

Private Health Information Statement - Combined policy

Qantas Silver Hospital and Extras \$750 Excess

Qantas Insurance

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

13 49 60

Underwritten by nib Health Funds Ltd.

Monthly Premium

\$264.38[#]

(before any rebate, loading or discount)

Covers only one person

Available in Western 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.

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

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

This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Dialysis for chronic kidney failure	✗ Weight loss surgery
✗ Cataracts	✗ Pregnancy and birth	

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 \$750 per policy 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.

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/135>

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	\$700 per policy (no limit on preventative dental)	Periodic oral examination - 60% of charge Scale & clean - 60% of charge Fluoride treatment - 60% of charge
Major dental	12	\$700 per policy (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
Orthodontic	12	\$350 per policy \$1,500 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - 60% of charge
Optical	6	\$250 per policy	Single vision lenses & frames - 60% of charge Multi-focal lenses & frames - 60% of charge
Non PBS pharmaceuticals	2	\$150 per policy	Per eligible prescription - 60% of charge
Physiotherapy	2	\$350 per policy	Initial visit - 60% of charge Subsequent visit - 60% of charge
Chiropractic	2	\$300 per policy (combined limit for chiropractic & osteopathy)	Initial visit - 60% of charge Subsequent visit - 60% of charge
Podiatry	2	\$200 per policy (combined limit for podiatry & orthotics (podiatric orthoses))	Initial visit - 60% of charge Subsequent visit - 60% of charge

Acupuncture	2	\$300 per policy (combined limit for acupuncture, remedial massage, chinese medicine & other services - Sub-limits apply)	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	\$250 per policy 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	\$300 per policy	Initial visit - 60% of charge Subsequent visit - 60% of charge
Health management / Healthy lifestyle	6	\$200 per policy	Health management - 60% of charge
Occupational therapy	2	\$300 per policy	Initial visit - 60% of charge Subsequent visit - 60% of charge
Orthotics (podiatric orthoses)	2	Combined limit - see Podiatry	Orthotics supply & fit - 60% of charge
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - 60% of charge Subsequent visit - 60% of charge
Speech therapy	2	\$350 per policy	Initial visit - 60% of charge Subsequent visit - 60% of charge
Preventative Tests - \$100 limit per person per calendar year (waiting period 6 months): 60% back on preventative health test e.g. thin prep, bone density testing, bowel screening (service limits apply). Top Health Aids - \$250 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 - \$300 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	✗ Psychology	✗ 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/135>

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/135>

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

PrivateHealth.gov.au

PolicyID: NIB/J54/WPAQ10

Date statement updated: 27 October 2025

Page 3 of 4

insurer.