

# Private Health Information Statement - Combined policy

### Top Hospital (Gold) & Top Extras

#### Nurses & Midwives Health

<https://www.nmhealth.com.au/>  
[info@nmhealth.com.au](mailto:info@nmhealth.com.au)  
1300 344 000  
Underwritten by Teachers Health

#### Monthly Premium

**\$458.90<sup>#</sup>**  
(before any rebate, loading or discount)

Covers 2 adults (and no-one else)  
Available in Northern Territory

<sup>#</sup> You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading or an insurer discount. Check with your insurer for details.

Membership of this insurer is restricted to education union members and their families

## 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.

**X Not Covered**  
These categories are not covered by this policy.

This policy ✓ includes cover for

|                                                           |                                   |                                                                                     |
|-----------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------|
| ✓ Assisted reproductive services                          | ✓ Eye (not cataracts)             | ✓ Miscarriage and termination of pregnancy                                          |
| ✓ Back, neck and spine                                    | ✓ Gastrointestinal endoscopy      | ✓ Pain management                                                                   |
| ✓ 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)                    | ✓ Hospital psychiatric services   | ✓ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits) |
| ✓ Cataracts                                               | ✓ Implantation of hearing devices | ✓ Pregnancy and birth                                                               |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Insulin pumps                   | ✓ Rehabilitation                                                                    |
| ✓ Dental surgery                                          | ✓ Joint reconstructions           | ✓ Skin                                                                              |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Joint replacements              | ✓ Sleep studies                                                                     |
| ✓ Dialysis for chronic kidney failure                     | ✓ Kidney and bladder              | ✓ Tonsils, adenoids and grommets                                                    |
| ✓ Digestive system                                        | ✓ Lung and chest                  | ✓ Weight loss surgery                                                               |
| ✓ Ear, nose and throat                                    | ✓ Male reproductive system        |                                                                                     |

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](https://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:** No excess

**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
- 9 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

If your doctor or specialist participates in our Access Gap Cover scheme, you may be able to reduce or eliminate your out-of-pocket medical costs. In addition, through Teachers Healthcare Services eligible members can connect with dedicated care coordinators to support them with hospital treatment, having a baby, or managing their physical and/or mental health.

General Treatment Cover

We've partnered with a network of optical and dental providers Australia-wide to give members greater access to high quality treatment and exclusive discounts, including 'no gap' offers. See <https://www.nmhealth.com.au/members/find-a-provider/find-an-extras-provider/>.

This policy  includes General treatment (Extras) cover for

| Note, for items marked with an asterisk *: Benefits for major dental and hearing aids have increasing annual limits based on years of continuous membership on our Top Extras cover. Benefits for speech therapy are \$80 for the first visit, \$70 for visits 2-6 and \$45 for subsequent visits. Childbirth education classes must be provided by a registered nurse or midwife. |                         |                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Treatment                                                                                                                                                                                                                                                                                                                                                                          | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                                             | Examples of maximum benefits                                                                   |
| General dental                                                                                                                                                                                                                                                                                                                                                                     | 2                       | No annual limit<br>(Sub-limits apply)                                                              | Periodic oral examination - \$40.00<br>Scale & clean - \$70.00<br>Fluoride treatment - \$27.00 |
| Major dental*                                                                                                                                                                                                                                                                                                                                                                      | 12                      | \$1,300 per person<br>(combined limit for major dental & endodontic)                               | Surgical tooth extraction - \$135.00<br>Full crown veneered - \$750.00                         |
| Endodontic*                                                                                                                                                                                                                                                                                                                                                                        | 12                      |                                                                                                    | Filling of one root canal - \$160.00                                                           |
| Orthodontic*                                                                                                                                                                                                                                                                                                                                                                       | 12                      | \$2,500 per person<br>\$2,500 lifetime limit                                                       | Braces for upper & lower teeth, including removal plus fitting of retainer - \$2,500.00        |
| Optical                                                                                                                                                                                                                                                                                                                                                                            | 6                       | \$260 per person                                                                                   | Single vision lenses & frames - \$260.00<br>Multi-focal lenses & frames - \$260.00             |
| Non PBS pharmaceuticals                                                                                                                                                                                                                                                                                                                                                            | 2                       | \$800 per person<br>(combined limit for non pbs pharmaceuticals & vaccinations - Sub-limits apply) | Per eligible prescription - \$60.00                                                            |

