

**Qantas Insurance**  
**Qantas Family Extras****\$165.82 / month**  
(Before Rebate, Discount & Loading)  
Available in TAS

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:** Two adults & dependants (3 or more people, only 2 of whom are adults).

Children (0 - 17), non-classified\* dependant (18 - 20) and students (21 - 30), as well as persons with a disability who qualify as a child, non-classified\* dependant and student in these age ranges.

\*Non-classified dependant: For nib Policies a person who is not a Policy Holder or Partner and who: is aged under 21 years

is not married and does not have a defacto Partner; and includes a Foster Child, legally adopted child or stepchild.

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>.

**Policy ID: NIB/I43/TFXE2D****Source: Private Health Information Statement (PHIS).**

## Extras Cover

This policy **includes** General treatment (Extras) cover for

| Treatment & waiting period (months) |    | Benefit limits per 12 months unless otherwise stated                                                           | Examples of maximum benefits                                                                                                                                                |
|-------------------------------------|----|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                       | 2  | <b>\$150 per person</b><br>combined limit for acupuncture, chinese medicine, remedial massage & other services | <ul style="list-style-type: none"><li>Initial visit: 60% of charge</li><li>Subsequent visit: 60% of charge</li></ul>                                                        |
| ✓ Ante-natal/Post-natal classes     | 2  | <b>\$200 per person</b>                                                                                        | <ul style="list-style-type: none"><li>Initial visit: 100% of charge</li><li>Subsequent visit: 100% of charge</li></ul>                                                      |
| ✓ Chinese medicine                  | 2  | <b>\$150 per person</b><br>combined limit for acupuncture, chinese medicine, remedial massage & other services | <ul style="list-style-type: none"><li>Initial visit: 60% of charge</li><li>Subsequent visit: 60% of charge</li></ul>                                                        |
| ✓ Chiropractic                      | 2  | <b>\$300 per person</b><br>combined limit for chiropractic & osteopathy                                        | <ul style="list-style-type: none"><li>Initial visit: 60% of charge</li><li>Subsequent visit: 60% of charge</li></ul>                                                        |
| ✓ Endodontic                        | 12 | <b>\$600 per person</b><br>combined limit for endodontic & major dental                                        | <ul style="list-style-type: none"><li>Filling of one root canal: 60% of charge</li></ul>                                                                                    |
| ✓ General dental                    | 2  | <b>\$600 per person</b>                                                                                        | <ul style="list-style-type: none"><li>Fluoride treatment: 60% of charge</li><li>Scale &amp; clean: 60% of charge</li><li>Periodic oral examination: 60% of charge</li></ul> |
| ✓ Major dental                      | 12 | <b>\$600 per person</b><br>combined limit for endodontic & major dental                                        | <ul style="list-style-type: none"><li>Surgical tooth extraction: 60% of charge</li><li>Full crown veneered: 60% of charge</li></ul>                                         |

|                                  |    |                                                                                                                             |                                                                                                                                                            |
|----------------------------------|----|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Non PBS pharmaceuticals        | 2  | \$150 per person                                                                                                            | <ul style="list-style-type: none"> <li>Per eligible prescription: 60% of charge</li> </ul>                                                                 |
| ✓ Occupational therapy           | 2  | \$300 per person                                                                                                            | <ul style="list-style-type: none"> <li>Initial visit: 60% of charge</li> <li>Subsequent visit: 60% of charge</li> </ul>                                    |
| ✓ Optical                        | 6  | \$250 per person                                                                                                            | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: 60% of charge</li> <li>Single vision lenses &amp; frames: 60% of charge</li> </ul> |
| ✓ Orthodontic                    | 12 | \$600 per person<br>\$1,500 lifetime limit                                                                                  | <ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: 60% of charge</li> </ul>            |
| ✓ Orthotics (podiatric orthoses) | 2  | \$200 per person<br>combined limit for orthotics (podiatric orthoses) & podiatry                                            | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: 60% of charge</li> </ul>                                                                |
| ✓ Osteopathy                     | 2  | \$300 per person<br>combined limit for chiropractic & osteopathy                                                            | <ul style="list-style-type: none"> <li>Initial visit: 60% of charge</li> <li>Subsequent visit: 60% of charge</li> </ul>                                    |
| ✓ Physiotherapy                  | 2  | \$350 per person                                                                                                            | <ul style="list-style-type: none"> <li>Initial visit: 60% of charge</li> <li>Subsequent visit: 60% of charge</li> </ul>                                    |
| ✓ Podiatry                       | 2  | \$200 per person<br>combined limit for orthotics (podiatric orthoses) & podiatry                                            | <ul style="list-style-type: none"> <li>Initial visit: 60% of charge</li> <li>Subsequent visit: 60% of charge</li> </ul>                                    |
| ✓ Remedial massage               | 2  | \$150 per person<br>combined limit for acupuncture, chinese medicine, remedial massage & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: 60% of charge</li> <li>Subsequent visit: 60% of charge</li> </ul>                                    |
| ✓ Speech therapy                 | 2  | \$350 per person                                                                                                            | <ul style="list-style-type: none"> <li>Initial visit: 60% of charge</li> <li>Subsequent visit: 60% of charge</li> </ul>                                    |

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). Family 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, Irlen lens. (service limits apply) Myotherapy - \$150 combined limit with acupuncture, remedial massage and Chinese herbalism per person per calendar year (waiting period 2 months). For Preventative dental service limits apply.

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

- |                            |                                         |                |
|----------------------------|-----------------------------------------|----------------|
| ✗ Audiology                | ✗ Eye therapy (orthoptics)              | ✗ Home nursing |
| ✗ Blood glucose monitors   | ✗ Health management / Healthy lifestyle | ✗ Psychology   |
| ✗ Dietetics/dietary advice | ✗ Hearing aids                          | ✗ Vaccinations |
| ✗ Exercise physiology      |                                         |                |

**Other features of this general treatment cover:** The Extras people use most, with Extras your family needs now, with the peace of mind that you're covered as your family grows. 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 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/112>

## 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](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/112>

## Insurer Details



**Qantas Insurance**  
Qantas Family Extras

**\$165.82 / month**

(Before Rebate, Discount & Loading)

Available in TAS

Call now  **13 49 60**  
Sponsor link

**Qantas Insurance**

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

 **13 49 60**

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