

Private Health Information Statement - Combined policy

Executive R - Gold Nil Excess

nib Health Funds Ltd.

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

13 14 63

Monthly Premium

\$638.35 #

(before any rebate, loading or discount)

Covers only one person
Available in Queensland

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.

This cover is available to select nib corporate groups

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy does not provide accident cover or benefits for travel and 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.
- X **Not Covered**
These categories are not covered by this policy.

This policy ✓ includes cover for

| | | |
|---|-----------------------------------|---|
| ✓ Assisted reproductive services | ✓ Eye (not cataracts) | ✓ Miscarriage and termination of pregnancy |
| ✓ 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) | ✓ Hospital psychiatric services | ✓ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits) |
| ✓ Cataracts | ✓ Implantation of hearing devices | ✓ Pregnancy and birth |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Insulin pumps | ✓ Rehabilitation |
| ✓ Dental surgery | ✓ Joint reconstructions | ✓ Skin |
| ✓ Diabetes management (excluding insulin pumps) | ✓ Joint replacements | ✓ Sleep studies |
| ✓ Dialysis for chronic kidney failure | ✓ Kidney and bladder | ✓ Tonsils, adenoids and grommets |
| ✓ Digestive system | ✓ Lung and chest | ✓ Weight loss surgery |
| ✓ Ear, nose and throat | ✓ Male reproductive system | |

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: No excess

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.

Other features of this hospital cover

Our Going to Hospital Pack provides more ways to reduce out-of-pockets, ask us for your copy.

For further information about this policy see

<http://my.nib.com.au/product-collateral/25>

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 | \$1,500 per policy (combined limit for general dental, major dental, endodontic & orthodontic) | Periodic oral examination - 100% of charge Scale & clean - 100% of charge Fluoride treatment - 100% of charge Surgical tooth extraction - 80% of charge |
| Major dental | 12 | | Full crown veneered - 65% of charge |
| Endodontic | 12 | | Filling of one root canal - 80% of charge |
| Orthodontic | 12 | | Braces for upper & lower teeth, including removal plus fitting of retainer - 65% of charge |
| Optical | 6 | \$200 per policy | Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge |
| Non PBS pharmaceuticals* | 2 | \$500 per policy | Per eligible prescription - 100% of charge |
| Physiotherapy | 2 | \$700 per policy (combined limit for physiotherapy, ante-natal/post-natal classes, exercise physiology, eye therapy (orthoptics), occupational therapy & speech therapy) | Initial visit - 100% of charge Subsequent visit - 100% of charge |
| Chiropractic | 2 | \$700 per policy (combined limit for chiropractic, acupuncture, remedial massage, dietetics/dietary advice, osteopathy & other services) | Initial visit - 100% of charge Subsequent visit - 100% of charge |
| Podiatry | 2 | \$200 per policy | Initial visit - 100% of charge Subsequent visit - 100% of charge |

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| Acupuncture | 2 | Combined limit - see Chiropractic | Initial visit - 100% of charge Subsequent visit - 100% of charge |
| Remedial massage | 2 | Combined limit - see Chiropractic | Initial visit - 100% of charge Subsequent visit - 100% of charge |
| Hearing aids | 36 | \$600 per policy 2 appliance(s) every 5 years (combined limit for hearing aids, blood glucose monitors & other services) | Hearing aid - 100% of charge |
| Blood glucose monitors | 12 | | Per monitor - 100% of charge |
| Ante-natal/Post-natal classes | 2 | Combined limit - see Physiotherapy | Initial visit - 100% of charge Subsequent visit - 100% of charge |
| Dietetics/dietary advice | 2 | Combined limit - see Chiropractic | Initial visit - 100% of charge Subsequent visit - 100% of charge |
| Exercise physiology | 2 | Combined limit - see Physiotherapy | Initial visit - 100% of charge Subsequent visit - 100% of charge |
| Eye therapy (orthoptics) | 2 | Combined limit - see Physiotherapy | Initial visit - 100% of charge Subsequent visit - 100% of charge |
| Home nursing | 2 | \$1,000 per policy | Initial visit - 100% of charge Subsequent visit - 100% of charge |
| Occupational therapy | 2 | Combined limit - see Physiotherapy | Initial visit - 100% of charge Subsequent visit - 100% of charge |
| Orthotics (podiatric orthoses) | 2 | \$200 per policy | Orthotics supply & fit - 100% of charge |
| Osteopathy | 2 | Combined limit - see Chiropractic | Initial visit - 100% of charge Subsequent visit - 100% of charge |
| Speech therapy | 2 | Combined limit - see Physiotherapy | Initial visit - 100% of charge Subsequent visit - 100% of charge |

Combined Other Therapies (\$700) includes antenatal services (No benefit for post-natal services), exercise physiology, eye therapy, occupational therapy, physiotherapy and speech pathology. Chiropractic / Osteopathy / Natural Therapies (\$700) includes acupuncture, chiropractic, dietary advice, osteopathy and remedial massage. hearing aids / Artificial aids (\$600) e.g. spacer, peak flow meter, nebuliser, Irlen lens. Orthopaedic shoes/boots (\$130). 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 Psychology

X Other treatments - check with your insurer

Other features of this general treatment cover

Of course you can see your choice of provider, but by choosing an nib First Choice provider, you may have less to pay towards the cost of your treatment. We've created the nib First Choice network to help you access quality healthcare when you need it most. These health providers will deliver quality care and value for money and a better deal for you and your family. We've locked in lower costs with nib First Choice 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

<http://my.nib.com.au/product-collateral/25>

Ambulance cover

Ambulance cover is provided by the State government for Queensland residents (<https://www.ambulance.qld.gov.au/>). This includes cover whilst interstate.

Other features of this ambulance cover

Emergency ambulance costs are covered by the state government for residents of Queensland.

For further information about this policy see

<http://my.nib.com.au/product-collateral/25>

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.