

## Private Health Information Statement - General treatment policy

### Corporate Executive Extras

nib Health Funds Ltd.

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

13 14 63

**Monthly Premium**

**\$391.53<sup>#</sup>**

(before any rebate or insurer discount)

Covers 2 adults (and no-one else)

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 cover is only available to selected 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

| Treatment                     | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)  | Examples of maximum benefits   |
|-------------------------------|-------------------------|---|--|
| General dental                | 2                       | \$1,000 per person<br>(no limit on preventative dental)   | Periodic oral examination - 85% of charge<br>Scale & clean - 85% of charge<br>Fluoride treatment - 85% of charge |
| Major dental                  | 12                      | \$1,500 per person<br>(combined limit for major dental & endodontic)  | Surgical tooth extraction - 85% of charge<br>Full crown veneered - 85% of charge                                 |
| Endodontic                    | 12                      |   | Filling of one root canal - 85% of charge  |
| Orthodontic                   | 12                      | \$800 per person<br>\$3,000 lifetime limit  | Braces for upper & lower teeth, including removal plus fitting of retainer - 85% of charge                       |
| Optical                       | 6                       | \$350 per person  | Single vision lenses & frames - 85% of charge<br>Multi-focal lenses & frames - 85% of charge                     |
| Non PBS pharmaceuticals       | 2                       | \$500 per person  | Per eligible prescription - 85% of charge  |
| Physiotherapy                 | 2                       | \$600 per person  | Initial visit - 85% of charge<br>Subsequent visit - 85% of charge  |
| Chiropractic                  | 2                       | \$600 per person<br>(combined limit for chiropractic & osteopathy)  | Initial visit - 85% of charge<br>Subsequent visit - 85% of charge  |
| Podiatry                      | 2                       | \$400 per person<br>(combined limit for podiatry & orthotics (podiatric orthoses))                              | Initial visit - 85% of charge<br>Subsequent visit - 85% of charge  |
| Psychology                    | 2                       | \$500 per person  | Initial visit - 85% of charge<br>Subsequent visit - 85% of charge  |
| Acupuncture                   | 2                       | \$500 per person<br>(combined limit for acupuncture, remedial massage, chinese medicine & other services)       | Initial visit - 85% of charge<br>Subsequent visit - 85% of charge  |
| Remedial massage              | 2                       |   | Initial visit - 85% of charge<br>Subsequent visit - 85% of charge  |
| Hearing aids                  | 36                      | \$1,500 per person<br>2 appliance(s) every 5 years<br>(combined limit for hearing aids & other services)        | Hearing aid - 85% of charge  |
| Blood glucose monitors        | 12                      | \$500 per person<br>1 appliance(s) every 1 year<br>(combined limit for blood glucose monitors & other services) | Per monitor - 85% of charge  |
| Ante-natal/Post-natal classes | 2                       | \$250 per person  | Initial visit - 100% of charge<br>Subsequent visit - 100% of charge  |

|   |   |                                   |   |
|---|---|-----------------------------------|---|
| Chinese medicine  | 2 | Combined limit - see Acupuncture  | Initial visit - 85% of charge<br>Subsequent visit - 85% of charge |
| Dietetics/dietary advice  | 2 | \$600 per person                  | Initial visit - 85% of charge<br>Subsequent visit - 85% of charge |
| Exercise physiology   | 2 | \$350 per person                  | Initial visit - 85% of charge<br>Subsequent visit - 85% of charge |
| Eye therapy (orthoptics)  | 2 | \$200 per person                  | Initial visit - 85% of charge<br>Subsequent visit - 85% of charge |
| Health management / Healthy lifestyle   | 6 | \$400 per person                  | Health management - 85% of charge                                 |
| Home nursing  | 2 | \$200 per person                  | Initial visit - 85% of charge<br>Subsequent visit - 85% of charge |
| Occupational therapy  | 2 | \$500 per person                  | Initial visit - 85% of charge<br>Subsequent visit - 85% of charge |
| Orthotics (podiatric orthoses)  | 2 | Combined limit - see Podiatry     | Orthotics supply & fit - 85% of charge                            |
| Osteopathy  | 2 | Combined limit - see Chiropractic | Initial visit - 85% of charge<br>Subsequent visit - 85% of charge |
| Speech therapy  | 2 | \$500 per person                  | Initial visit - 85% of charge<br>Subsequent visit - 85% of charge |
| Preventative Tests (\$200) e.g. thin prep, bone density testing, bowel screening (Service limits apply). Top Health Aids (\$500) e.g. spacer, peak flow meter, nebuliser, Irlen lens and blood glucose monitor (service limits apply). Myotherapy: combined limit of \$500 with acupuncture, remedial massage and Chinese herbalism. Healthy 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). For Preventative dental service limits apply. |   |                                   |   |

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

A corporate Extras product with benefits paid at 85% of 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/96>

## 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/96>

## 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.