

Private Health Information Statement - Hospital policy

Priceline Bronze Hospital \$750 Excess

Priceline Health Insurance
<https://www.priceline.com.au/health-insurance>
pricelinehealth@nib.com.au
1300 070 761
Underwritten by nib Health Funds Ltd.

Monthly Premium

\$275.99

(before any rebate, loading or discount)

Covers two adults & dependants
(3 or more people, only 2 of whom are adults)

Available in NSW & ACT

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 policy covers children and other dependants up to and including the age of 20, students up to and including the age of 30, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.

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>






















**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

 Bone, joint and muscle	 Eye (not cataracts)	 Miscarriage and termination of pregnancy
 Brain and nervous system	 Gastrointestinal endoscopy	 Pain management
 Breast surgery (medically necessary)	 Gynaecology	 Skin
 Chemotherapy, radiotherapy and immunotherapy for cancer	 Hernia and appendix	 Tonsils, adenoids and grommets
 Diabetes management (excluding insulin pumps)	 Joint reconstructions	 Hospital psychiatric services
 Digestive system	 Kidney and bladder	 Palliative care
 Ear, nose and throat	 Male reproductive system	 Rehabilitation

This policy  does not include cover for

 Assisted reproductive services	 Heart and vascular system	 Plastic and reconstructive surgery (medically necessary)
 Back, neck and spine	 Implantation of hearing devices	 Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
 Blood	 Insulin pumps	 Pregnancy and birth
 Cataracts	 Joint replacements	 Sleep studies
 Dental surgery	 Lung and chest	 Weight loss surgery
 Dialysis for chronic kidney failure	 Pain management with device	

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 \$750 per admission. This is limited to a maximum of \$750 per person and \$1500 per policy per year.

Excess payments do not apply to hospital admissions for dependants.

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/343>

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/343>

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.