

Private Health Information Statement - Combined policy

Young at Heart Top - Silver Plus \$750 Excess

nib Health Funds Ltd.

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

13 14 63

Monthly Premium

\$413.11[#]

(before any rebate, loading or discount)

Covers only one person

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

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

This policy ✗ does not include cover for

✗ Assisted reproductive services

✗ Pregnancy and birth

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 \$750 per admission. This is limited to a maximum of \$750 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/12>

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	\$700 per policy	Periodic oral examination - 75% of charge Scale & clean - 75% of charge Fluoride treatment - 75% of charge
Major dental	12	\$1,200 per policy (combined limit for major dental & endodontic)	Surgical tooth extraction - 75% of charge Full crown veneered - 75% of charge
Endodontic	12		Filling of one root canal - 75% of charge
Optical	6	\$350 per policy	Single vision lenses & frames - 75% of charge Multi-focal lenses & frames - 75% of charge
Non PBS pharmaceuticals*	2	\$600 per policy	Per eligible prescription - 75% of charge
Physiotherapy	2	\$500 per policy (combined limit for physiotherapy, chiropractic, exercise physiology & osteopathy)	Initial visit - 75% of charge Subsequent visit - 75% of charge
Chiropractic	2		Initial visit - 75% of charge Subsequent visit - 75% of charge
Podiatry	2		\$400 per policy (combined limit for podiatry, dietetics/dietary advice, eye therapy (orthoptics), home nursing, occupational therapy & speech therapy)
Acupuncture	2	\$250 per policy (combined limit for acupuncture, remedial massage, chinese medicine & other services - Sub-limits apply)	Initial visit - 75% of charge Subsequent visit - 75% of charge
Remedial massage	2		Initial visit - 75% of charge Subsequent visit - 75% of charge
Hearing aids	36	\$1,000 per policy (combined limit for hearing aids, blood glucose monitors, orthotics (podiatric orthoses) & other services)	Hearing aid - 75% of charge
Blood glucose monitors	12		Per monitor - 75% of charge

Chinese medicine	2	Combined limit - see Acupuncture	Initial visit - 75% of charge Subsequent visit - 75% of charge
Dietetics/dietary advice	2	Combined limit - see Podiatry	Initial visit - 75% of charge Subsequent visit - 75% of charge
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - 75% of charge Subsequent visit - 75% of charge
Eye therapy (orthoptics)	2	Combined limit - see Podiatry	Initial visit - 75% of charge Subsequent visit - 75% of charge
Health management / Healthy lifestyle	6	\$150 per policy	Health management - 75% of charge
Home nursing	2	Combined limit - see Podiatry	Initial visit - 75% of charge Subsequent visit - 75% of charge
Occupational therapy	2	Combined limit - see Podiatry	Initial visit - 75% of charge Subsequent visit - 75% of charge
Orthotics (podiatric orthoses)	2	Combined limit - see Hearing aids	Orthotics supply & fit - 75% of charge
Osteopathy	2	Combined limit - see Physiotherapy	Initial visit - 75% of charge Subsequent visit - 75% of charge
Speech therapy	2	Combined limit - see Podiatry	Initial visit - 75% of charge Subsequent visit - 75% of charge
Other Therapies (\$400) includes dietary advice, eye therapy, home nursing, occupational therapy, podiatry and speech pathology. Hearing aids / Artificial aids / Orthotics (\$1,000) includes e.g. spacer, peak flow meter, nebuliser, blood glucose monitor, Irlen lens (service limits apply). Myotherapy: combined limit of \$250 with acupuncture, remedial massage and Chinese herbalism. Healthier Lifestyle includes nib approved weight management, quit smoking and health management programs (gym, personal trainer) and more (service limits apply). Non-PBS pharmaceuticals have a sub limit of \$150 for Weight Management Medication.			

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

X Orthodontic	X Psychology	X Other treatments - check with your insurer
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Other features of this general treatment cover

For customers looking for a high level of cover, tailored for them when they reached a certain time in their life. 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/12>

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/12>

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.