

# Private Health Information Statement - General treatment policy

### Qantas Kickstart Extras

#### Qantas Insurance

<https://www.qantasinsurance.com/health>  
13 49 60  
Underwritten by nib Health Funds Ltd.

#### Monthly Premium

**\$189.39<sup>#</sup>**  
(before any rebate or insurer discount)

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

Available in Western 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, students up to and including the age of 30 and non-students up to and including the age of 30, as well as persons with a disability who qualify as a child, student or non-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://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                       | \$700 per person                                                     | Periodic oral examination - 60% of charge<br>Scale & clean - 60% of charge<br>Fluoride treatment - 60% of charge |
| Major dental            | 12                      | \$1,000 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                                                                        |
| Optical                 | 6                       | \$250 per person                                                     | Single vision lenses & frames - 60% of charge<br>Multi-focal lenses & frames - 60% of charge                     |
| Non PBS pharmaceuticals | 2                       | \$100 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                                                |
| Remedial massage        | 2                       | \$150 per person                                                     | Initial visit - 60% of charge                                                                                    |
| Osteopathy              | 2                       | Combined limit - see Chiropractic                                    | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge                                                |

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

|                                                                                                           |                                                                                                 |                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
|  Acupuncture            |  Orthodontic |  Other treatments - check with your insurer |
|  Blood glucose monitors |  Podiatry    |                                                                                                                                |
|  Hearing aids           |  Psychology  |                                                                                                                                |

## Other features of this general treatment cover

Just like Core Extras but with higher annual limits. 60% back on each visit, up to your annual limit. 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/525>

## 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/525>

## 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.