

Private Health Information Statement - Combined policy

Qantas Insurance

<https://www.qantasinsurance.com/health>

13 49 60

Underwritten by nib Health Funds Ltd.

Monthly Premium

\$492.29[#]

(before any rebate, loading or discount)

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

Available in Tasmania

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).

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Covered

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>
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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.
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Not Covered

These categories are not covered by this policy.

This policy ✓ includes cover for

✓ 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)	✓ Implantation of hearing devices	✓ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Insulin pumps	✓ Rehabilitation
✓ Dental surgery	✓ Joint reconstructions	✓ Skin
✓ Diabetes management (excluding insulin pumps)	✓ Kidney and bladder	✓ Sleep studies
✓ Digestive system	✓ Lung and chest	✓ Tonsils, adenoids and grommets
✓ Ear, nose and throat	✓ Male reproductive system	R Hospital psychiatric services
✓ Eye (not cataracts)	✓ Miscarriage and termination of pregnancy	
✓ Gastrointestinal endoscopy	✓ Pain management	

This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Dialysis for chronic kidney failure	✗ Weight loss surgery
✗ Back, neck and spine	✗ 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 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/134>

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	\$600 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	\$250 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	\$350 per person	Initial visit - 60% of charge Subsequent visit - 60% of charge

Chiropractic	2	\$150 per person (combined limit for chiropractic & osteopathy)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Acupuncture	2	\$150 per person (combined limit for acupuncture, remedial massage, chinese medicine & other services)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Remedial massage	2		Initial visit - 60% of charge Subsequent visit - 60% of charge
Blood glucose monitors	12	\$150 per person 1 appliance(s) every 1 year (combined limit for blood glucose monitors & other services)	Per monitor - 60% of charge
Chinese medicine	2	Combined limit - see Acupuncture	Initial visit - 60% of charge Subsequent visit - 60% of charge
Dietetics/dietary advice	2	\$150 per person	Initial visit - 60% of charge Subsequent visit - 60% of charge
Health management / Healthy lifestyle	6	\$150 per person	Health management - 60% of charge
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - 60% of charge Subsequent visit - 60% of charge

Preventative Tests - \$100 limit per person per calendar year (waiting period 6 months): 65% back on preventative health test e.g. thin prep, bone density testing, bowel screening (service limits apply). Top Health Aids - \$150 limit per person per calendar year (waiting period 12 months): 60% back on health aids e.g. spacer, peak flow meter, nebuliser, blood glucose monitor, Irlen lens (service limits apply). Myotherapy - \$150 combined limit with acupuncture, remedial massage and Chinese herbalism per person per calendar year (waiting period 2 months). Healthy Lifestyle includes approved weight management, quit smoking and health management programs (gym, personal trainer) and more. For Preventative dental service limits apply.

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

✗ Hearing aids	✗ Podiatry	✗ Other treatments - check with your insurer
✗ Orthodontic	✗ Psychology	

Other features of this general treatment cover

Great value hospital cover if you want more than the basics but looking to save by excluding some hospital procedures you're unlikely to need. 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 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/134>

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.

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/134>

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.