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 | Periodic oral examination | First examination \$60 Subsequent \$30.50 | \$1000 per person \$2000 per membership Combined general and major dental limits | 2 months |
| | Scale and clean | First examination \$120 Subsequent \$57.60 | | |
| | Simple tooth extraction | \$63.15 | | |
| | Adhesive restoration (filling 1 surface) | \$63.30 | | |
| Items as per dental schedule | Preparation of 1 root canal | \$105.50 | | |
| Jertedate | Filling of 1 root canal | \$109.80 | | |
| | Fluoride treatment | \$36 2 per person per year | | |
| | 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 | | |
| Seriedale | Full crown veneers | \$556.80 | | |
| Orthodontics | Orthodontics course | 100% | \$600 per person \$1800 lifetime limit | 12 months |
| Optical | Spectacles and repairs | | | 6 months |
| | Contact lenses | \$200 \$20 | \$200 per person | |
| | Prescription sunglasses | | | |
| Group physiotherapy / hydrotherapy | Group sessions | \$10 | \$300 per person \$600 per membership Combined limit | 2 months |
| Physiotherapy | Consultation | \$45 | | |
| Chiropractic | | \$36 | | |
| Chiropractic X-ray (one per person) | X-ray consultation | \$28 | | |
| Osteopathy | Consultation | \$36 | | |
| Audiology | Consultation | \$25 | \$300 per person \$600 per membership Combined limit* | 2 months |
| Eye, occupational and speech therapy | | \$25 | | |



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| Services | Description | Benefit | Annual Limit | Waiting period |
|---|--|--|---|----------------|
| Acupuncture | | \$36 | | |
| Massage | | ¢76 | \$300 per person | |
| (with registered provider) | Consultation | \$36 | \$600 per membership | 2 months |
| Myotherapy | | \$36 | Combined limit | |
| Nutrition and dietetics | | \$36 | | |
| 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 |
| | Bone density testing | | \$55 per person every 2 years | 2 months |
| Health screening | Mammograms | \$55 | | |
| | 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 |
| Trave | l 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.