

Private Health Information Statement - General treatment policy

Qantas Insurance

<https://www.qantasinsurance.com/health>

13 49 60

Underwritten by nib Health Funds Ltd.

Monthly Premium

\$157.31 #

(before any rebate or insurer discount)

Covers 2 adults (and no-one else)

Available in Queensland

# 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.

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://insurance.qantas.com/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                      | \$600 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                                                                                                                     | Single vision lenses & frames - 60% of charge<br>Multi-focal lenses & frames - 60% of charge                     |
| Non PBS pharmaceuticals        | 2                       | \$150 per person                                                                                                                     | Per eligible prescription - 60% of charge                                                                        |
| Physiotherapy                  | 2                       | \$350 per person                                                                                                                     | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge                                                |
| Chiropractic                   | 2                       | \$300 per person<br>(combined limit for chiropractic & osteopathy)                                                                   | 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                                                |
| Acupuncture                    | 2                       | \$150 per person<br>(combined limit for acupuncture, remedial massage, chinese medicine & other services - <b>Sub-limits apply</b> ) | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge                                                |
| Remedial massage               | 2                       |                                                                                                                                      | 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                                              |
| Chinese medicine               | 2                       | Combined limit - see Acupuncture                                                                                                     | Initial visit - 60% of charge<br>Subsequent visit - 60% 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                                                                           |
| Osteopathy                     | 2                       | Combined limit - see Chiropractic                                                                                                    | Initial visit - 60% of charge<br>Subsequent visit - 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) Myotherapy - \$150 combined limit with acupuncture, remedial massage and Chinese herbalism per person per calendar year (waiting period 2 months). For Preventative dental service limits apply.

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

|                          |                                              |
|--------------------------|----------------------------------------------|
| ✗ Blood glucose monitors | ✗ Psychology                                 |
| ✗ Hearing aids           | ✗ Other treatments - check with your insurer |

#### Other features of this general treatment cover

The Extras people use most, with Extras your family needs now, with the peace of mind that you're covered as your family grows. 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 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/112>

## Ambulance cover

Ambulance cover is provided by the State government for Queensland residents (<https://www.ambulance.qld.gov.au/>). This includes cover whilst interstate.

#### Other features of this ambulance cover

Emergency ambulance costs are covered by the state government for residents of Queensland.

For further information about this policy see

<https://my.nib.com.au/product-collateral/112>

#### 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.