

## Private Health Information Statement - General treatment policy

### Corporate Mid Extras 65%

nib Health Funds Ltd.

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

13 14 63

**Monthly Premium**

**\$167.28<sup>#</sup>**

(before any rebate or insurer discount)

Covers one adult & dependants (2 or more people, only one of whom is an adult)

Available in Western Australia

<sup>#</sup> You may be entitled to an Australian Government rebate on the above premium. Your premium may also include 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.

This cover is available to select nib corporate groups.

### 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	0	\$800 per person (combined limit for general dental, major dental, endodontic & orthodontic)	Periodic oral examination - 65% of charge Scale & clean - 65% of charge Fluoride treatment - 65% of charge
Major dental	12		Surgical tooth extraction - 65% of charge Full crown veneered - 65% of charge
Endodontic	12		Filling of one root canal - 65% of charge
Orthodontic	12		Braces for upper & lower teeth, including removal plus fitting of retainer - 65% of charge
Optical	0	\$200 per person	Single vision lenses & frames - 65% of charge Multi-focal lenses & frames - 65% of charge
Non PBS pharmaceuticals*	0	\$250 per person (combined limit for non pbs pharmaceuticals, podiatry, psychology, acupuncture, remedial massage, hearing aids, blood glucose monitors, ante-natal/post-natal classes, chinese medicine, dietetics/dietary advice, eye therapy (orthoptics), home nursing, occupational therapy, orthotics (podiatric orthoses), speech therapy & other services)	Per eligible prescription - 65% of charge
Physiotherapy	0	\$300 per person (combined limit for physiotherapy, exercise physiology & other services)	Initial visit - 65% of charge Subsequent visit - 65% of charge
Chiropractic	0	\$300 per person (combined limit for chiropractic & osteopathy)	Initial visit - 65% of charge Subsequent visit - 65% of charge
Podiatry	0	Combined limit - see Non PBS pharmaceuticals	Initial visit - 65% of charge Subsequent visit - 65% of charge
Psychology	0	Combined limit - see Non PBS pharmaceuticals	Initial visit - 65% of charge Subsequent visit - 65% of charge
Acupuncture	0	Combined limit - see Non PBS pharmaceuticals	Initial visit - 65% of charge Subsequent visit - 65% of charge

Remedial massage	0	Combined limit - see Non PBS pharmaceuticals	Initial visit - 65% of charge Subsequent visit - 65% of charge
Hearing aids	36	Combined limit - see Non PBS pharmaceuticals	Hearing aid - 65% of charge
Blood glucose monitors	12	Combined limit - see Non PBS pharmaceuticals	Per monitor - 65% of charge
Ante-natal/Post-natal classes	0	Combined limit - see Non PBS pharmaceuticals	Initial visit - 100% of charge Subsequent visit - 100% of charge
Chinese medicine	0	Combined limit - see Non PBS pharmaceuticals	Initial visit - 65% of charge Subsequent visit - 65% of charge
Dietetics/dietary advice	0	Combined limit - see Non PBS pharmaceuticals	Initial visit - 65% of charge Subsequent visit - 65% of charge
Exercise physiology	0	Combined limit - see Physiotherapy	Initial visit - 65% of charge Subsequent visit - 65% of charge
Eye therapy (orthoptics)	0	Combined limit - see Non PBS pharmaceuticals	Initial visit - 65% of charge Subsequent visit - 65% of charge
Health management / Healthy lifestyle	0	\$100 per person	Health management - 65% of charge
Home nursing	0	Combined limit - see Non PBS pharmaceuticals	Initial visit - 65% of charge Subsequent visit - 65% of charge
Occupational therapy	0	Combined limit - see Non PBS pharmaceuticals	Initial visit - 65% of charge Subsequent visit - 65% of charge
Orthotics (podiatric orthoses)	0	Combined limit - see Non PBS pharmaceuticals	Orthotics supply & fit - 65% of charge
Osteopathy	0	Combined limit - see Chiropractic	Initial visit - 65% of charge Subsequent visit - 65% of charge
Speech therapy	0	Combined limit - see Non PBS pharmaceuticals	Initial visit - \$65.00 Subsequent visit - \$65.00

For most extras services on your cover your annual limit will increase by \$50 each calendar year up to a maximum of four years. Myotherapy is included in Natural Therapies with acupuncture, remedial massage and Chinese herbalism. Combined therapies include: Speech therapy, eye therapy, occupational therapy, psychology, pharmaceuticals, natural therapies (incl. myotherapy), antenatal and postnatal services, dietary advice, podiatry, home nursing services, artificial aids, orthotics, speech processors and hearing aids (service limits apply). Healthy Lifestyle includes approved weight management, quit smoking and health management programs (gym, personal trainer) and more (service limits apply). 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

nib's Corporate medium range of Extras with benefits paid at 65% of the cost. 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/21>

## 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/21>

#### 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.