

**Latrobe Health Services**  
**Seniors Extras****\$27.53 / 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:** Only one person.

This policy must be purchased with a hospital policy.

This health insurer does not operate a preferred provider scheme.

**Policy ID:** LHS/I9/SCGZ10

**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 policy</b><br>combined limit for chiropractic, home nursing, non pbs pharmaceuticals, osteopathy, physiotherapy, podiatry & other services                     | <ul style="list-style-type: none"><li>Initial visit: \$26</li><li>Subsequent visit: \$19</li></ul>                                                                                             |
| ✓ General dental                    | 3  | <b>\$500 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> |
| ✓ Hearing aids                      | 12 | <b>\$400 per policy</b>                                                                                                                                                     | <ul style="list-style-type: none"><li>Hearing aid: \$400</li></ul>                                                                                                                             |
| ✓ Home nursing                      | 2  | <b>\$250 per policy</b><br>combined limit for chiropractic, home nursing, non pbs pharmaceuticals, osteopathy, physiotherapy, podiatry & other services                     | <ul style="list-style-type: none"><li>Initial visit: \$25</li><li>Subsequent visit: \$17</li></ul>                                                                                             |
| ✓ Non PBS pharmaceuticals           | 2  | <b>\$250 per policy</b><br>combined limit for chiropractic, home nursing, non pbs pharmaceuticals, osteopathy, physiotherapy, podiatry & other services<br>sub-limits apply | <ul style="list-style-type: none"><li>Per eligible prescription: \$25</li></ul>                                                                                                                |
| ✓ Optical                           | 12 | <b>\$130 per policy</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 policy</b><br>combined limit for chiropractic, home nursing, non pbs pharmaceuticals, osteopathy, physiotherapy, podiatry & other services                     | <ul style="list-style-type: none"><li>Initial visit: \$25</li><li>Subsequent visit: \$17</li></ul>                                                                                             |

|                        |   |                                                                                                                                                         |                                                                                                    |
|------------------------|---|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| ✓ <b>Physiotherapy</b> | 2 | <b>\$250 per policy</b><br>combined limit for chiropractic, home nursing, non pbs pharmaceuticals, osteopathy, physiotherapy, podiatry & other services | <ul style="list-style-type: none"><li>Initial visit: \$27</li><li>Subsequent visit: \$22</li></ul> |
| ✓ <b>Podiatry</b>      | 2 | <b>\$250 per policy</b><br>combined limit for chiropractic, home nursing, non pbs pharmaceuticals, osteopathy, physiotherapy, podiatry & other services | <ul style="list-style-type: none"><li>Initial visit: \$25</li><li>Subsequent visit: \$17</li></ul> |

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. Major dental benefits are paid for dentures and denture repairs to a maximum of \$500 per person or \$1000 per family membership. General dental benefits are for select items only.

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

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

**Other features of this general treatment cover:** Major dental benefits payable only on dentures and denture repairs. General dental benefits are for selected items only. Rates are discounted for premiums paid by direct debit and for quarterly, half yearly and yearly payments paid by other methods.

## Ambulance cover

South Australia has a subscription service to cover ambulance within the state, with an additional fee to cover interstate travel (<http://www.saambulance.com.au/ProductsServices/AmbulanceCover.aspx>).

**For further information about this policy see:** <https://www.latrobehealth.com.au/health-cover/emergency-ambulance-cover/>

## Insurer Details

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Seniors Extras**\$27.53 / 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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