

Factsheet

Core Extras

Extras explained

Your extras include 'add on' out-of-hospital care services. They include things that Medicare doesn't cover.

Ambulance

We want to assist in emergency health situations. That's why we have included emergency ambulance cover in your extras policy.

Benefits

We pay benefits on products and services provided by a Latrobe approved practitioner in private practice in Australia.

Some good stuff



Comprehensive

Be assured you have a comprehensive mid-range cover with our core product range.



Dental

Essential cover for your dental needs including orthodontics.

**Thank you for
choosing Latrobe.**

Please read and retain for future reference



Extras

Amount you receive back after using a health service.

Only applies if you are new to health insurance or if you have recently increased your level of cover.

Service	Benefit	Annual limit	Waiting period
General dental ¹			
Diagnostic and preventative services, oral surgery, extractions, endodontics and restorations	100% of dental fees (up to the maximum benefit per service) ¹	\$1,000 per person \$2,000 membership limit	2 months
Mouth guard (supplied by a dentist or dental technician)	\$80	\$80 per person	
Major dental ¹			
Crowns, bridgework, dentures and periodontics	100% of dental fees (up to the maximum benefit per service) ¹	\$1,000 per person	12 months
Orthodontics (benefits are fixed at the level in which the course of treatment commences and paid over a 3 year period) ²	Year 1 \$0 Year 2 \$300 Year 3 \$350 Year 4 \$400 Year 5 \$450 Year 6+ \$600	Year 1 \$0 Year 2 \$900 Year 3 \$1050 Year 4 \$1200 Year 5 \$1350 Year 6+ \$1800 \$1,800 lifetime limit	
Combined general and major dental limit		\$1,000 per person \$2,000 membership limit	
Optical			
Spectacles and repairs, contact lenses and prescription sunglasses	\$180	\$180 per person	6 months
Allied health			
Audiology	\$25	\$300 per person	2 months
Nutrition and dietetics			
Acupuncture			
Myotherapy			

Extras

Maximum amount claimable per person in a calendar year, unless otherwise stated.



Service	Benefit	Annual limit	Waiting period
Group physiotherapy / hydrotherapy	\$10	\$300 total all services \$600 per membership	2 months
Physiotherapy	\$27		
Chiropractic x-ray (one per person)	\$28		
Chiropractic	\$25		
Eye, occupational and speech therapies			
Massage (with registered provider)			
Osteopathy			
Psychology	\$50	\$300 per person	
Podiatry consultations and services (including orthotics) ³	Benefits are a set amount depending on item number	\$300	
Health appliances			
Prostheses (non-surgically implanted)	up to 70%	\$500 per person every 3 years	12 months
Blood glucose monitors	70%	\$200 per person \$400 total all appliances limit every 3 years	
Nebulisers, air compressor pumps			
TENS machine			
Peak flow monitors			
C-PAP machine			
Lymphoedema garments (4 garments per year)		\$500 per person	2 months
Hearing aids	\$500	\$500 per person every 5 years	12 months

Extras

Service	Benefit	Annual Limit	Waiting Period
Health maintenance			
Health screenings (mammograms, bone density testing and mole mapping)	\$45	\$45 per person every 2 years	
Pharmaceuticals ⁴	\$35	included in 'total all services' of allied health (previous page)	2 months
Visiting nurse	\$24		
Ambulance services*	2 emergency ambulance transports where necessary		1 day
Ambulance rebate	50% of paid ambulance subscription		2 months



We get that inclusions and exclusions on services can be confusing. Call us to have your questions answered.

The fine print

Ambulance

Emergency Ambulance Cover is included within this policy. You are entitled to two emergency ambulance transports per calendar year. A waiting period of one day is applied to all ambulance benefits with LHS. Where you are covered by an applicable state or territory ambulance scheme (including informal reciprocal arrangements) or third party scheme, costs of ambulance usage will be covered by this scheme and not your policy's Emergency Ambulance cover.

Where you hold an extras and hospital combination or standalone extras with us and take out an ambulance subscription, you are entitled to a rebate on the cost of the subscription.

Dental

Dental benefits are paid according to the service, as per the current edition of the Australian Dental Association's Schedule of Dental Services and Glossary (ADA Glossary).

The ADA Glossary restricts certain combinations of items at any one consultation. All dental limits apply to a calendar year, which is from 1 January to 31 December. Please contact us for a benefit quotation before undergoing dental treatment.

Optical

The provision of a benefit for the purchase, repair and replacement of glasses, contact lenses or prescription sunglasses prescribed by a registered optometrist or ophthalmologist.

Pharmacy

Pharmacy benefits include prescribed drugs and medicines dispensed by a pharmacist and/or travel and allergy vaccines dispensed by a pharmacist or doctor.

Benefits are not payable for Pharmaceutical Benefit Scheme (PBS) subsidised prescriptions, or oral contraceptives including substances from which they are compounded. The benefit is calculated after deducting the current general patient contribution as defined by the PBS.

Podiatry

Benefits are paid for services provided by a qualified and registered podiatrist in private practice. The amount of benefit paid depends on the service provided and is set out in the Australian Podiatry Association (Vic) current schedule.

Orthodontics

Your dentist or orthodontist needs to complete an Orthodontic Treatment Form before you commence treatment. Forms can be found on our website or contact our Member Service Centre.

A lifetime limit applies to orthodontic benefits so if you have claimed orthodontic benefits from your previous fund, no benefit is payable. The amount of benefits paid depends on which year of your membership the course of treatment begins and is paid over a three-year period.

Conditions

¹ Membership limit of \$2,000 applies.

² Lifetime limit applies.

³ Benefits are a set amount depending on item number for consultations, treatment and orthotics prescribed by a podiatrist.

⁴ Non PBS pharmaceuticals. Conditions apply, please refer to pharmacy section above.

* Emergency ambulance transportation is defined as transportation of an unplanned and non-routine nature for the purpose of providing immediate medical attention to a person. Where you are covered by an applicable state or territory ambulance scheme (including informal reciprocal arrangements) or third-party scheme, costs of ambulance usage will be covered by this scheme.