

## Private Health Information Statement - General treatment policy

### Corporate Standard Extras

nib Health Funds Ltd.

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

13 14 63

**Monthly Premium**

**\$172.04<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 Tasmania

<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.

Available to employees/members of organisations with arrangements with this health insurer

### 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	0	\$600 per person (no limit on preventative dental)	Periodic oral examination - 70% of charge Scale & clean - 70% of charge Fluoride treatment - 70% of charge
Major dental	12	\$700 per person (combined limit for major dental & endodontic)	Surgical tooth extraction - 70% of charge Full crown veneered - 70% of charge
Endodontic	12		Filling of one root canal - 70% of charge
Orthodontic	12	\$600 per person \$1,800 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - 70% of charge
Optical	0	\$250 per person	Single vision lenses & frames - 70% of charge Multi-focal lenses & frames - 70% of charge
Non PBS pharmaceuticals	0	\$500 per person (combined limit for non pbs pharmaceuticals, podiatry, psychology, hearing aids, blood glucose monitors, ante-natal/post-natal classes, dietetics/dietary advice, eye therapy (orthoptics), home nursing, occupational therapy, orthotics (podiatric orthoses), speech therapy & other services)	Per eligible prescription - 70% of charge
Physiotherapy	0	\$500 per person (combined limit for physiotherapy & exercise physiology)	Initial visit - 70% of charge Subsequent visit - 70% of charge
Chiropractic	0	\$400 per person (combined limit for chiropractic & osteopathy)	Initial visit - 70% of charge Subsequent visit - 70% of charge
Podiatry	0	Combined limit - see Non PBS pharmaceuticals	Initial visit - 70% of charge Subsequent visit - 70% of charge
Psychology	0	Combined limit - see Non PBS pharmaceuticals	Initial visit - 70% of charge Subsequent visit - 70% of charge
Acupuncture	0	\$200 per person (combined limit for acupuncture, remedial massage, chinese medicine & other services)	Initial visit - 70% of charge Subsequent visit - 70% of charge
Remedial massage	0		Initial visit - 70% of charge Subsequent visit - 70% of charge
Hearing aids	36	Combined limit - see Non PBS pharmaceuticals	Hearing aid - 70% of charge

Blood glucose monitors	12	Combined limit - see Non PBS pharmaceuticals	Per monitor - 70% of charge
Ante-natal/Post-natal classes	0	Combined limit - see Non PBS pharmaceuticals	Initial visit - 70% of charge Subsequent visit - 70% of charge
Chinese medicine	0	Combined limit - see Acupuncture	Initial visit - 70% of charge Subsequent visit - 70% of charge
Dietetics/dietary advice	0	Combined limit - see Non PBS pharmaceuticals	Initial visit - 70% of charge Subsequent visit - 70% of charge
Exercise physiology	0	Combined limit - see Physiotherapy	Initial visit - 70% of charge Subsequent visit - 70% of charge
Eye therapy (orthoptics)	0	Combined limit - see Non PBS pharmaceuticals	Initial visit - 70% of charge Subsequent visit - 70% of charge
Health management / Healthy lifestyle	0	\$100 per person	Health management - 70% of charge
Home nursing	0	Combined limit - see Non PBS pharmaceuticals	Initial visit - 70% of charge Subsequent visit - 70% of charge
Occupational therapy	0	Combined limit - see Non PBS pharmaceuticals	Initial visit - 70% of charge Subsequent visit - 70% of charge
Orthotics (podiatric orthoses)	0	Combined limit - see Non PBS pharmaceuticals	Orthotics supply & fit - 70% of charge
Osteopathy	0	Combined limit - see Chiropractic	Initial visit - 70% of charge Subsequent visit - 70% of charge
Speech therapy	0	Combined limit - see Non PBS pharmaceuticals	Initial visit - 70% of charge Subsequent visit - 70% of charge

Preventative Tests - Included in combined services limit with pharmaceutical prescriptions: 70% back on preventative health test e.g. thin prep, bone density testing and bowel screening (service limits apply). Top Health Aids (12 month waiting period) - Included in combined services limit with pharmaceutical prescriptions: 70% back on health aids e.g. spacer, peak flow meter, nebuliser, blood glucose monitor, Irlen lens. Myotherapy - \$200 combined limit with acupuncture, remedial massage and Chinese herbalism per person per calendar year. Healthy Lifestyle includes approved weight management, quit smoking and health management programs (gym, personal trainer) and more. Psychology has a sublimit of \$150 for Digital Cognitive Behavioural Therapy (CBT). For Preventative dental service limits apply.

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

Extras services to help look after your overall health and wellbeing. 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/146>

### Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - [https://www.health.tas.gov.au/ambulance/fees\\_and\\_accounts](https://www.health.tas.gov.au/ambulance/fees_and_accounts).

### Other features of this ambulance cover

Emergency ambulance costs are covered by the state government for residents of Tasmania.

For further information about this policy see

<https://my.nib.com.au/product-collateral/146>

### 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.