

Private Health Information Statement - Combined policy

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

Monthly Premium
\$450.21[#]
(before any rebate, loading or discount)

Covers two adults & dependants (3 or more people, only 2 of whom are adults)
Available in South Australia
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 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	✓ Gastrointestinal endoscopy	✓ Pain management with device
✓ Bone, joint and muscle	✓ Gynaecology	✓ Palliative care
✓ Brain and nervous system	✓ Hernia and appendix	✓ Plastic and reconstructive surgery (medically necessary)
✓ Breast surgery (medically necessary)	✓ Insulin pumps	✓ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Joint reconstructions	✓ Skin
✓ Dental surgery	✓ Kidney and bladder	✓ Sleep studies
✓ Diabetes management (excluding insulin pumps)	✓ Lung and chest	✓ Tonsils, adenoids and grommets
✓ Digestive system	✓ Male reproductive system	R Hospital psychiatric services
✓ Ear, nose and throat	✓ Miscarriage and termination of pregnancy	R Rehabilitation
✓ Eye (not cataracts)	✓ Pain management	

This policy **✗ does not include** cover for

✗ Assisted reproductive services	✗ Dialysis for chronic kidney failure	✗ Joint replacements
✗ Back, neck and spine	✗ Heart and vascular system	✗ Pregnancy and birth
✗ Cataracts	✗ Implantation of hearing devices	✗ Weight loss surgery

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 \$750 per admission. This is limited to a maximum of \$750 per person and \$1500 per policy 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.

Other features of this hospital cover

We do not have a preferred-provider-network-arrangement but operate a MediGap scheme aiming to eliminate the 'gap' payments for specialist fees in hospital. When a specialist chooses to participate in MediGap, they agree not to charge an out-of-pocket expense for your procedure. We do this by building a network of specialists who may agree to receive a higher benefit from us than they would ordinarily receive. In exchange, they do not charge you an out-of-pocket expense. Ask your specialist if they'll MediGap for you!

For further information about this policy see

<https://my.nib.com.au/product-collateral/133>

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	\$600 per person (no limit on preventative dental)	Periodic oral examination - 60% of charge Scale & clean - 60% of charge Fluoride treatment - 60% of charge
Major dental	12	\$350 per person (combined limit for major dental & endodontic)	Surgical tooth extraction - 60% of charge Full crown veneered - 60% of charge
Endodontic	12		Filling of one root canal - 60% of charge
Optical	6	\$200 per person	Single vision lenses & frames - 60% of charge Multi-focal lenses & frames - 60% of charge
Non PBS pharmaceuticals	2	\$100 per person	Per eligible prescription - 60% of charge
Physiotherapy	2	\$300 per person	Initial visit - 60% of charge Subsequent visit - 60% of charge
Health management / Healthy lifestyle	6	\$100 per person	Health management - 60% of charge

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

X Acupuncture	X Hearing aids	X Psychology
X Blood glucose monitors	X Orthodontic	X Remedial massage
X Chiropractic	X Podiatry	X Other treatments - check with your insurer

Other features of this general treatment cover

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/133>

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/133>

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.