

## Private Health Information Statement - General treatment policy

### Corporate Mid Extras 80%

nib Health Funds Ltd.

<https://www.nib.com.au>

13 14 63

**Monthly Premium**

**\$300.06 #**

(before any rebate or insurer discount)

Covers two adults & dependants, including non-student dependants (3 or more people, only 2 of whom are adults)

Available in Victoria

# You may be entitled to an Australian Government rebate on the above premium. Your premium may also include an insurer discount. Check with your insurer for details.

This policy covers children, students up to and including the age of 30 and non-students up to and including the age of 30, as well as persons with a disability who qualify as a child, student or non-student in these age ranges.

This cover is available to select nib corporate groups.

### General Treatment Cover

By using our FirstChoice providers, you may have lower out-of-pocket costs on many allied health services. A list of "preferred providers" is available from the health insurer. See <https://www.nib.com.au/find-a-provider>.

This policy  includes General treatment (Extras) cover for

Note, for items marked with an asterisk \*: Benefit paid after current PBS patient contribution deducted.

| Treatment                | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)  | Examples of maximum benefits   |
|--------------------------|-------------------------|---|--|
| General dental           | 0                       | \$900 per person<br>(combined limit for general dental, major dental, endodontic & orthodontic)   | Periodic oral examination - 80% of charge<br>Scale & clean - 80% of charge<br>Fluoride treatment - 80% of charge |
| Major dental             | 12                      |   | Surgical tooth extraction - 80% of charge<br>Full crown veneered - 80% of charge                                 |
| Endodontic               | 12                      |   | Filling of one root canal - 80% of charge  |
| Orthodontic              | 12                      |   | Braces for upper & lower teeth, including removal plus fitting of retainer - 80% of charge                       |
| Optical                  | 0                       | \$250 per person  | Single vision lenses & frames - 80% of charge<br>Multi-focal lenses & frames - 80% of charge                     |
| Non PBS pharmaceuticals* | 0                       | \$300 per person<br>(combined limit for non pbs pharmaceuticals, podiatry, psychology, acupuncture, remedial massage, hearing aids, blood glucose monitors, ante-natal/post-natal classes, chinese medicine, dietetics/dietary advice, eye therapy (orthoptics), home nursing, occupational therapy, orthotics (podiatric orthoses), speech therapy & other services) | Per eligible prescription - 80% of charge  |
| Physiotherapy            | 0                       | \$350 per person<br>(combined limit for physiotherapy, exercise physiology & other services)  | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge  |
| Chiropractic             | 0                       | \$350 per person<br>(combined limit for chiropractic & osteopathy)  | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge  |
| Podiatry                 | 0                       | Combined limit - see Non PBS pharmaceuticals  | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge  |
| Psychology               | 0                       | Combined limit - see Non PBS pharmaceuticals  | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge  |
| Acupuncture              | 0                       | Combined limit - see Non PBS pharmaceuticals  | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge  |

|                                       |    |  |   |
|---------------------------------------|----|--|---|
| Remedial massage                      | 0  | Combined limit - see Non PBS pharmaceuticals | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge   |
| Hearing aids                          | 36 | Combined limit - see Non PBS pharmaceuticals | Hearing aid - 80% of charge   |
| Blood glucose monitors                | 12 | Combined limit - see Non PBS pharmaceuticals | Per monitor - 80% of charge   |
| Ante-natal/Post-natal classes         | 0  | Combined limit - see Non PBS pharmaceuticals | Initial visit - 100% of charge<br>Subsequent visit - 100% of charge |
| Chinese medicine                      | 0  | Combined limit - see Non PBS pharmaceuticals | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge   |
| Dietetics/dietary advice              | 0  | Combined limit - see Non PBS pharmaceuticals | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge   |
| Exercise physiology                   | 0  | Combined limit - see Physiotherapy           | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge   |
| Eye therapy (orthoptics)              | 0  | Combined limit - see Non PBS pharmaceuticals | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge   |
| Health management / Healthy lifestyle | 0  | \$150 per person                             | Health management - 80% of charge                                   |
| Home nursing                          | 0  | Combined limit - see Non PBS pharmaceuticals | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge   |
| Occupational therapy                  | 0  | Combined limit - see Non PBS pharmaceuticals | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge   |
| Orthotics (podiatric orthoses)        | 0  | Combined limit - see Non PBS pharmaceuticals | Orthotics supply & fit - 80% of charge                              |
| Osteopathy                            | 0  | Combined limit - see Chiropractic            | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge   |
| Speech therapy                        | 0  | Combined limit - see Non PBS pharmaceuticals | Initial visit - 80% of charge<br>Subsequent visit - 80% of charge   |

For most extras services on your cover your annual limit will increase by \$50 each calendar year up to a maximum of four years. Myotherapy is included in Natural Therapies with acupuncture, remedial massage and Chinese herbalism. Combined therapies include: Speech therapy, eye therapy, occupational therapy, psychology, pharmaceuticals, natural therapies (incl. myotherapy), antenatal and postnatal services, dietary advice, podiatry, home nursing services, artificial aids, orthotics, speech processors and hearing aids (service limits apply). Healthy Lifestyle includes approved weight management, quit smoking and health management programs (gym, personal trainer) and more (service limits apply). Psychology has a sublimit of \$150 for Digital Cognitive Behavioural Therapy (CBT).

This policy **X** does not include General treatment (Extras) cover for

**X** Other treatments - check with your insurer

### Other features of this general treatment cover

nib's Corporate medium range of Extras with benefits paid at 80% of the cost. Of course, you can see your choice of provider, but by choosing a FirstChoice provider, you may have less to pay towards the cost of your treatment. We've created the FirstChoice network to help you access quality healthcare and a better deal for you and your family. We've locked in lower costs with our FirstChoice providers, so you can enjoy competitive treatment fees when you visit the dentist or a discount the next time you claim for glasses.

For further information about this policy see <https://my.nib.com.au/product-collateral/20>

## Ambulance cover

In Victoria this policy provides:

**Emergency:** Unlimited with a waiting period of 1 day.

**Call-out fees:** will be paid for each attendance, including emergency treatment without transport to hospital.

Other features of this ambulance cover

All our health covers include unlimited emergency ambulance (1 day waiting period on all emergency ambulance). Emergency ambulance is when you need immediate transport by a State or Territory ambulance to get to a hospital or other facility for urgent medical treatment. No annual limits for emergency ambulance apply.

For further information about this policy see

<https://my.nib.com.au/product-collateral/20>

#### Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.