



# Premier Plus®

Only available with a hospital cover

Cover details	Maximum Benefit	Personal Limit	Membership Limit
<b>General dental</b> including diagnostic and preventative services, oral surgery, extractions, endodontics, restorations. Year 1 Year 2+		\$200 \$1000	\$400 \$2000
<b>Major dental</b> Crowns, bridgework, dentures and periodontics. Year 1 Year 2 Year 3 Year 4+		No benefit \$300 \$600 \$1000	
<b>Combined general and major dental limit</b>		<b>\$1000</b>	<b>\$2000</b>
<b>Orthodontics</b> - Benefits are fixed at the level in which the course commences and paid over a 3 year period. Year 1 Year 2 Year 3 Year 4 Year 5 Year 6+	No benefit \$900 \$1050 \$1200 \$1350 \$1800	<b>per course</b>	
<b>A combined limit applies to the following:</b>			
<b>Chiropractic</b> Initial consultation Subsequent consultations	\$26 \$19		
<b>Physiotherapy</b> Initial consultation Subsequent consultations	\$27 \$22		
<b>Osteopathy</b> <b>Naturopathy</b> <b>Eye therapy</b> <b>Massage</b> <b>Pharmacy</b> <b>Visiting nurse</b> <b>Chiropractic X-rays</b> <b>Occupational therapy</b> <b>Speech therapy</b>	Initial consultations Subsequent consultations Chiropractic X-rays Pharmacy prescription \$25 \$17 \$28 \$25	One	
<b>Combined limit</b>		<b>\$300</b>	<b>\$600</b>
<b>Other services</b> <b>Dietitian, Acupuncture, Audiology, Myotherapy</b> Initial consultations Subsequent consultations	\$25 \$17	\$300	

Cover details	Maximum Benefit	Personal Limit	Membership Limit
<b>Optical</b> Includes spectacles and repairs, contact lenses. Excludes sunglasses not containing an optical prescription.	\$125	\$125	
<b>Health appliances</b> Per membership every 3 years: Blood glucose monitor Air compressor pump Nebuliser TENS machine C-PAP machine	up to 70% of cost up to 70% of cost up to 70% of cost up to 70% of cost up to 70% of cost	\$200 \$200 \$200 \$200 \$200	
<b>Combined limit</b>		<b>\$400</b>	<b>\$400</b>
<b>Lymphoedema garments</b> - 4 garments per year.	70% of cost	\$500	
<b>Prostheses</b> (not surgically implanted), every 3 years.	70% of cost	\$500	
<b>Hearing aid</b> and repairs other than batteries, every 5 years.	\$500	\$500	
<b>Mouth guards</b> supplied by a Dentist or Dental technician.	\$55	\$55	
<b>Podiatry</b> Benefits are a set amount depending on item number for consultations, treatment and orthotics prescribed by a Podiatrist.		\$300	
<b>Psychology</b> each consultation.	\$50	\$300	
<b>Health screenings</b> Every 2 years. Mammograms, Bone density testing, Mole mapping.	\$45	\$45	
<b>Ambulance subscription rebate</b> When paid voluntarily, but not as a state tax or levy. Limit 1 family subscription or 2 single subscriptions.	\$44 family \$22 single		\$44
<b>Travel insurance discount</b> On policies purchased through Latrobe.	25%		

**Notes:** A set benefit is paid depending on the treatment item number for services provided in Australia by a Latrobe approved service provider in private practice. All limits apply to a calendar year.