

## Private Health Information Statement - General treatment policy

### Core and Family Extras

nib Health Funds Ltd.

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

13 14 63

Monthly Premium

**\$174.20<sup>#</sup>**

(before any rebate or insurer discount)

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

Available in Tasmania

<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.

### 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                 | 2                       | \$600 per person<br>(no limit on preventative dental)                              | Periodic oral examination - 60% of charge<br>Scale & clean - 60% of charge<br>Fluoride treatment - 60% of charge |
| Major dental                   | 12                      | \$600 per person<br>(combined limit for major dental & endodontic)                 | Surgical tooth extraction - 60% of charge<br>Full crown veneered - 60% of charge                                 |
| Endodontic                     | 12                      |  | Filling of one root canal - 60% of charge  |
| Orthodontic                    | 12                      | \$350 per person<br>\$1,500 lifetime limit   | Braces for upper & lower teeth, including removal plus fitting of retainer - 60% of charge                       |
| Optical                        | 6                       | \$250 per person<br>(combined limit for optical & other services)                  | Single vision lenses & frames - 60% of charge<br>Multi-focal lenses & frames - 60% of charge                     |
| Physiotherapy                  | 2                       | \$350 per person   | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge  |
| Podiatry                       | 2                       | \$200 per person<br>(combined limit for podiatry & orthotics (podiatric orthoses)) | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge  |
| Ante-natal/Post-natal classes  | 2                       | \$200 per person   | Initial visit - 100% of charge<br>Subsequent visit - 100% of charge  |
| Occupational therapy           | 2                       | \$300 per person   | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge  |
| Orthotics (podiatric orthoses) | 2                       | Combined limit - see Podiatry  | Orthotics supply & fit - 60% of charge   |
| Speech therapy                 | 2                       | \$350 per person   | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge  |

Preventative Tests - \$100 limit per person per calendar year (waiting period 6 months): 60% back on preventative health test e.g. thin prep, bone density testing, bowel screening (service limits apply). Family Health Aids - \$250 limit per person per calendar year (waiting period 12 months): 60% back on health aids e.g. spacer, peak flow meter, nebuliser, Irlen lens (service limits apply). For Preventative dental service limits apply.

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

|   |   |  |
|---|---|--|
|  Acupuncture            |  Hearing aids            |  Remedial massage                           |
|  Blood glucose monitors |  Non PBS pharmaceuticals |  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 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/57>

### 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](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/57>

### 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.