

Private Health Information Statement - Combined policy

Everyday Saver - Basic Plus \$250 Excess

nib Health Funds Ltd.
https://www.nib.com.au
13 14 63

Monthly Premium
\$407.33#
(before any rebate, loading or discount)

Covers 2 adults (and no-one else)
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.

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

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 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
- 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/5>

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			
Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	2	\$500 per person up to \$2,000 per policy (combined limit for general dental, major dental & endodontic)	Periodic oral examination - 50% of charge Scale & clean - 50% of charge Fluoride treatment - 50% of charge
Major dental	12		Surgical tooth extraction - 50% of charge Full crown veneered - 50% of charge
Endodontic	12		Filling of one root canal - 50% of charge
Orthodontic	12	\$200 per person up to \$800 per policy \$1,000 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - 50% of charge
Optical	6	\$220 per person up to \$880 per policy	Single vision lenses & frames - 50% of charge Multi-focal lenses & frames - 50% of charge
Non PBS pharmaceuticals*	2	\$100 per person up to \$400 per policy	Per eligible prescription - 50% of charge
Physiotherapy	2	\$300 per person up to \$1,200 per policy (combined limit for physiotherapy, chiropractic & exercise physiology)	Initial visit - 50% of charge Subsequent visit - 50% of charge
Chiropractic	2		Initial visit - 50% of charge Subsequent visit - 50% of charge
Podiatry	2	\$200 per person up to \$800 per policy (combined limit for podiatry, acupuncture, remedial massage, chinese medicine, dietetics/dietary advice, speech therapy & other services)	Initial visit - 50% of charge Subsequent visit - 50% of charge
Acupuncture	2		Initial visit - 50% of charge Subsequent visit - 50% of charge
Remedial massage	2		Initial visit - 50% of charge Subsequent visit - 50% of charge

Chinese medicine	2		Initial visit - 50% of charge Subsequent visit - 50% of charge
Dietetics/dietary advice	2		Initial visit - 50% of charge Subsequent visit - 50% of charge
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - 50% of charge Subsequent visit - 50% of charge
Speech therapy	2	Combined limit - see Podiatry	Initial visit - 50% of charge Subsequent visit - 50% of charge
Myotherapy: combined limit of \$200 with acupuncture, dietary advice, podiatry, remedial massage, speech pathology and Chinese herbalism.			

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

✗ Blood glucose monitors	✗ Psychology
✗ Hearing aids	✗ Other treatments - check with your insurer

Other features of this general treatment cover

Great value health cover for families on a budget, who need cover mostly for the kids. 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/5>

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.

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/5>

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.