



Qantas Insurance
Qantas Bronze Plus Hospital and Extras \$750 Excess

\$509.85 / month
(Before Rebate, Discount & Loading)
Available in NSW & ACT

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: Two adults (and no-one else).

- This policy exempts you from the Medicare Levy Surcharge.
- This policy provides accident cover - check with insurer for details.
- This policy does not provide benefits for travel or accommodation outside of hospital.

Policy ID: NIB/J53/NOYN20

Source: Private Health Information Statement (PHIS)

Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

This policy includes cover for

- | | | |
|---|-----------------------------------|--|
| ✓ Blood | ✓ Gastrointestinal endoscopy | ✓ Miscarriage and termination of pregnancy |
| ✓ Bone, joint and muscle | ✓ Gynaecology | ✓ Pain management |
| ✓ Brain and nervous system | ✓ Heart and vascular system | ✓ Pain management with device |
| ✓ Breast surgery (medically necessary) | ✓ Hernia and appendix | ✓ Palliative care |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | R Hospital psychiatric services | ✓ Plastic and reconstructive surgery (medically necessary) |
| ✓ Dental surgery | ✓ Implantation of hearing devices | ✓ Podiatric surgery (provided by a registered podiatric surgeon) |
| ✓ Diabetes management (excluding insulin pumps) | ✓ Insulin pumps | ✓ Rehabilitation |
| ✓ Digestive system | ✓ Joint reconstructions | ✓ Skin |
| ✓ Ear, nose and throat | ✓ Kidney and bladder | ✓ Sleep studies |
| ✓ Eye (not cataracts) | ✓ Lung and chest | ✓ Tonsils, adenoids and grommets |
| | ✓ Male reproductive system | |

This policy does not include cover for

- | | | |
|----------------------------------|---------------------------------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Dialysis for chronic kidney failure | ✗ Weight loss surgery |
| ✗ Back, neck and spine | ✗ Joint replacements | |
| ✗ Cataracts | ✗ Pregnancy and birth | |

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
- 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 (<https://www.health.gov.au/resources/apps-and-tools/medical-costs-finder>) lets you find out more about the cost of specialist medical services.

Other features of this hospital cover

We do not have a preferred-provider-network-arrangement but operate a 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 us than they would ordinarily receive. In exchange, they do not charge you an out-of-pocket expense. Ask your specialist if they'll MediGap for you!

For further information about this policy see: <https://my.nib.com.au/product-collateral/134>

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/J53/NOYN20 Source: [Private Health Information Statement \(PHIS\)](#)

Extras Cover

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

Note, for treatments marked with *: Combined limit for Chiropractic and Osteopathy. Combined Natural Therapies limit includes Acupuncture, Naturopathy, Remedial Massage and other services

Treatment & waiting period (months)		Benefit limits per 12 months unless otherwise stated	Examples of maximum benefits
✓ Acupuncture	2	\$150 per person combined limit for acupuncture, chinese medicine, remedial massage & other services	• Initial visit: 60% of charge • Subsequent visit: 60% of charge
✓ Blood glucose monitors	12	\$150 per person	• Per monitor: 60% of charge
✓ Chinese medicine	2	\$150 per person combined limit for acupuncture, chinese medicine, remedial massage & other services	• Initial visit: 60% of charge • Subsequent visit: 60% of charge

✓ Chiropractic	2	\$150 per person combined limit for chiropractic & osteopathy	- Initial visit: 60% of charge - Subsequent visit: 60% of charge
✓ Dietetics/dietary advice	2	\$150 per person	- Initial visit: 60% of charge - Subsequent visit: 60% of charge
✓ Endodontic	12	\$600 per person combined limit for endodontic & major dental	Filling of one root canal: 60% of charge
✓ General dental	2	\$600 per person	- Fluoride treatment: 60% of charge - Scale & clean: 60% of charge - Periodic oral examination: 60% of charge
✓ Health management / Healthy lifestyle	6	\$150 per person	Health management: 60% of charge
✓ Major dental	12	\$600 per person combined limit for endodontic & major dental	- Surgical tooth extraction: 60% of charge - Full crown veneered: 60% of charge
✓ Non PBS pharmaceuticals	2	\$100 per person	Per eligible prescription: 60% of charge
✓ Optical	6	\$250 per person	- Multi-focal lenses & frames: 60% of charge - Single vision lenses & frames: 60% of charge
✓ Osteopathy	2	\$150 per person combined limit for chiropractic & osteopathy	- Initial visit: 60% of charge - Subsequent visit: 60% of charge
✓ Physiotherapy	2	\$350 per person	- Initial visit: 60% of charge - Subsequent visit: 60% of charge
✓ Remedial massage	2	\$150 per person combined limit for acupuncture, chinese medicine, remedial massage & other services	- Initial visit: 60% of charge - Subsequent visit: 60% of charge

Preventative Tests - \$100 limit per person per calendar year (waiting period 6 months): 65% back on preventative health test e.g. thin prep, bone density testing, bowel screening (service limits apply). Top Health Aids - \$150 limit per person per calendar year (waiting period 12 months): 60% back on health aids e.g. spacer, peak flow meter, nebuliser, blood glucose monitor, 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). Healthy Lifestyle includes approved weight management, quit smoking and health management programs (gym, personal trainer) and more. For Preventative dental service limits apply.

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

- | | | |
|---------------------------------|----------------------------------|------------------|
| ✗ Ante-natal/Post-natal classes | ✗ Home nursing | ✗ Psychology |
| ✗ Audiology | ✗ Occupational therapy | ✗ Speech therapy |
| ✗ Exercise physiology | ✗ Orthodontic | ✗ Vaccinations |
| ✗ Eye therapy (orthoptics) | ✗ Orthotics (podiatric orthoses) | |
| ✗ Hearing aids | ✗ Podiatry | |

Other features of this general treatment cover: Great value hospital cover if you want more than the basics but looking to save by excluding some hospital procedures you're unlikely to need. 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 visiting 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/134>

Ambulance cover

In NSW & ACT this policy provides:

Emergency: Unlimited with a waiting period of 1 day.

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

Other features of this ambulance cover: All our health covers include unlimited emergency ambulance (1 day waiting period on all emergency ambulance). Emergency ambulance is when you need immediate transport by a State or Territory ambulance to get to a hospital or other facility for urgent medical treatment. No annual limits for emergency ambulance apply.

For further information about this policy see: <https://my.nib.com.au/product-collateral/134>

Insurer Details

FREQUENT FLYER QANTAS INSURANCE

Qantas Insurance

Qantas Bronze Plus Hospital and Extras \$750 Excess

\$509.85 / month

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Call now  13 49 60 Sponsor link

Qantas Insurance

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

 13 49 60

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