

**Latrobe Health Services**  
**Singles Extras****\$42.18 / month**  
(Before Rebate, Discount & 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 & dependants (3 or more people, only 2 of whom are adults).

Children (0 - 17), non-classified\* dependant (18 - 20) and students (21 - 31), as well as persons with a disability who qualify as a child, non-classified\* dependant and 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 policy must be purchased with a hospital policy.

This health insurer does not operate a preferred provider scheme.

Policy ID: LHS/I7/QCHV2D

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, osteopathy & physiotherapy | <ul style="list-style-type: none"><li>Initial visit: \$26</li><li>Subsequent visit: \$19</li></ul>                                                                                             |
| ✓ General dental                    | 3  | <b>\$400 per person up to \$800 per policy</b>                                                                | <ul style="list-style-type: none"><li>Fluoride treatment: \$18.5</li><li>Scale &amp; clean: \$46.4</li><li>Surgical tooth extraction: \$81</li><li>Periodic oral examination: \$24.2</li></ul> |
| ✓ Non PBS pharmaceuticals           | 2  | <b>\$150 per person</b>                                                                                       | <ul style="list-style-type: none"><li>Per eligible prescription: \$25</li></ul>                                                                                                                |
| ✓ Optical                           | 12 | <b>\$130 per person</b>                                                                                       | <ul style="list-style-type: none"><li>Multi-focal lenses &amp; frames: \$130</li><li>Single vision lenses &amp; frames: \$130</li></ul>                                                        |
| ✓ Osteopathy                        | 2  | <b>\$250 per person up to \$500 per policy</b><br>combined limit for chiropractic, osteopathy & physiotherapy | <ul style="list-style-type: none"><li>Initial visit: \$25</li><li>Subsequent visit: \$17</li></ul>                                                                                             |
| ✓ Physiotherapy                     | 2  | <b>\$250 per person up to \$500 per policy</b><br>combined limit for chiropractic, osteopathy & physiotherapy | <ul style="list-style-type: none"><li>Initial visit: \$27</li><li>Subsequent visit: \$22</li></ul>                                                                                             |

General dental benefits are for selected items only. A benefit is paid for state ambulance subscriptions when paid voluntarily but not as a state tax or levy. Benefit is \$22 for single memberships and \$44 for family memberships.

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

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

## 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



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Singles Extras

**\$42.18 / month**  
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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**

**Disclaimer:** This document is not a Private Health Information Statement (PHIS), and it is not intended to replace that document. The details contained in the **healthslips.com.au Policy Information** was provided by the insurer to the Australian Government. It is intended as general information. It may not take into account your circumstances. For further information contact the insurer. Information used is Licensed from the Commonwealth of Australia under a Creative Commons 3.0 licence.

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