

## Private Health Information Statement - Combined policy

### Young at Heart Mid - Silver Plus \$500 Excess

nib Health Funds Ltd.

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

13 14 63

Monthly Premium

**\$712.10<sup>#</sup>**

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)

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.

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

This policy ✗ does not include cover for

|                                       |                       |
|---------------------------------------|-----------------------|
| ✗ Assisted reproductive services      | ✗ Pregnancy and birth |
| ✗ Dialysis for chronic kidney failure | ✗ 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

[PrivateHealth.gov.au](https://privatehealth.gov.au)

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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 \$500 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/11>

## 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   | Periodic oral examination - 65% of charge<br>Scale & clean - 65% of charge<br>Fluoride treatment - 65% of charge |
| Major dental  | 12                      | \$700 per person<br>(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  |
| Optical   | 6                       | \$250 per person   | Single vision lenses & frames - 65% of charge<br>Multi-focal lenses & frames - 65% of charge                     |
| Non PBS pharmaceuticals*  | 2                       | \$400 per person   | Per eligible prescription - 65% of charge  |
| Physiotherapy   | 2                       | \$300 per person<br>(combined limit for physiotherapy, chiropractic, exercise physiology & osteopathy)   | 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                       | \$200 per person<br>(combined limit for podiatry, dietetics/dietary advice, eye therapy (orthoptics), home nursing, occupational therapy & speech therapy) | Initial visit - 65% of charge<br>Subsequent visit - 65% of charge  |
| Hearing aids  | 36                      | \$400 per person<br>(combined limit for hearing aids, blood glucose monitors, orthotics (podiatric orthoses) & other services)                             | Hearing aid - 65% of charge  |
| Blood glucose monitors  | 12                      |  | Per monitor - 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 |
| Eye therapy (orthoptics)  | 2 | Combined limit - see Podiatry      | Initial visit - 65% of charge<br>Subsequent visit - 65% of charge |
| Home nursing  | 2 | Combined limit - see Podiatry      | Initial visit - 65% of charge<br>Subsequent visit - 65% of charge |
| Occupational therapy  | 2 | Combined limit - see Podiatry      | Initial visit - 65% of charge<br>Subsequent visit - 65% of charge |
| Orthotics (podiatric orthoses)  | 2 | Combined limit - see Hearing aids  | 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 |
| Other Therapies (\$200) includes dietary advice, eye therapy, home nursing, occupational therapy, podiatry and speech pathology. Hearing aids / Artificial aids / Orthotics (\$400) includes e.g. spacer, peak flow meter, nebuliser, blood glucose monitor, Irlen lens (service limits apply). |   |                                    |   |

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

|                      |                           |   |
|----------------------|---------------------------|---|
| <b>X</b> Acupuncture | <b>X</b> Psychology       | <b>X</b> Other treatments - check with your insurer |
| <b>X</b> Orthodontic | <b>X</b> Remedial massage |   |

### Other features of this general treatment cover

For customers looking for a medium level of cover, tailored for them when they reach 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/11>

### 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/11>

### 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.