

## Private Health Information Statement - Combined policy

### Basic Saver - Basic Plus \$250 Excess

nib Health Funds Ltd.

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

13 14 63

Monthly Premium

**\$402.06<sup>#</sup>**

(before any rebate, loading or discount)

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

Available in Tasmania  
Closed to new members

# 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 provides accident cover - check with your insurer for details.

This policy does not provide benefits for travel or 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

|   |                                   |   |
|---|-----------------------------------|---|
| ✓ Dental surgery  | R Digestive system                | R Miscarriage and termination of pregnancy  |
| ✓ Hernia and appendix                                     | R Ear, nose and throat            | R Pain management   |
| ✓ Joint reconstructions                                   | R Gastrointestinal endoscopy      | R Palliative care   |
| ✓ Tonsils, adenoids and grommets                          | R Gynaecology                     | R Plastic and reconstructive surgery (medically necessary)                          |
| R Blood   | R Heart and vascular system       | R Podiatric surgery (provided by a registered podiatric surgeon - limited benefits) |
| R Bone, joint and muscle                                  | R Hospital psychiatric services   | R Rehabilitation  |
| R Brain and nervous system                                | R Implantation of hearing devices | R Skin  |
| R Breast surgery (medically necessary)                    | R Kidney and bladder              | R Sleep studies   |
| R Chemotherapy, radiotherapy and immunotherapy for cancer | R Lung and chest                  |   |
| R Diabetes management (excluding insulin pumps)           | R Male reproductive system        |   |

This policy ✗ does not include cover for

|                                  |                       |                       |
|----------------------------------|-----------------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Eye (not cataracts) | ✗ Pregnancy and birth |
| ✗ Back, neck and spine           | ✗ Insulin pumps       | ✗ Weight loss surgery |
| ✗ Cataracts                      | ✗ Joint replacements  |                       |

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 \$250 per admission. This is limited to a maximum of \$1000 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
- 0 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/3>

**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                       | \$450 per person<br>(combined limit for general dental & major dental)  | Periodic oral examination - 50% of charge<br>Scale & clean - 50% of charge<br>Fluoride treatment - 50% of charge |
| Major dental             | 12                      |   | Surgical tooth extraction - 50% of charge  |
| Optical                  | 6                       | \$200 per person  | Single vision lenses & frames - 50% of charge<br>Multi-focal lenses & frames - 50% of charge                     |
| Physiotherapy            | 2                       | \$200 per person<br>(combined limit for physiotherapy, chiropractic & exercise physiology)                        | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge  |
| Chiropractic             | 2                       |   | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge  |
| Acupuncture              | 2                       | \$100 per person<br>(combined limit for acupuncture, chinese medicine, dietetics/dietary advice & other services) | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge  |
| Chinese medicine         | 2                       |   | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge  |
| Dietetics/dietary advice | 2                       |   | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge  |
| Exercise physiology      | 2                       | Combined limit - see Physiotherapy  | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge  |

Myotherapy: combined limit of \$100 with acupuncture, dietary advice and Chinese herbalism. Waiting periods for dental treatment range between 2 and 12 months. Only select major dental items are covered. Please contact insurer for details.

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

|                                 |                                  |   |
|---------------------------------|----------------------------------|---|
| <b>X</b> Blood glucose monitors | <b>X</b> Non PBS pharmaceuticals | <b>X</b> Psychology                                 |
| <b>X</b> Endodontic             | <b>X</b> Orthodontic             | <b>X</b> Remedial massage                           |
| <b>X</b> Hearing aids           | <b>X</b> Podiatry                | <b>X</b> Other treatments - check with your insurer |

#### Other features of this general treatment cover

Of course you can see your choice of provider, but by choosing an nib First Choice provider, you may have less to pay towards the cost of your treatment. We've created the nib First Choice network to help you access quality healthcare when you need it most. These health providers will deliver quality care and value for money and a better deal for you and your family. We've locked in lower costs with nib First Choice 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/3>

### 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/3>

#### 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.