

## Private Health Information Statement - Combined policy

### Bronze Kickstarter Plus \$750 Excess

nib Health Funds Ltd.

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

13 14 63

Monthly Premium

**\$442.59<sup>#</sup>**

(before any rebate, loading or discount)

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

Available in Tasmania  
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

|   |  |   |
|---|--|---|
| ✓ Blood   | ✓ Eye (not cataracts)                      | ✓ Pain management   |
| ✓ Bone, joint and muscle                                  | ✓ Gastrointestinal endoscopy               | ✓ Plastic and reconstructive surgery (medically necessary)                          |
| ✓ Brain and nervous system                                | ✓ Gynaecology                              | ✓ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits) |
| ✓ Breast surgery (medically necessary)                    | ✓ Hernia and appendix                      | ✓ Skin  |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Joint reconstructions                    | ✓ Sleep studies   |
| ✓ Dental surgery  | ✓ Kidney and bladder                       | ✓ Tonsils, adenoids and grommets  |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Lung and chest                           | R Hospital psychiatric services   |
| ✓ Digestive system  | ✓ Male reproductive system                 | R Palliative care   |
| ✓ Ear, nose and throat                                    | ✓ Miscarriage and termination of pregnancy | R Rehabilitation  |

This policy ✗ does not include cover for

|                                       |                                   |                               |
|---------------------------------------|-----------------------------------|-------------------------------|
| ✗ Assisted reproductive services      | ✗ Heart and vascular system       | ✗ Pain management with device |
| ✗ Back, neck and spine                | ✗ Implantation of hearing devices | ✗ Pregnancy and birth         |
| ✗ Cataracts                           | ✗ Insulin pumps                   | ✗ Weight loss surgery         |
| ✗ Dialysis for chronic kidney failure | ✗ 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 \$750 per admission. This is limited to a maximum of \$750 per person 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
- 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/98>

## 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                       | \$300 per person  | Periodic oral examination - 60% of charge<br>Scale & clean - 60% of charge<br>Fluoride treatment - 60% of charge |
| Major dental            | 12                      | \$300 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                       | \$150 per person  | Single vision lenses & frames - 60% of charge<br>Multi-focal lenses & frames - 60% of charge                     |
| Non PBS pharmaceuticals | 2                       | \$200 per person  | Per eligible prescription - 60% of charge  |
| Physiotherapy           | 2                       | \$200 per person  | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge  |
| Chiropractic            | 2                       | \$200 per person<br>(combined limit for chiropractic & osteopathy)  | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge  |
| Psychology              | 2                       | \$100 per person  | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge  |
| Acupuncture             | 2                       | \$100 per person<br>(combined limit for acupuncture, remedial massage, chinese medicine & other services) | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge  |
| Remedial massage        | 2                       |   | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge  |
| Chinese medicine        | 2                       |   | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge  |

|  |   |                                   |   |
|--|---|-----------------------------------|---|
| Dietetics/dietary advice   | 2 | \$200 per person                  | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Exercise physiology  | 2 | \$200 per person                  | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Osteopathy   | 2 | Combined limit - see Chiropractic | Initial visit - 60% of charge<br>Subsequent visit - 60% of charge |
| Preventative Tests - \$200 limit per person per calendar year (waiting period 6 months): 60% back on preventative health test for thin prep, bone density testing and bowel screening (service limits apply). Myotherapy - \$100 combined limit with acupuncture, remedial massage and Chinese herbalism per person per calendar year (waiting period 2 months). Psychology has a sublimit of \$100 for Digital Cognitive Behavioural Therapy (CBT). |   |                                   |   |

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

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

#### Other features of this general treatment cover

For young singles and couples looking for more than the basics from their hospital cover plus everyday Extras to help keep you healthy. 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 visiting 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/98>

#### Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - [https://www.health.tas.gov.au/ambulance/fees\\_and\\_accounts](https://www.health.tas.gov.au/ambulance/fees_and_accounts).

#### Other features of this ambulance cover

Emergency ambulance costs are covered by the state government for residents of Tasmania.

For further information about this policy see

<https://my.nib.com.au/product-collateral/98>

#### 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.