

Private Health Information Statement - Hospital policy

Qantas Bronze Hospital \$750 Excess

Qantas Insurance

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

Monthly Premium

\$328.36 #
(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

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	✓ Plastic and reconstructive surgery (medically necessary)
✓ Brain and nervous system	✓ Hernia and appendix	✓ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
✓ Breast surgery (medically necessary)	✓ Insulin pumps	✓ 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
✓ 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.

[For further information about this policy see](#)

<https://my.nib.com.au/product-collateral/149>

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/149>

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.