

## Private Health Information Statement - Combined policy

### Top Cover - Gold \$750 Excess

nib Health Funds Ltd.

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

13 14 63

Monthly Premium

**\$423.09<sup>#</sup>**

(before any rebate, loading or discount)

Covers only one person  
Available in South 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.

### 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

|                                                           |                                   |                                                                                     |
|-----------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------|
| ✓ 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](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 \$750 per admission. This is limited to a maximum of \$750 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.

For further information about this policy see

<https://my.nib.com.au/product-collateral/10>

## 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                       | \$600 per policy                                                                                                                                                                          | Periodic oral examination - 75% of charge<br>Scale & clean - 75% of charge<br>Fluoride treatment - 75% of charge |
| Major dental                                                                                            | 12                      | \$1,200 per policy<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                      | \$500 per policy<br>\$2,800 lifetime limit                                                                                                                                                | Braces for upper & lower teeth, including removal plus fitting of retainer - 75% of charge                       |
| Optical                                                                                                 | 6                       | \$300 per policy                                                                                                                                                                          | Single vision lenses & frames - 75% of charge<br>Multi-focal lenses & frames - 75% of charge                     |
| Non PBS pharmaceuticals*                                                                                | 2                       | \$500 per policy                                                                                                                                                                          | Per eligible prescription - 75% of charge                                                                        |
| Physiotherapy                                                                                           | 2                       | \$550 per policy<br>(combined limit for physiotherapy, chiropractic, exercise physiology & osteopathy)                                                                                    | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge                                                |
| Chiropractic                                                                                            | 2                       |                                                                                                                                                                                           | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge                                                |
| Podiatry                                                                                                | 2                       | \$400 per policy<br>(combined limit for podiatry, ante-natal/post-natal classes, dietetics/dietary advice, eye therapy (orthoptics), home nursing, occupational therapy & speech therapy) | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge                                                |
| Psychology                                                                                              | 2                       | \$300 per policy                                                                                                                                                                          | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge                                                |
| Acupuncture                                                                                             | 2                       | \$250 per policy<br>(combined limit for acupuncture, remedial massage,                                                                                                                    | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge                                                |

|                                       |    |                                                                                                                                |                                                                     |
|---------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Remedial massage                      | 2  | chinese medicine & other services - <b>Sub-limits apply</b> )                                                                  | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge   |
| Hearing aids                          | 36 | \$800 per policy<br>(combined limit for hearing aids, blood glucose monitors, orthotics (podiatric orthoses) & other services) | Hearing aid - 75% of charge                                         |
| Blood glucose monitors                | 12 |                                                                                                                                | Per monitor - 75% of charge                                         |
| Ante-natal/Post-natal classes         | 2  | Combined limit - see Podiatry                                                                                                  | 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  | Combined limit - see Podiatry                                                                                                  | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge   |
| Exercise physiology                   | 2  | Combined limit - see Physiotherapy                                                                                             | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge   |
| Eye therapy (orthoptics)              | 2  | Combined limit - see Podiatry                                                                                                  | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge   |
| Health management / Healthy lifestyle | 6  | \$250 per policy                                                                                                               | Health management - 75% of charge                                   |
| Home nursing                          | 2  | Combined limit - see Podiatry                                                                                                  | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge   |
| Occupational therapy                  | 2  | Combined limit - see Podiatry                                                                                                  | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge   |
| Orthotics (podiatric orthoses)        | 2  | Combined limit - see Hearing aids                                                                                              | Orthotics supply & fit - 75% of charge                              |
| Osteopathy                            | 2  | Combined limit - see Physiotherapy                                                                                             | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge   |
| Speech therapy                        | 2  | Combined limit - see Podiatry                                                                                                  | Initial visit - 75% of charge<br>Subsequent visit - 75% of charge   |

Other Therapies (\$400) includes antenatal services, dietary advice, eye therapy, home nursing, occupational therapy, podiatry, postnatal services, and speech pathology. Hearing aids / Artificial aids / Orthotics (\$800) e.g. spacer, peak flow meter, nebuliser, blood glucose monitor, Irlen lens (service limits apply). Myotherapy: combined limit of \$250 with acupuncture, remedial massage and Chinese herbalism. Healthier Lifestyle includes nib approved weight management, quit smoking and health management programs (gym, personal trainer) and more (service limits apply). 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

Service limits apply to hearing aids, blood glucose monitors and artificial aids. For those who wanted peace of mind by having the best cover. 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/10>

### 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 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/10>

#### 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.