

## Private Health Information Statement - Combined policy

### Public Hospital Plus Extras - Basic Plus \$750 Excess

nib Health Funds Ltd.

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

13 14 63

Monthly Premium

**\$454.14<sup>#</sup>**

(before any rebate, loading or discount)

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

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.

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.

### 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

|                                                           |                                   |                                                                                     |
|-----------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------|
| R Assisted reproductive services                          | R Eye (not cataracts)             | R Miscarriage and termination of pregnancy                                          |
| R Back, neck and spine                                    | R Gastrointestinal endoscopy      | R Pain management                                                                   |
| R Blood                                                   | R Gynaecology                     | R Pain management with device                                                       |
| R Bone, joint and muscle                                  | R Heart and vascular system       | R Palliative care                                                                   |
| R Brain and nervous system                                | R Hernia and appendix             | R Plastic and reconstructive surgery (medically necessary)                          |
| R Breast surgery (medically necessary)                    | R Hospital psychiatric services   | R Podiatric surgery (provided by a registered podiatric surgeon – limited benefits) |
| R Cataracts                                               | R Implantation of hearing devices | R Pregnancy and birth                                                               |
| R Chemotherapy, radiotherapy and immunotherapy for cancer | R Insulin pumps                   | R Rehabilitation                                                                    |
| R Dental surgery                                          | R Joint reconstructions           | R Skin                                                                              |
| R Diabetes management (excluding insulin pumps)           | R Joint replacements              | R Sleep studies                                                                     |
| R Dialysis for chronic kidney failure                     | R Kidney and bladder              | R Tonsils, adenoids and grommets                                                    |
| R Digestive system                                        | R Lung and chest                  | R Weight loss surgery                                                               |
| R Ear, nose and throat                                    | R 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 of \$750 per 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.

## Other features of this hospital cover

nib does not have a preferred-provider-network-arrangement, but operates an nib-MediGap scheme aiming to eliminate the 'gap' payments for specialist fees in hospital. When a specialist chooses to participate in MediGap, they agree not to charge an out-of-pocket expense for your procedure. We do this by building a network of specialists who may agree to receive a higher benefit from nib than they would ordinarily receive. In exchange they do not charge nib customers an out-of-pocket expense. Ask your specialist if they'll MediGap for you! Our Going to Hospital Pack provides more ways to reduce out-of-pockets, ask us for your copy.

For further information about this policy see

<https://my.nib.com.au/product-collateral/9>

## 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

| <i>Note, for items marked with an asterisk *: Benefit paid after current PBS patient contribution deducted</i> |                         |                                                                                                                                                   |                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| 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<br>Scale & clean - \$35.00<br>Fluoride treatment - \$19.00<br>Surgical tooth extraction - \$65.00 |
| Major dental                                                                                                   | 12                      |                                                                                                                                                   | Full crown veneered - \$415.00                                                                                                        |
| Endodontic                                                                                                     | 12                      | Non-specialty Endodontia: \$400; Specialty Endodontia: \$450, \$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 \$2400 per Lifetime | Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge                                           |
| Optical                                                                                                        | 6                       | \$200 per person                                                                                                                                  | Single vision lenses & frames - \$140.00<br>Multi-focal lenses & frames - \$190.00                                                    |

