

Private Health Information Statement - Combined policy

Premier 85% - Gold \$400 Excess

nib Health Funds Ltd.

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

13 14 63

Monthly Premium

\$921.92[#]

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)

Available in Victoria

Closed to new members

[#] You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading, an age-based discount or an insurer discount. Check with your insurer for details.

This cover is available to select nib corporate groups.

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy does not provide accident cover or benefits for travel and accommodation (outside of hospital).

- ✓ Covered**
For information on what is covered under each category, see <https://privatehealth.gov.au/categories>
- R Restricted**
Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.
- ✗ Not Covered**
These categories are not covered by this policy.

This policy **✓ includes** cover for

✓ Assisted reproductive services	✓ Eye (not cataracts)	✓ Miscarriage and termination of pregnancy
✓ Back, neck and spine	✓ Gastrointestinal endoscopy	✓ Pain management
✓ Blood	✓ Gynaecology	✓ Pain management with device
✓ Bone, joint and muscle	✓ Heart and vascular system	✓ Palliative care
✓ Brain and nervous system	✓ Hernia and appendix	✓ Plastic and reconstructive surgery (medically necessary)
✓ Breast surgery (medically necessary)	✓ Hospital psychiatric services	✓ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits)
✓ Cataracts	✓ Implantation of hearing devices	✓ Pregnancy and birth
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Insulin pumps	✓ Rehabilitation
✓ Dental surgery	✓ Joint reconstructions	✓ Skin
✓ Diabetes management (excluding insulin pumps)	✓ Joint replacements	✓ Sleep studies
✓ Dialysis for chronic kidney failure	✓ Kidney and bladder	✓ Tonsils, adenoids and grommets
✓ Digestive system	✓ Lung and chest	✓ Weight loss surgery
✓ Ear, nose and throat	✓ Male reproductive system	

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on privatehealth.gov.au for which hospitals have arrangements with your insurer - <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

The following payments may also apply for hospital admissions

Excess: You will have to pay an excess of \$400 per admission. This is limited to a maximum of \$400 per person and \$800 per policy per year.

Co-payments: No co-payments

The following waiting periods for hospital admissions apply to new or upgrading members

Waiting periods:

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 12 months for pregnancy and birth (obstetrics)
- 2 months for all other treatments

Gap Cover

This provider offers '[known gap](#)' or '[no gap](#)' cover for medical bills for this product.

The [Medical Costs Finder](#) lets you find out more about the cost of specialist medical services.

Other features of this hospital cover

Our Going to Hospital Pack provides more ways to reduce out-of-pockets, ask us for your copy.

For further information about this policy see

<https://my.nib.com.au/product-collateral/27>

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

Note, for items marked with an asterisk *: Benefit paid after current PBS patient contribution deducted			
Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	2	General dental/Oral surgery/Restorative services \$500 Endodontia/Periodontia \$500 Prosthetic dental - crowns and bridges/dentures \$750; Service Limits Apply	Periodic oral examination - 85% of charge Scale & clean - 85% of charge Fluoride treatment - 85% of charge Surgical tooth extraction - 85% of charge
Major dental	12		Full crown veneered - 85% of charge
Endodontic	12		Filling of one root canal - 85% of charge
Orthodontic	12	\$500 per person	Braces for upper & lower teeth, including removal plus fitting of retainer - 85% of charge
Optical	6	\$225 per person	Single vision lenses & frames - 85% of charge Multi-focal lenses & frames - 85% of charge
Non PBS pharmaceuticals*	2	\$600 per person	Per eligible prescription - 85% of charge
Physiotherapy	2	\$700 per person (combined limit for physiotherapy, ante-natal/post-natal classes & exercise physiology)	Initial visit - 85% of charge Subsequent visit - 85% of charge
Chiropractic	2	\$300 per person (combined limit for chiropractic & osteopathy)	Initial visit - 85% of charge Subsequent visit - 85% of charge
Podiatry	2	\$250 per person	Initial visit - 85% of charge Subsequent visit - 85% of charge

Psychology	2	\$300 per person	Initial visit - 85% of charge Subsequent visit - 85% of charge
Acupuncture	2	\$170 per single policy \$340 per couple/family policy	Initial visit - 85% of charge Subsequent visit - 85% of charge
Remedial massage	2		Initial visit - 85% of charge Subsequent visit - 85% of charge
Hearing aids	36	\$650 per person 2 appliance(s) every 5 years	Hearing aid - 85% of charge
Blood glucose monitors	12	\$500 per person 2 appliance(s) every 1 year (combined limit for blood glucose monitors, orthotics (podiatric orthoses) & other services)	Per monitor - 85% of charge
Ante-natal/Post-natal classes	2	Combined limit - see Physiotherapy	Initial visit - 85% of charge Subsequent visit - 85% of charge
Chinese medicine	2	Combined limit - see Acupuncture	Initial visit - 85% of charge Subsequent visit - 85% of charge
Dietetics/dietary advice	2	\$200 per person	Initial visit - 85% of charge Subsequent visit - 85% of charge
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - 85% of charge Subsequent visit - 85% of charge
Eye therapy (orthoptics)	2	\$200 per person	Initial visit - 85% of charge Subsequent visit - 85% of charge
Health management / Healthy lifestyle	2	\$100 per single policy \$200 per couple/family policy	Health management - 100% of charge
Home nursing	2	\$500 per person	Initial visit - 85% of charge Subsequent visit - 85% of charge
Occupational therapy	2	\$200 per person	Initial visit - 85% of charge Subsequent visit - 85% of charge
Orthotics (podiatric orthoses)	0	Combined limit - see Blood glucose monitors	Orthotics supply & fit - 85% of charge
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - 85% of charge Subsequent visit - 85% of charge
Speech therapy	2	\$200 per person	Initial visit - 85% of charge Subsequent visit - 85% of charge

Artificial aids / Orthotics / Speech processor (\$500 limit per person per calendar year) e.g. spacer, peak flow meter, nebuliser, blood glucose monitor, Irlen lens (service limits apply). Myotherapy: combined with acupuncture, remedial massage and Chinese herbalism. Healthier Lifestyle includes nib approved weight management, quit smoking and health management programs (gym memberships) and more. Waiting periods for dental treatment range between 2 and 12 months. No Benefit for Post-natal classes Psychology has a sublimit of \$150 for Digital Cognitive Behavioural Therapy (CBT). Non-PBS pharmaceuticals have a sub limit of \$150 for Weight Management Medication.

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

Comprehensive hospital cover with a range of Extras with benefits up to 85%. 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/27>

Ambulance cover

In Victoria 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/27>

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.