

## Private Health Information Statement - General treatment policy

### Core, Family and Young at Heart Extras

nib Health Funds Ltd.

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

13 14 63

**Monthly Premium**

**\$161.25<sup>#</sup>**

(before any rebate or insurer discount)

Covers one adult & dependants (2 or more people, only one of whom is an adult)

Available in Western Australia

<sup>#</sup> 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 and other dependants up to and including the age of 20, students up to and including the age of 30, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.

### 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

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	2	\$600 per person (no limit on preventative dental)	Periodic oral examination - 60% of charge Scale & clean - 60% of charge Fluoride treatment - 60% of charge
Major dental	12	\$600 per person (combined limit for major dental & endodontic)	Surgical tooth extraction - 60% of charge Full crown veneered - 60% of charge
Endodontic	12		Filling of one root canal - 60% of charge
Orthodontic	12	\$350 per person \$1,500 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - 60% of charge
Optical	6	\$250 per person	Single vision lenses & frames - 60% of charge Multi-focal lenses & frames - 60% of charge
Non PBS pharmaceuticals	2	\$400 per person	Per eligible prescription - 60% of charge
Physiotherapy	2	\$350 per person	Initial visit - 60% of charge Subsequent visit - 60% of charge
Podiatry	2	\$400 per person (combined limit for podiatry & orthotics (podiatric orthoses))	Initial visit - 60% of charge Subsequent visit - 60% of charge
Hearing aids	36	\$500 per person 2 appliance(s) every 5 years	Hearing aid - 60% of charge
Ante-natal/Post-natal classes	2	\$200 per person	Initial visit - 100% of charge Subsequent visit - 100% of charge
Dietetics/dietary advice	2	\$300 per person	Initial visit - 60% of charge Subsequent visit - 60% of charge
Occupational therapy	2	\$300 per person	Initial visit - 60% of charge Subsequent visit - 60% of charge
Orthotics (podiatric orthoses)	2	Combined limit - see Podiatry	Orthotics supply & fit - 60% of charge
Speech therapy	2	\$350 per person	Initial visit - 60% of charge Subsequent visit - 60% of charge

Preventative Tests - \$200 limit per person per calendar year (waiting period 6 months): 60% back on preventative health test e.g. thin prep, bone density testing, bowel screening (service limits apply). Family Health Aids - \$250 limit per person per calendar year (waiting period 12 months): 60% back on health aids e.g. spacer, peak flow meter, nebuliser, Irlen lens (service limits apply). YAH Health Aids - \$250 limit per person per calendar year (waiting period 12 months): 60% back on health aids e.g. hip protector, walking frame, blood pressure monitor (service limits apply). For Preventative dental service limits apply. Non-PBS pharmaceuticals have a sub limit of \$150 for Weight Management Medication.

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

<b>X</b> Acupuncture	<b>X</b> Chiropractic	<b>X</b> Remedial massage
<b>X</b> Blood glucose monitors	<b>X</b> Psychology	<b>X</b> Other treatments - check with your insurer

#### Other features of this general treatment cover

The Extras you and your family need combined with the services you may need as you grow older. 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 more details.

For further information about this policy see

<https://my.nib.com.au/product-collateral/67>

## Ambulance cover

In Western Australia 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/67>

#### 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.