

## Private Health Information Statement - General treatment policy

### Priceline Premium Extras

#### Priceline Health Insurance

<https://www.priceline.com.au/health-insurance>

[pricelinehealth@nib.com.au](mailto:pricelinehealth@nib.com.au)

1300 070 761

Underwritten by nib Health Funds Ltd.

#### Monthly Premium

**\$321.39 #**

(before any rebate or insurer discount)

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

Available in South Australia

# 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                       | \$1,000 per person   | Periodic oral examination - 75% of charge<br>Scale & clean - 75% of charge<br>Fluoride treatment - 75% of charge |
| Major dental             | 12                      | \$1,200 per person<br>(combined limit for major dental & endodontic)                                     | Surgical tooth extraction - 75% of charge<br>Full crown veneered - 75% of charge                                 |
| Endodontic               | 12                      |  | Filling of one root canal - 75% of charge  |
| Orthodontic              | 12                      | \$800 per person<br>\$2,500 lifetime limit   | Braces for upper & lower teeth, including removal plus fitting of retainer - 75% of charge                       |
| Optical                  | 6                       | \$350 per person   | Single vision lenses & frames - 75% of charge<br>Multi-focal lenses & frames - 75% of charge                     |
| Non PBS pharmaceuticals* | 2                       | \$500 per person<br>(combined limit for non pbs pharmaceuticals & other services)                        | Per eligible prescription - 75% of charge  |
| Physiotherapy            | 2                       | \$500 per person   | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge  |
| Chiropractic             | 2                       | \$400 per person<br>(combined limit for chiropractic & osteopathy)                                       | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge  |
| Podiatry                 | 2                       | \$400 per person<br>(combined limit for podiatry & orthotics (podiatric orthoses))                       | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge  |
| Psychology               | 2                       | \$400 per person   | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge  |
| Acupuncture              | 2                       | \$200 per person<br>(combined limit for acupuncture, chinese medicine & other services)                  | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge  |
| Remedial massage         | 2                       | \$200 per person   | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge  |
| Hearing aids             | 36                      | \$1,200 per person<br>2 appliance(s) every 5 years<br>(combined limit for hearing aids & other services) | Hearing aid - 75% of charge  |

|                                       |    |   |   |
|---------------------------------------|----|---|---|
| Blood glucose monitors                | 12 | \$400 per person<br>1 appliance(s) every 1 year<br>(combined limit for blood glucose monitors & other services) | Per monitor - 75% 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 - 75% of charge<br>Subsequent visit - 75% of charge   |
| Dietetics/dietary advice              | 2  | \$350 per person  | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge   |
| Exercise physiology                   | 2  | \$250 per person  | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge   |
| Eye therapy (orthoptics)              | 2  | \$200 per person  | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge   |
| Health management / Healthy lifestyle | 6  | \$200 per person  | Health management - 75% of charge                                   |
| Home nursing                          | 2  | \$200 per person  | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge   |
| Occupational therapy                  | 2  | \$300 per person  | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge   |
| Orthotics (podiatric orthoses)        | 2  | Combined limit - see Podiatry   | Orthotics supply & fit - 75% of charge                              |
| Osteopathy                            | 2  | Combined limit - see Chiropractic   | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge   |
| Speech therapy                        | 2  | \$300 per person  | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge   |

Influenza (flu) Vaccine (Sublimit of Non PBS pharmaceuticals) to access the dispensing of an Influenza (flu) vaccine at a pharmacy only - limited to one person per calendar year (waiting period 2 months). 100% up to \$25 at Priceline pharmacies and 75% up to \$18.50 at all other pharmacies. Preventative Tests - \$200 limit per person per calendar year (waiting period 6 months): 75% back on preventative health test for thin prep, bone density testing and bowel screening (service limits apply). Health aids - premium - \$400 limit per person per calendar year (waiting period 12 months): 75% back on health aids e.g. shoulder braces, knee braces, splints, spacer, peak flow meter, nebuliser, Irlen lens, blood glucose monitor, macular degeneration aids and compression garments (service limits apply). Myotherapy: combined limit of \$200 with Acupuncture and Chinese herbalism. Speech Processor: combined limit with Hearing aids of \$1,200 per person per calendar year (waiting period 36 months, service limits apply). Healthy Lifestyle includes approved weight management, quit smoking and health management programs (gym, personal trainer). Orthotics (podiatric orthoses) - service limits of 2 Single or 1 Pair per Person per Year 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

Top level of Extras cover with 75% back on a full range of services up to your annual limit including Non-PBS Pharmacy. 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/345>

### Ambulance cover

In South 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

[PrivateHealth.gov.au](http://PrivateHealth.gov.au)

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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/345>

#### 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.