

Private Health Information Statement - Combined policy

nib United Gold Resident Cover

nib Health Funds Ltd.

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

13 14 63

Monthly Premium

\$562.55[#]

(before any rebate, loading or discount)

Covers only one person

Available in Tasmania

[#] You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading or an insurer discount. Check with your insurer for details.

Only available to Australian Residents eligible to take out a corporate plan with UnitedHealthcare

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

✓ 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:

- 0 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 0 months for other pre-existing conditions
- 0 months for pregnancy and birth (obstetrics)
- 0 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/95>

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

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	0	\$2,500 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
Major dental	0		Surgical tooth extraction - 80% of charge Full crown veneered - 80% of charge
Endodontic	0		Filling of one root canal - 80% of charge
Orthodontic	0		Braces for upper & lower teeth, including removal plus fitting of retainer - 60% of charge
Optical	0	\$350 per policy	Single vision lenses & frames - 100% of charge Multi-focal lenses & frames - 100% of charge
Non PBS pharmaceuticals	0	No annual limit	Per eligible prescription - 100% of charge
Physiotherapy	0	40 service(s) every 1 year (combined limit for physiotherapy & exercise physiology)	Initial visit - 100% of charge Subsequent visit - 100% of charge
Chiropractic	0	40 service(s) every 1 year (combined limit for chiropractic & osteopathy)	Initial visit - 100% of charge Subsequent visit - 100% of charge
Podiatry	0	No annual limit	Initial visit - 100% of charge Subsequent visit - 100% of charge
Psychology	0	No annual limit	Initial visit - 100% of charge Subsequent visit - 100% of charge
Acupuncture	0	No annual limit (combined limit for acupuncture, remedial massage, chinese medicine & other services)	Initial visit - 100% of charge Subsequent visit - 100% of charge
Remedial massage	0		Initial visit - 100% of charge Subsequent visit - 100% of charge

Hearing aids	0	\$5,000 per policy 2 service(s) every 5 years	Hearing aid - 100% of charge
Blood glucose monitors	0	\$5,000 per policy (combined limit for blood glucose monitors, orthotics (podiatric orthoses) & other services)	Per monitor - 100% of charge
Ante-natal/Post-natal classes	0	No annual limit	Initial visit - 100% of charge Subsequent visit - 100% of charge
Chinese medicine	0	Combined limit - see Acupuncture	Initial visit - 100% of charge Subsequent visit - 100% of charge
Dietetics/dietary advice	0	No annual limit	Initial visit - 100% of charge Subsequent visit - 100% of charge
Exercise physiology	0	Combined limit - see Physiotherapy	Initial visit - 100% of charge Subsequent visit - 100% of charge
Eye therapy (orthoptics)	0	20 service(s) every 1 year	Initial visit - 100% of charge Subsequent visit - 100% of charge
Health management / Healthy lifestyle	0	\$250 per policy	Health management - 100% of charge
Home nursing	0	No annual limit	Initial visit - 100% of charge Subsequent visit - 100% of charge
Occupational therapy	0	20 service(s) every 1 year	Initial visit - 100% of charge Subsequent visit - 100% of charge
Orthotics (podiatric orthoses)	0	Combined limit - see Blood glucose monitors	Orthotics supply & fit - 100% of charge
Osteopathy	0	Combined limit - see Chiropractic	Initial visit - 100% of charge Subsequent visit - 100% of charge
Speech therapy	0	20 service(s) every 1 year	Initial visit - 100% of charge Subsequent visit - 100% of charge

Preventative Tests (no annual limit) e.g. thin prep, bone density testing, bowel screening and breast screening. Artificial aids / Orthotics / Speech processor (annual limit \$5,000) e.g. spacer, peak flow meter, nebuliser, blood glucose monitor, orthotic appliances, Irlen lens (service limits apply). Myotherapy: Included in Natural Therapies benefit (no annual limit) along 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. Psychology has a sublimit of \$150 for Digital Cognitive Behavioural Therapy (CBT).

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

X Other treatments - check with your insurer

Other features of this general treatment cover

We do not have a preferred-provider-network-arrangement but operate a MediGap scheme aiming to eliminate the 'gap' payments for specialist fees in hospital. When a specialist chooses to participate in MediGap, they agree not to charge an out-of-pocket expense for your procedure. We do this by building a network of specialists who may agree to receive a higher benefit from us than they would ordinarily receive. In exchange, they do not charge you an out-of-pocket expense. Ask your specialist if they'll MediGap for you!

For further information about this policy see

<https://my.nib.com.au/product-collateral/95>

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/95>

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.