

**Qantas Insurance****Qantas Silver Hospital and Extras \$750 Excess****\$393.13 / month**

(Before Rebate, Discount &amp; Loading)

Available in NT

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/J54/DPAE20**Source:** Private Health Information Statement (PHIS)

## Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

### This policy **includes** cover for

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

### This policy **does not include** cover for

- |                                  |                                       |                       |
|----------------------------------|---------------------------------------|-----------------------|
| ✗ Assisted reproductive services | ✗ Dialysis for chronic kidney failure | ✗ Weight loss surgery |
| ✗ 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](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:** 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/135>

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/J54/DPAE20 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 for Acupuncture, Naturopathy and other services, including a sub-limit for Remedial Massage. Increasing limit on Orthodontic

| Treatment & waiting period (months) |    | Benefit limits per 12 months unless otherwise stated                                                           | Examples of maximum benefits                                                                                             |
|-------------------------------------|----|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                       | 2  | <b>\$300 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> |
| ✓ Blood glucose monitors            | 12 | <b>\$250 per person</b>                                                                                        | <ul style="list-style-type: none"><li>• Per monitor: 60% of charge</li></ul>                                             |
| ✓ Chinese medicine                  | 2  | <b>\$300 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>                                                         |
| ✓ Dietetics/dietary advice              | 2  | <b>\$300 per person</b>                                                                                                            | <ul style="list-style-type: none"> <li>Initial visit: 60% of charge</li> <li>Subsequent visit: 60% of charge</li> </ul>                                                         |
| ✓ Endodontic                            | 12 | <b>\$700 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>\$700 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> |
| ✓ Health management / Healthy lifestyle | 6  | <b>\$200 per person</b>                                                                                                            | <ul style="list-style-type: none"> <li>Health management: 60% of charge</li> </ul>                                                                                              |
| ✓ Major dental                          | 12 | <b>\$700 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  | <b>\$150 per person</b>                                                                                                            | <ul style="list-style-type: none"> <li>Per eligible prescription: 60% of charge</li> </ul>                                                                                      |
| ✓ Occupational therapy                  | 2  | <b>\$300 per person</b>                                                                                                            | <ul style="list-style-type: none"> <li>Initial visit: 60% of charge</li> <li>Subsequent visit: 60% of charge</li> </ul>                                                         |
| ✓ Optical                               | 6  | <b>\$250 per person</b>                                                                                                            | <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 | <b>\$350 per person</b><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  | <b>\$200 per person</b><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  | <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>                                                         |
| ✓ Physiotherapy                         | 2  | <b>\$350 per person</b>                                                                                                            | <ul style="list-style-type: none"> <li>Initial visit: 60% of charge</li> <li>Subsequent visit: 60% of charge</li> </ul>                                                         |
| ✓ Podiatry                              | 2  | <b>\$200 per person</b><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  | <b>\$300 per person</b><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  | <b>\$350 per person</b>                                                                                                            | <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). Top 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, blood glucose monitor, Irlen lens (service limits apply). Myotherapy - \$300 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 | ✗ Eye therapy (orthoptics) | ✗ Psychology   |
| ✗ Audiology                     | ✗ Hearing aids             | ✗ Vaccinations |
| ✗ Exercise physiology           | ✗ Home nursing             |                |

**Other features of this general treatment cover:** 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 your 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/135>

## Ambulance cover

In NT 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/135>

## Insurer Details

**Qantas Insurance**

## Qantas Silver Hospital and Extras \$750 Excess

**\$393.13 / month**

(Before Rebate, Discount &amp; Loading)

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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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