

## Private Health Information Statement - Combined policy

### Everyday Saver - Basic Plus \$250 Excess

nib Health Funds Ltd.

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

13 14 63

Monthly Premium

**\$319.38<sup>#</sup>**

(before any rebate, loading or discount)

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

Available in Western Australia  
Closed to new members

<sup>#</sup> 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 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.

### Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides accident cover - check with your insurer for details.

This policy does not provide benefits for travel or 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

|   |                                   |   |
|---|-----------------------------------|---|
| ✓ Dental surgery  | R Ear, nose and throat            | R Miscarriage and termination of pregnancy  |
| ✓ Hernia and appendix                                     | R Gastrointestinal endoscopy      | R Pain management   |
| ✓ Tonsils, adenoids and grommets                          | R Gynaecology                     | R Palliative care   |
| R Blood   | R Heart and vascular system       | R Plastic and reconstructive surgery (medically necessary)                          |
| R Bone, joint and muscle                                  | R Hospital psychiatric services   | R Podiatric surgery (provided by a registered podiatric surgeon - limited benefits) |
| R Brain and nervous system                                | R Implantation of hearing devices | R Rehabilitation  |
| R Breast surgery (medically necessary)                    | R Joint reconstructions           | R Skin  |
| R Chemotherapy, radiotherapy and immunotherapy for cancer | R Kidney and bladder              | R Sleep studies   |
| R Diabetes management (excluding insulin pumps)           | R Lung and chest                  |   |
| R Digestive system  | R Male reproductive system        |   |

This policy ✗ does not include cover for

|                                  |                       |                       |
|----------------------------------|-----------------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Eye (not cataracts) | ✗ Pregnancy and birth |
| ✗ Back, neck and spine           | ✗ Insulin pumps       | ✗ Weight loss surgery |
| ✗ Cataracts                      | ✗ Joint replacements  |                       |

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](https://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 \$250 per admission. This is limited to a maximum of \$1000 per year.

Excess payments do not apply to hospital admissions for dependants.

**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
- 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.

For further information about this policy see

<https://my.nib.com.au/product-collateral/5>

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                       | \$500 per person up to \$2,000 per policy (combined limit for general dental, major dental & endodontic)         | Periodic oral examination - 50% of charge<br>Scale & clean - 50% of charge<br>Fluoride treatment - 50% of charge |
| Major dental  | 12                      |  | Surgical tooth extraction - 50% of charge<br>Full crown veneered - 50% of charge                                 |
| Endodontic  | 12                      |  | Filling of one root canal - 50% of charge  |
| Orthodontic   | 12                      | \$200 per person up to \$800 per policy<br>\$1,000 lifetime limit  | Braces for upper & lower teeth, including removal plus fitting of retainer - 50% of charge                       |
| Optical   | 6                       | \$220 per person up to \$880 per policy  | Single vision lenses & frames - 50% of charge<br>Multi-focal lenses & frames - 50% of charge                     |
| Non PBS pharmaceuticals*  | 2                       | \$100 per person up to \$400 per policy  | Per eligible prescription - 50% of charge  |
| Physiotherapy   | 2                       | \$300 per person up to \$1,200 per policy (combined limit for physiotherapy, chiropractic & exercise physiology) | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge  |
| Chiropractic  | 2                       |  | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge  |
| Podiatry  | 2                       | \$200 per person up to \$800 per policy (combined limit for podiatry, acupuncture, remedial                      | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge  |

|   |   |   |   |
|---|---|---|---|
| Acupuncture   | 2 | massage, chinese medicine, dietetics/dietary advice, speech therapy & other services) | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge |
| Remedial massage  | 2 |   | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge |
| Chinese medicine  | 2 |   | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge |
| Dietetics/dietary advice  | 2 |   | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge |
| Exercise physiology   | 2 | Combined limit - see Physiotherapy  | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge |
| Speech therapy  | 2 | Combined limit - see Podiatry   | Initial visit - 50% of charge<br>Subsequent visit - 50% of charge |
| Myotherapy: combined limit of \$200 with acupuncture, dietary advice, podiatry, remedial massage, speech pathology and Chinese herbalism. |   |   |   |

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

|                                 |   |
|---------------------------------|---|
| <b>X</b> Blood glucose monitors | <b>X</b> Psychology                                 |
| <b>X</b> Hearing aids           | <b>X</b> Other treatments - check with your insurer |

#### Other features of this general treatment cover

Great value health cover for families on a budget, who need cover mostly for the kids. 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/5>

## 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/5>

#### 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.