

Private Health Information Statement - Combined policy

Young at Heart Mid - Silver Plus \$250 Excess

nib Health Funds Ltd.

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

13 14 63

Monthly Premium

\$632.25[#]

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)

Available in Western Australia

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	✓ 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 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 \$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/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 Scale & clean - 65% of charge Fluoride treatment - 65% of charge
Major dental	12	\$700 per person (combined limit for major dental & endodontic)	Surgical tooth extraction - 65% of charge 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 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 (combined limit for physiotherapy, chiropractic, exercise physiology & osteopathy)	Initial visit - 65% of charge Subsequent visit - 65% of charge
Chiropractic	2		Initial visit - 65% of charge Subsequent visit - 65% of charge
Podiatry	2	\$200 per person (combined limit for podiatry, dietetics/dietary advice, eye therapy (orthoptics), home nursing, occupational therapy & speech therapy)	Initial visit - 65% of charge Subsequent visit - 65% of charge
Hearing aids	36	\$400 per person (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 Subsequent visit - 65% of charge

Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - 65% of charge Subsequent visit - 65% of charge
Eye therapy (orthoptics)	2	Combined limit - see Podiatry	Initial visit - 65% of charge Subsequent visit - 65% of charge
Home nursing	2	Combined limit - see Podiatry	Initial visit - 65% of charge Subsequent visit - 65% of charge
Occupational therapy	2	Combined limit - see Podiatry	Initial visit - 65% of charge 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 Subsequent visit - 65% of charge
Speech therapy	2	Combined limit - see Podiatry	Initial visit - 65% of charge 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

X Acupuncture	X Psychology	X Other treatments - check with your insurer
X Orthodontic	X 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 Western 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.