

Private Health Information Statement - Combined policy

Bronze Kickstarter Plus \$500 Excess

nib Health Funds Ltd.

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

13 14 63

Monthly Premium

\$225.82[#]

(before any rebate, loading or discount)

Covers only one person

Available in NSW & ACT

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

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

This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Heart and vascular system	✗ Pain management with device
✗ Back, neck and spine	✗ Implantation of hearing devices	✗ Pregnancy and birth
✗ Cataracts	✗ Insulin pumps	✗ Weight loss surgery
✗ Dialysis for chronic kidney failure	✗ Joint replacements	

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 \$500 per admission. This is limited to a maximum of \$500 per person 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/98>

General Treatment Cover

By using nib's First Choice providers, you will 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	2	\$300 per policy	Periodic oral examination - 60% of charge Scale & clean - 60% of charge Fluoride treatment - 60% of charge
Major dental	12	\$300 per policy (combined limit for major dental & endodontic)	Surgical tooth extraction - 60% of charge Full crown veneered - 60% of charge
Endodontic	12		Filling of one root canal - 60% of charge
Optical	6	\$150 per policy	Single vision lenses & frames - 60% of charge Multi-focal lenses & frames - 60% of charge
Non PBS pharmaceuticals	2	\$200 per policy	Per eligible prescription - 60% of charge
Physiotherapy	2	\$200 per policy	Initial visit - 60% of charge Subsequent visit - 60% of charge
Chiropractic	2	\$200 per policy (combined limit for chiropractic & osteopathy)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Psychology	2	\$100 per policy	Initial visit - 60% of charge Subsequent visit - 60% of charge
Acupuncture	2	\$100 per policy (combined limit for acupuncture, remedial massage, chinese medicine & other services)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Remedial massage	2		Initial visit - 60% of charge Subsequent visit - 60% of charge
Chinese medicine	2		Initial visit - 60% of charge Subsequent visit - 60% of charge
Dietetics/dietary advice	2	\$200 per policy	Initial visit - 60% of charge Subsequent visit - 60% of charge
Exercise physiology	2	\$200 per policy	Initial visit - 60% of charge Subsequent visit - 60% of charge

Osteopathy	2	Combined limit - see Chiropractic	Initial visit - 60% of charge Subsequent visit - 60% of charge
Preventative Tests - \$200 limit per person per calendar year (waiting period 6 months): 60% back on preventative health test for thin prep, bone density testing and bowel screening (service limits apply). Myotherapy - \$100 combined limit with acupuncture, remedial massage and Chinese herbalism per person per calendar year (waiting period 2 months). Psychology has a sublimit of \$100 for Digital Cognitive Behavioural Therapy (CBT).			

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

X Blood glucose monitors	X Orthodontic	X Other treatments - check with your insurer
X Hearing aids	X Podiatry	

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

<https://my.nib.com.au/product-collateral/98>

Ambulance cover

In NSW & ACT 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/98>

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.