

**Latrobe Health Services**  
**Seniors Extras****\$55.06 / month**  
(Before Rebate, Discount & 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 (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/I9/TCHJ2D

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, 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 person up to \$1,000 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 person</b>	<ul style="list-style-type: none"><li>Hearing aid: \$400</li></ul>
✓ Home nursing	2	<b>\$250 per person up to \$500 per policy</b> 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 person up to \$500 per policy</b> combined limit for chiropractic, home nursing, non pbs pharmaceuticals, osteopathy, physiotherapy, podiatry & other services sub-limits apply	<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> 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>
✓ Physiotherapy	2	<b>\$250 per person up to \$500 per policy</b> 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>
✓ Podiatry	2	<b>\$250 per person up to \$500 per policy</b> 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

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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Seniors Extras**\$55.06 / 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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