

Private Health Information Statement - General treatment policy

### 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

**\$255.45 #**  
(before any rebate or insurer discount)

Covers two adults & dependants, including non-student dependants (3 or more people, only 2 of whom are adults)

Available in Queensland

# You may be entitled to an Australian Government rebate on the above premium. Your premium may also include an insurer discount. Check with your insurer for details.

This policy covers children, students up to and including the age of 31 and non-students up to and including the age of 31, as well as persons with a disability who qualify as a child, student or non-student in these age ranges.

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

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 (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 (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 (combined limit for non pbs pharmaceuticals & vaccinations - Sub-limits apply)                                        | Per eligible prescription - \$60.00                                                            |
| Physiotherapy           | 2                       | \$800 per person (combined limit for physiotherapy, exercise physiology, eye therapy (orthoptics) & other services - Sub-limits apply) | Initial visit - \$55.00<br>Subsequent visit - \$40.00                                          |
| Chiropractic            | 2                       | \$480 per person (combined limit for chiropractic, osteopathy & other services - Sub-limits apply)                                     | Initial visit - \$55.00<br>Subsequent visit - \$40.00                                          |
| Podiatry                | 2                       | \$400 per person (Sub-limits apply)                                                                                                    | 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>(Sub-limits apply)                                                                    | 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>(Sub-limits apply)                                                                    | 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

Ambulance cover is provided by the State government for Queensland residents (<https://www.ambulance.qld.gov.au/>). This includes cover whilst interstate.

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.