|                                       |    |                                                                                                                                                   |                                                        |
|---------------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Physiotherapy                         | 2  | \$800 per person<br>(combined limit for physiotherapy, exercise physiology, eye therapy (orthoptics) & other services - <b>Sub-limits apply</b> ) | Initial visit - \$55.00<br>Subsequent visit - \$40.00  |
| Chiropractic                          | 2  | \$480 per person<br>(combined limit for chiropractic, osteopathy & other services - <b>Sub-limits apply</b> )                                     | Initial visit - \$55.00<br>Subsequent visit - \$40.00  |
| Podiatry                              | 2  | \$400 per person<br>( <b>Sub-limits apply</b> )                                                                                                   | Initial visit - \$55.00<br>Subsequent visit - \$40.00  |
| Psychology                            | 2  | \$600 per person                                                                                                                                  | Initial visit - \$100.00<br>Subsequent visit - \$72.00 |
| Acupuncture                           | 2  | \$600 per person<br>(combined limit for acupuncture, remedial massage, chinese medicine & other services)                                         | Initial visit - \$38.00<br>Subsequent visit - \$38.00  |
| Remedial massage                      | 2  |                                                                                                                                                   | Initial visit - \$38.00<br>Subsequent visit - \$38.00  |
| Hearing aids*                         | 12 | \$1,200 per person<br>2 appliance(s) every 3 years                                                                                                | Hearing aid - \$600.00                                 |
| Blood glucose monitors                | 2  | \$160 per person<br>1 appliance(s) every 1 year                                                                                                   | Per monitor - \$160.00                                 |
| Audiology                             | 2  | No annual limit                                                                                                                                   | Initial visit - \$45.00<br>Subsequent visit - \$45.00  |
| Ante-natal/Post-natal classes         | 2  | \$300 per person                                                                                                                                  | Initial visit - \$300.00                               |
| Chinese medicine                      | 2  | Combined limit - see Acupuncture                                                                                                                  | Initial visit - \$38.00<br>Subsequent visit - \$38.00  |
| Dietetics/dietary advice              | 2  | \$400 per person                                                                                                                                  | Initial visit - \$60.00<br>Subsequent visit - \$40.00  |
| Exercise physiology                   | 2  | Combined limit - see Physiotherapy                                                                                                                | Initial visit - \$55.00<br>Subsequent visit - \$40.00  |
| Eye therapy (orthoptics)              | 2  | Combined limit - see Physiotherapy                                                                                                                | Initial visit - \$40.00<br>Subsequent visit - \$35.00  |
| Health management / Healthy lifestyle | 6  | \$250 per person<br>( <b>Sub-limits apply</b> )                                                                                                   | Health management - \$250.00                           |
| Home nursing                          | 2  | \$800 per person<br>(combined limit for home nursing & other services)                                                                            | Initial visit - \$95.00<br>Subsequent visit - \$33.00  |
| Occupational therapy                  | 2  | \$500 per person<br>( <b>Sub-limits apply</b> )                                                                                                   | Initial visit - \$70.00<br>Subsequent visit - \$44.00  |
| Orthotics (podiatric orthoses)        | 2  | \$200 per person<br>2 service(s) every 1 year                                                                                                     | Orthotics supply & fit - \$100.00                      |
| Osteopathy                            | 2  | Combined limit - see Chiropractic                                                                                                                 | Initial visit - \$55.00<br>Subsequent visit - \$40.00  |
| Speech therapy                        | 2  | \$600 per person                                                                                                                                  | Initial visit - \$80.00<br>Subsequent visit - \$45.00  |
| Vaccinations                          | 2  | Combined limit - see Non PBS pharmaceuticals                                                                                                      | Per service - \$60.00                                  |

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

**✗** Other treatments - check with your insurer

## Ambulance cover

In Northern Territory this policy provides:

**Emergency:** Unlimited with a waiting period of 1 day.

**Non-emergency:** transport with a waiting period of 1 day, or 1 day for pre-existing conditions, limited to \$3,000 per person per year.

**Call-out fees:** will be paid for each attendance, including emergency treatment without transport to hospital.

For further information about this policy see

<https://www.nmhealth.com.au/health-insurance/our-products/emergency-ambulance/>

#### 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.