

Core Complete Extras

Product summary

PP & P



What's covered?

We pay benefits on the services listed below when:

- the provider is in private practice in Australia and is approved by Latrobe
- all goods and services are supplied within Australia
- claims are made within two years of the date of service
- the service is provided once per day (you cannot claim the same service twice in the same day, e.g. physio).

Services	Description	Benefit	Annual Limit	Waiting period	
Emergency ambulance	Unlimited ambulance transports where necessary	No limit	No limit	1 day	
General dental Items as per dental schedule	Periodic oral examination	\$30.50	\$1000 per person \$2000 per membership Combined general and major dental limits	2 months	
	Scale and clean	\$57.60			
	Simple tooth extraction	\$63.15			
	Adhesive restoration (filling 1 surface)	\$63.30			
	Preparation of 1 root canal	\$105.50			
	Filling of 1 root canal	\$109.80			
	Surgical tooth extraction	\$104.30			
	Mouth guard (supplied by a dentist or dental technician)	\$80 per person			
Major dental Items as per dental schedule	Treatment of acute periodontal infection	\$41.15		12 months	
	Bridge pontic –indirect	\$418.10			
	Full crown veneers	\$556.80			
Orthodontics	Benefits are fixed at the level in which the course of treatment starts and paid over a 3 year period	Annual Year 1 – \$0 Year 2 – \$300 Year 3 – \$350 Year 4 – \$400 Year 5 – \$450 Year 6+ – \$600	Lifetime limit Year 1 – \$0 Year 2 – \$900 Year 3 – \$1050 Year 4 – \$1200 Year 5 – \$1350 Year 6+ – \$1800	12 months	
Optical	Spectacles and repairs	\$200	\$200 per person	6 months	
	Contact lenses				
	Prescription sunglasses				
Group physiotherapy / hydrotherapy	Group sessions	\$10	\$300 per person \$600 per membership Combined limit	2 months	
Physiotherapy	Consultation	\$45			
Chiropractic		\$32			
Chiropractic X-ray (one per person)		X-ray consultation			\$28
Osteopathy		Consultation			\$35
Audiology	Consultation	\$25	\$300 per person \$600 per membership Combined limit*	2 months	
Eye, occupational and speech therapy		\$25			

Note: Please read and retain for future reference. This product summary is not a complete description of your cover. Further details can be found in your Latrobe Health Services Member Guide, fund rules, Online Member Service, Latrobe app or call 1300 362 144 to check what you are covered for before receiving treatment.

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Services	Description	Benefit	Annual Limit	Waiting period
Acupuncture	Consultation	\$30	\$300 per person \$600 per membership Combined limit	2 months
Massage (with registered provider)		\$35		
Myotherapy		\$30		
Nutrition and dietetics		\$25		
Podiatry Other Items as per podiatry schedule	Consultation	\$25	\$300 per person	2 months
Podiatry services (including orthotics)		Benefit amount varies depending on item number		
Psychology	Consultation	\$50	\$300 per person	2 months
Ambulance membership fee		50%		2 months
Health appliances Blood glucose monitor CPAP machine Nebuliser Air compressor pump TENS machine Crutches Brace (knee) Splint (finger, hand, wrist, arm, elbow) Cam boot	Purchase of device**	70%	\$200 total per person every 3 years \$400 total all appliances per membership every 3 years	12 months
Health screening	Bone density testing	\$55	\$55 per person every 2 years	2 months
	Mammograms			
	Mole mapping / Skin check			
Hearing aid	Purchase of device (Includes repairs other than batteries)	70%	\$500 per person every 5 years	12 months
Pharmaceuticals (compounded medicine excluded)	Includes most prescribed items not subsidised by the government. Benefits will be paid after the PBS standard subsidy charge has been deducted	\$35	\$300 per person \$600 per membership Combined limit*	2 months
Travel vaccines		\$35		
Prostheses (non-surgically implanted)	Purchase of external prostheses**	70%	\$500 per person every 3 years	12 months
Lymphoedema garments (4 garments per year)	Purchase of external prostheses**	70%	\$500 per person	2 months
Visiting nurse	The provision of a benefit for nursing services provided by an approved private practice	\$24	\$300 per person \$600 per membership Combined limit*	2 months

* Combined annual limit \$300 per person, maximum \$600 per couple or family membership per calendar year on, speech therapy, eye therapy, occupational therapy, visiting nurse, pharmaceuticals, travel vaccines, and audiology.

** Supporting documentation required.

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