

## Private Health Information Statement - Combined policy

### Gold \$750 Excess

nib Health Funds Ltd.

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

13 14 63

Monthly Premium

**\$738.74<sup>#</sup>**

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)

Available in South Australia

Closed to new members

<sup>#</sup> You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading, an age-based discount or an insurer discount. Check with your insurer for details.

### Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy does not provide accident cover or benefits for travel and accommodation (outside of hospital).

#### ✓ Covered

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>

#### R Restricted

Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

#### ✗ Not Covered

These categories are not covered by this policy.

This policy ✓ includes cover for

✓ Assisted reproductive services	✓ Eye (not cataracts)	✓ Miscarriage and termination of pregnancy
✓ Back, neck and spine	✓ Gastrointestinal endoscopy	✓ Pain management
✓ Blood	✓ Gynaecology	✓ Pain management with device
✓ Bone, joint and muscle	✓ Heart and vascular system	✓ Palliative care
✓ Brain and nervous system	✓ Hernia and appendix	✓ Plastic and reconstructive surgery (medically necessary)
✓ Breast surgery (medically necessary)	✓ Hospital psychiatric services	✓ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits)
✓ Cataracts	✓ Implantation of hearing devices	✓ Pregnancy and birth
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Insulin pumps	✓ Rehabilitation
✓ Dental surgery	✓ Joint reconstructions	✓ Skin
✓ Diabetes management (excluding insulin pumps)	✓ Joint replacements	✓ Sleep studies
✓ Dialysis for chronic kidney failure	✓ Kidney and bladder	✓ Tonsils, adenoids and grommets
✓ Digestive system	✓ Lung and chest	✓ Weight loss surgery
✓ Ear, nose and throat	✓ Male reproductive system	

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on [privatehealth.gov.au](https://privatehealth.gov.au) for which hospitals have arrangements with your insurer - <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket

costs that may apply to you.

The following payments may also apply for hospital admissions

**Excess:** You will have to pay an excess on admission. This is limited to a maximum of \$750 per person and \$1500 per policy per year.

**Co-payments:** No co-payments

The following waiting periods for hospital admissions apply to new or upgrading members

**Waiting periods:**

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 12 months for pregnancy and birth (obstetrics)
- 2 months for all other treatments

### Gap Cover

This provider offers '[known gap](#)' or '[no gap](#)' cover for medical bills for this product.

The [Medical Costs Finder](#) lets you find out more about the cost of specialist medical services.

For further information about this policy see

<https://my.nib.com.au/product-collateral/26>

## 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 - up to \$60.			
Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	2	General Dental/Major Dental: Multiple Limits, Sub-Limits, Shared Limits and Service Limits Apply; See insurer for details	Periodic oral examination - \$21.00 Scale & clean - \$50.00 Fluoride treatment - \$19.00 Surgical tooth extraction - \$71.50
Major dental	12		Full crown veneered - \$700.00
Endodontic	12	Non-specialty Endodontia: \$400; Specialty Endodontia: \$600, \$1600 per Lifetime; Service Limits Apply	Filling of one root canal - \$80.00
Orthodontic	12	Non-specialty Orthodontia: \$350, \$1050 per Lifetime; Specialty Orthodontia: \$350, increasing by \$100 per calendar year to \$2800 per Lifetime	Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge
Optical	6	\$300 per person	Single vision lenses & frames - \$230.00 Multi-focal lenses & frames - \$290.00
Non PBS pharmaceuticals*	2	\$600 per person	Per eligible prescription - \$60.00
Physiotherapy	2	\$900 per person (combined limit for physiotherapy, chiropractic, acupuncture, ante-natal/post-natal classes, exercise physiology, eye therapy (orthoptics), occupational therapy, osteopathy, speech therapy & other services - <b>Sub-limits apply</b> )	Initial visit - \$40.00 Subsequent visit - \$35.00
Chiropractic	2		Initial visit - \$25.00 Subsequent visit - \$22.00
Podiatry	2		\$300 per person
Psychology	2	\$300 per person	Initial visit - \$45.00 Subsequent visit - \$40.00

Acupuncture	2	Combined limit - see Physiotherapy	Initial visit - \$21.00 Subsequent visit - \$11.00
Remedial massage	2	\$170 per single policy \$340 per couple/family policy	Initial visit - \$19.00 Subsequent visit - \$18.00
Hearing aids	36	\$560 per person 2 appliance(s) every 5 years	Hearing aid - \$560.00
Blood glucose monitors	12	\$600 per person 2 appliance(s) every 1 year (combined limit for blood glucose monitors & other services)	Per monitor - \$180.00
Ante-natal/Post-natal classes	2	Combined limit - see Physiotherapy	Initial visit - \$11.00 Subsequent visit - \$11.00
Chinese medicine	2	Combined limit - see Remedial massage	Initial visit - \$19.00 Subsequent visit - \$18.00
Dietetics/dietary advice	2	\$250 per person	Initial visit - \$27.00 Subsequent visit - \$25.00
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - \$40.00 Subsequent visit - \$35.00
Eye therapy (orthoptics)	2	Combined limit - see Physiotherapy	Initial visit - \$28.00 Subsequent visit - \$25.00
Health management / Healthy lifestyle	6	\$125 per Single Policy \$250 per Family Policy	Health management - 100% of charge
Home nursing	2	\$750 per person	Initial visit - \$72.00 Subsequent visit - \$72.00
Occupational therapy	2	Combined limit - see Physiotherapy	Initial visit - \$29.00 Subsequent visit - \$28.00
Orthotics (podiatric orthoses)	2	\$200 per person	Orthotics supply & fit - \$100.00
Osteopathy	2	Combined limit - see Physiotherapy	Initial visit - \$25.00 Subsequent visit - \$23.00
Speech therapy	2	Combined limit - see Physiotherapy	Initial visit - \$29.00 Subsequent visit - \$27.00
Vaccinations	2	\$100 per person	Per service - \$16.00

The General Dental annual limit includes multiple sub-limits, and for some sub-limits lifetime limits apply. Combined Other Therapies (annual limit of \$900) includes acupuncture (sub-limit of \$200 per person or \$400 per family), antenatal services, chiropractic/osteopathy (sub-limit of \$400), exercise physiology, eye therapy, occupational therapy, physiotherapy and speech pathology. Natural Therapies (\$170 singles \$340 family groups) includes Chinese herbalism, myotherapy and remedial massage. Artificial aids (\$600) includes e.g. spacer, peak flow meter, nebuliser, blood pressure monitor, Irlen lens. Healthier Lifestyle includes nib approved weight management, quit smoking and health management programs (gym). Postnatal services are not covered under this product. Psychology has a sublimit of \$150 for Digital Cognitive Behavioural Therapy (CBT). PLEASE REFER TO FACTSHEET FOR FULL DETAILS.

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

Gold provides all the benefits of Top Private Hospital cover with a range of Extras. 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/26>

## Ambulance cover

In South Australia this policy provides:

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

[PrivateHealth.gov.au](http://PrivateHealth.gov.au)

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**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/26>

#### 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.