|                                       |    |                                                                                                                                                                                                                                               |                                                       |
|---------------------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Non PBS pharmaceuticals*              | 2  | \$600 per person                                                                                                                                                                                                                              | Per eligible prescription - \$60.00                   |
| Physiotherapy                         | 2  | \$900 per person<br>(combined limit for physiotherapy, chiropractic, acupuncture, ante-natal/post-natal classes, exercise physiology, eye therapy (orthoptics), occupational therapy, osteopathy & speech therapy - <b>Sub-limits apply</b> ) | Initial visit - \$28.00<br>Subsequent visit - \$26.00 |
| Chiropractic                          | 2  |                                                                                                                                                                                                                                               | Initial visit - \$25.00<br>Subsequent visit - \$22.00 |
| Podiatry                              | 2  | \$220 per person                                                                                                                                                                                                                              | Initial visit - \$25.00<br>Subsequent visit - \$21.00 |
| Psychology                            | 2  | \$300 per person                                                                                                                                                                                                                              | Initial visit - \$45.00<br>Subsequent visit - \$40.00 |
| Acupuncture                           | 2  | Combined limit - see Physiotherapy                                                                                                                                                                                                            | Initial visit - \$21.00<br>Subsequent visit - \$11.00 |
| Remedial massage                      | 2  | \$170 for single policies, \$340 for family groups (combined limit with Chinese Herbalism and Myotherapy)                                                                                                                                     | Initial visit - \$19.00<br>Subsequent visit - \$18.00 |
| Hearing aids                          | 36 | \$560 per person<br>2 appliance(s) every 5 years                                                                                                                                                                                              | Hearing aid - \$560.00                                |
| Blood glucose monitors                | 12 | \$600 per person<br>2 appliance(s) every 1 year<br>(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<br>Subsequent visit - \$11.00 |
| Chinese medicine                      | 2  | Combined limit - see Remedial massage                                                                                                                                                                                                         | Initial visit - \$19.00<br>Subsequent visit - \$18.00 |
| Dietetics/dietary advice              | 2  | \$250 per policy                                                                                                                                                                                                                              | Initial visit - \$27.00<br>Subsequent visit - \$25.00 |
| Exercise physiology                   | 2  | Combined limit - see Physiotherapy                                                                                                                                                                                                            | Initial visit - \$28.00<br>Subsequent visit - \$26.00 |
| Eye therapy (orthoptics)              | 2  | Combined limit - see Physiotherapy                                                                                                                                                                                                            | Initial visit - \$28.00<br>Subsequent visit - \$25.00 |
| Health management / Healthy lifestyle | 6  | \$100 for single policies, \$200 for family groups                                                                                                                                                                                            | Health management - 100% of charge                    |
| Home nursing                          | 2  | \$750 per policy                                                                                                                                                                                                                              | Initial visit - \$72.00<br>Subsequent visit - \$72.00 |
| Occupational therapy                  | 2  | Combined limit - see Physiotherapy                                                                                                                                                                                                            | Initial visit - \$29.00<br>Subsequent visit - \$28.00 |
| Orthotics (podiatric orthoses)        | 2  | \$200 per policy                                                                                                                                                                                                                              | Orthotics supply & fit - \$100.00                     |
| Osteopathy                            | 2  | Combined limit - see Physiotherapy                                                                                                                                                                                                            | Initial visit - \$25.00<br>Subsequent visit - \$23.00 |
| Speech therapy                        | 2  | Combined limit - see Physiotherapy                                                                                                                                                                                                            | Initial visit - \$29.00<br>Subsequent visit - \$27.00 |
| Vaccinations                          | 2  | \$100 per policy                                                                                                                                                                                                                              | Per service - \$16.00                                 |

Combined Therapies (\$900) includes acupuncture, antenatal services, chiropractic, exercise physiology, eye therapy, occupational therapy, osteopathy, physiotherapy and speech pathology. Artificial aids (\$600) e.g. spacer, peak flow meter, nebuliser, Irlen lens. Myotherapy: combined limit of \$170 with remedial massage and Chinese herbalism. Healthier Lifestyle includes nib approved weight management and quit smoking. Postnatal services are not covered. 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 also has policy benefits for a wide range of other services such as shiatsu and nutrition. Then receive up to a 4% discount for payment by direct debit from a cheque or savings account. Please note that limits may apply per policy for artificial aids such as blood glucose monitors.

For further information about this policy see  
<https://my.nib.com.au/product-collateral/9>

## Ambulance cover

In South 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/9>

### 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.