

# Core Essentials Extras

## Product summary

YSB



### 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	1 free up to \$60 each Up to \$32 on additional services	\$375 per person	2 months
	Scale and clean	1 free up to \$120 Up to \$60 on additional services		
	Fluoride treatments	2 free up to \$36 \$20 on additional services		
	Adhesive restoration (filling 1 surface)	\$70		
	Preparation of 1 root canal	\$126.60		
	Filling of 1 root canal	\$131.80		
	X-rays	1 free X-ray up to \$50 \$25 on additional services		
	Simple tooth extraction	\$70		
	Mouth guard	\$80		
Optical	Spectacles and repairs	\$175	\$175 per person	6 months
	Contact lenses			
	Prescription sunglasses			
Physiotherapy	Consultation	\$30	\$200 per person \$400 per membership	2 months
Osteopathy				
Chiropractic				
Exercise physiology				
Acupuncture	Consultation	\$30	\$150 per person \$300 per membership	2 months
Massage (with registered provider)				
Myotherapy				
Nutrition and dietetics				
Psychology	Psychology	\$30	\$200 per person	2 months
	Stress management			
	Counselling			
Ambulance membership fee		50%		2 months

**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
<b>Health appliances</b> Crutches Brace (knee) Splint (finger, hand, wrist, arm, elbow) Cam boot	Purchase of device (supporting documentation required)	50%	\$225 total all appliances every 2 years	12 months
<b>Benefit bonus</b>	\$50 each year up to \$250 per person or \$500 for family when combined with hospital			6 months