

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 & dependants, including non-student dependants (3 or more people, only 2 of whom are adults).

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/TBGM2Y

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> 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> 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> 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> 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> 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> 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> 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

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - [https://www.health.tas.gov.au/ambulance/fees\\_and\\_accounts](https://www.health.tas.gov.au/ambulance/fees_and_accounts).

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

**\$63.35 / month**

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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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