

Private Health Information Statement - Combined policy

Safeguard - Basic Plus \$750 Excess

nib Health Funds Ltd.

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

13 14 63

Monthly Premium

\$486.33[#]

(before any rebate, loading or discount)

Covers 2 adults (and no-one else)

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.

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy does not provide accident cover or benefits for travel and 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	✓ Gynaecology	✓ Sleep studies
✓ Bone, joint and muscle	✓ Hernia and appendix	✓ Tonsils, adenoids and grommets
✓ Brain and nervous system	✓ Implantation of hearing devices	R Assisted reproductive services
✓ Breast surgery (medically necessary)	✓ Joint reconstructions	R Cataracts
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Kidney and bladder	R Heart and vascular system
✓ Dental surgery	✓ Lung and chest	R Hospital psychiatric services
✓ Diabetes management (excluding insulin pumps)	✓ Male reproductive system	R Joint replacements
✓ Dialysis for chronic kidney failure	✓ Miscarriage and termination of pregnancy	R Plastic and reconstructive surgery (medically necessary)
✓ Digestive system	✓ Pain management	R Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
✓ Ear, nose and throat	✓ Palliative care	R Rehabilitation
✓ Eye (not cataracts)	✓ Pregnancy and birth	
✓ Gastrointestinal endoscopy	✓ Skin	

This policy ✗ does not include cover for

✗ Back, neck and spine	✗ Pain management with device
✗ Insulin pumps	✗ 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.

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
- 12 months for pregnancy and birth (obstetrics)
- 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

Our Going to Hospital Pack provides more ways to reduce out-of-pockets, ask us for your copy.

For further information about this policy see

<https://my.nib.com.au/product-collateral/30>

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

Note, for items marked with an asterisk *: Benefit paid after current PBS patient contribution deducted - up to \$45			
Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	2	General Dental: Unlimited; Restorative: \$450; Non-specialty Oral-Surgery: \$350; Specialty Oral-Surgery: \$500, \$1,600 per Lifetime; (Service Limits Apply)	Periodic oral examination - \$21.00 Scale & clean - \$35.00 Fluoride treatment - \$19.00 Surgical tooth extraction - \$65.00
Orthodontic	12	Specialty Orthodontia - \$250, \$1500 per Lifetime; Non-specialty Orthodontia - \$250, \$750 per Lifetime	Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge
Optical	6	\$250 per person	Single vision lenses & frames - \$140.00 Multi-focal lenses & frames - \$190.00
Non PBS pharmaceuticals*	2	\$450 per person	Per eligible prescription - \$45.00
Physiotherapy	2	\$400 per person (combined limit for physiotherapy, chiropractic, ante-natal/post-natal classes, exercise physiology, osteopathy & other services - Sub-limits apply)	Initial visit - \$28.00 Subsequent visit - \$26.00
Chiropractic	2		Initial visit - \$25.00 Subsequent visit - \$22.00
Psychology	2	\$300 per person	Initial visit - \$45.00 Subsequent visit - \$40.00
Remedial massage	2	\$170 per person up to \$340 per policy (combined limit for remedial massage & dietetics/dietary advice)	Initial visit - \$19.00 Subsequent visit - \$18.00

Ante-natal/Post-natal classes	2	Combined limit - see Physiotherapy	Initial visit - \$11.00 Subsequent visit - \$11.00
Dietetics/dietary advice	2	Combined limit - see Remedial massage	Initial visit - \$19.00 Subsequent visit - \$18.00
Exercise physiology	2	Combined limit - see Physiotherapy	Initial visit - \$28.00 Subsequent visit - \$26.00
Health management / Healthy lifestyle	6	\$200 per policy	Health management - 100% of charge
Osteopathy	2	Combined limit - see Physiotherapy	Initial visit - \$25.00 Subsequent visit - \$23.00

The General Dental annual limit includes multiple sub-limits, and for some sub-limits lifetime limits apply. Waiting periods for Dental treatment range between 2 and 12 months. Healthy lifestyle includes benefits for quit smoking and nicotine replacement as well as nib approved weight management programs. Postnatal services are not covered on this product. Psychology has a sublimit of \$150 for Digital Cognitive Behavioural Therapy (CBT).

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

X Acupuncture	X Hearing aids	X Other treatments - check with your insurer
X Blood glucose monitors	X Major dental	
X Endodontic	X Podiatry	

Other features of this general treatment cover

nib does not have a preferred-provider-network-arrangement, but operates an nib-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 nib than they would ordinarily receive. In exchange they do not charge nib customers an out-of-pocket expense. Ask your specialist if they'll MediGap for you! Our Going to Hospital Pack provides more ways to reduce out-of-pockets, ask us for your copy

For further information about this policy see

<https://my.nib.com.au/product-collateral/30>

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/30>

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.