

## Private Health Information Statement - Combined policy

### Essentials Plus Pregnancy - Basic Plus \$750 Excess

nib Health Funds Ltd.

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

13 14 63

Monthly Premium

**\$691.26<sup>#</sup>**

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)

Available in Victoria

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 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

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

This policy ✗ does not include cover for

|                        |                      |                               |
|------------------------|----------------------|-------------------------------|
| ✗ Back, neck and spine | ✗ Insulin pumps      | ✗ Pain management with device |
| ✗ Cataracts            | ✗ Joint replacements | ✗ Weight loss surgery         |

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 \$1500 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/6>

## 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                                                                                                                                                                                                      | Periodic oral examination - 65% of charge<br>Scale & clean - 65% of charge<br>Fluoride treatment - 65% of charge |
| Major dental                                                                                            | 12                      | \$600 per person up to \$2,400 per policy (combined limit for major dental & endodontic)                                                                                                                                                       | Surgical tooth extraction - 65% of charge<br>Full crown veneered - 65% of charge                                 |
| Endodontic                                                                                              | 12                      |                                                                                                                                                                                                                                                | Filling of one root canal - 65% of charge                                                                        |
| Orthodontic                                                                                             | 12                      | \$300 per person up to \$1,200 per policy<br>\$1,500 lifetime limit                                                                                                                                                                            | Braces for upper & lower teeth, including removal plus fitting of retainer - 65% of charge                       |
| Optical                                                                                                 | 6                       | \$250 per person up to \$1,000 per policy                                                                                                                                                                                                      | Single vision lenses & frames - 65% of charge<br>Multi-focal lenses & frames - 65% of charge                     |
| Non PBS pharmaceuticals*                                                                                | 2                       | \$300 per person up to \$1,200 per policy                                                                                                                                                                                                      | Per eligible prescription - 65% of charge                                                                        |
| Physiotherapy                                                                                           | 2                       | \$350 per person up to \$1,400 per policy (combined limit for physiotherapy, chiropractic, exercise physiology, osteopathy & other services)                                                                                                   | Initial visit - 65% of charge<br>Subsequent visit - 65% of charge                                                |
| Chiropractic                                                                                            | 2                       |                                                                                                                                                                                                                                                | Initial visit - 65% of charge<br>Subsequent visit - 65% of charge                                                |
| Podiatry                                                                                                | 2                       | \$300 per person up to \$1,200 per policy (combined limit for podiatry, acupuncture, remedial massage, chinese medicine, dietetics/dietary advice, orthotics (podiatric orthoses), speech therapy & other services - <b>Sub-limits apply</b> ) | Initial visit - 65% of charge<br>Subsequent visit - 65% of charge                                                |
| Psychology                                                                                              | 2                       | \$200 per person up to \$800 per policy                                                                                                                                                                                                        | Initial visit - 65% of charge<br>Subsequent visit - 65% of charge                                                |
| Acupuncture                                                                                             | 2                       | Combined limit - see Podiatry                                                                                                                                                                                                                  | Initial visit - 65% of charge<br>Subsequent visit - 65% of charge                                                |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |   |                                         |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----------------------------------------|---------------------------------------------------------------------|
| Remedial massage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2 | Combined limit - see Podiatry           | Initial visit - 65% of charge<br>Subsequent visit - 65% of charge   |
| Ante-natal/Post-natal classes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2 | \$100 per person up to \$400 per policy | Initial visit - 100% of charge<br>Subsequent visit - 100% of charge |
| Chinese medicine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2 | Combined limit - see Podiatry           | Initial visit - 65% of charge<br>Subsequent visit - 65% of charge   |
| Dietetics/dietary advice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2 | Combined limit - see Podiatry           | Initial visit - 65% of charge<br>Subsequent visit - 65% of charge   |
| Exercise physiology                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2 | Combined limit - see Physiotherapy      | Initial visit - 65% of charge<br>Subsequent visit - 65% of charge   |
| Health management / Healthy lifestyle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2 | \$150 per person up to \$600 per policy | Health management - 65% of charge                                   |
| Orthotics (podiatric orthoses)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2 | Combined limit - see Podiatry           | Orthotics supply & fit - 65% of charge                              |
| Osteopathy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2 | Combined limit - see Physiotherapy      | Initial visit - 65% of charge<br>Subsequent visit - 65% of charge   |
| Speech therapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2 | Combined limit - see Podiatry           | Initial visit - 65% of charge<br>Subsequent visit - 65% of charge   |
| <p>Myotherapy: combined limit of \$300 with acupuncture, Chinese herbalism, dietary advice, orthotics, podiatry, remedial massage (\$150 sub-limit) and speech pathology. Healthier Lifestyle includes nib approved weight management, quit smoking and health management programs (gym, personal trainer). Psychology has a sublimit of \$150 for Digital Cognitive Behavioural Therapy (CBT). Non-PBS pharmaceuticals have a sub limit of \$150 for Weight Management Medication.</p> <p>Save on the everyday and more: get access to a range of exciting rewards and discounts on things like groceries, petrol, entertainment, health, wellbeing and more! nib Rewards is our way of helping you live a fun, healthy and rewarding life.</p> |   |                                         |                                                                     |

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

|                                 |                       |                                                     |
|---------------------------------|-----------------------|-----------------------------------------------------|
| <b>X</b> Blood glucose monitors | <b>X</b> Hearing aids | <b>X</b> Other treatments - check with your insurer |
|---------------------------------|-----------------------|-----------------------------------------------------|

#### Other features of this general treatment cover

For those who were wanting more cover for things like dental and optical, and were wanting to have kids in the future. 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/6>

#### Ambulance cover

In Victoria 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/6>

#### 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.