



**Nurses & Midwives Health**  
Top Extras

Restricted Insurer

**\$154.18 / month**  
(Before Rebate, Discount & Loading)  
Available in NT

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 - 31), as well as persons with a disability who qualify as a child, non-classified\* dependant and student in these age ranges.

\*Non-classified dependant: A non-classified dependant is a dependent child over the age of 17 and under the age of 21.

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

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/>.

**Policy ID:** NTF/11/DCSD2D

**Source:** [Private Health Information Statement \(PHIS\)](#)

## Extras Cover

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

Note, for treatments marked with \* : 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  |
|-------------------------------------|---|--|---|
| ✓ Acupuncture                       | 2 | <b>\$600 per person</b><br>combined limit for acupuncture, chinese medicine, remedial massage & other services | <ul style="list-style-type: none"> <li>Initial visit: \$38</li> <li>Subsequent visit: \$38</li> </ul> |
| ✓ Ante-natal/Post-natal classes     | 2 | <b>\$300 per person</b>  | <ul style="list-style-type: none"> <li>Initial visit: \$300</li> </ul>                                |
| ✓ Audiology                         | 2 | <b>No annual limit</b>   | <ul style="list-style-type: none"> <li>Initial visit: \$45</li> <li>Subsequent visit: \$45</li> </ul> |
| ✓ Blood glucose monitors            | 2 | <b>\$160 per person</b>  | <ul style="list-style-type: none"> <li>Per monitor: \$160</li> </ul>                                  |
| ✓ Chinese medicine                  | 2 | <b>\$600 per person</b><br>combined limit for acupuncture, chinese medicine, remedial massage & other services | <ul style="list-style-type: none"> <li>Initial visit: \$38</li> <li>Subsequent visit: \$38</li> </ul> |
| ✓ Chiropractic                      | 2 | <b>\$480 per person</b><br>combined limit for chiropractic, osteopathy & other services<br>sub-limits apply    | <ul style="list-style-type: none"> <li>Initial visit: \$55</li> <li>Subsequent visit: \$40</li> </ul> |

|  |    |   |  |
|--|----|---|--|
| ✓ <b>Dietetics/dietary advice</b>              | 2  | <b>\$400 per person</b>   | <ul style="list-style-type: none"> <li>Initial visit: \$60</li> <li>Subsequent visit: \$40</li> </ul>  |
| ✓ <b>Endodontic*</b>                           | 12 | <b>\$1,300 per person</b><br>combined limit for endodontic & major dental   | <ul style="list-style-type: none"> <li>Filling of one root canal: \$160</li> </ul>   |
| ✓ <b>Exercise physiology</b>                   | 2  | <b>\$800 per person</b><br>combined limit for exercise physiology, eye therapy (orthoptics), physiotherapy & other services                     | <ul style="list-style-type: none"> <li>Initial visit: \$55</li> <li>Subsequent visit: \$40</li> </ul>  |
| ✓ <b>Eye therapy (orthoptics)</b>              | 2  | <b>\$800 per person</b><br>combined limit for exercise physiology, eye therapy (orthoptics), physiotherapy & other services                     | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$35</li> </ul>  |
| ✓ <b>General dental</b>                        | 2  | <b>No annual limit</b><br>sub-limits apply  | <ul style="list-style-type: none"> <li>Fluoride treatment: \$27</li> <li>Scale &amp; clean: \$70</li> <li>Periodic oral examination: \$40</li> </ul> |
| ✓ <b>Health management / Healthy lifestyle</b> | 6  | <b>\$250 per person</b><br>sub-limits apply   | <ul style="list-style-type: none"> <li>Health management: \$250</li> </ul>   |
| ✓ <b>Hearing aids*</b>                         | 12 | <b>\$1,200 per person</b>   | <ul style="list-style-type: none"> <li>Hearing aid: \$600</li> </ul>   |
| ✓ <b>Home nursing</b>                          | 2  | <b>\$800 per person</b>   | <ul style="list-style-type: none"> <li>Initial visit: \$95</li> <li>Subsequent visit: \$33</li> </ul>  |
| ✓ <b>Major dental*</b>                         | 12 | <b>\$1,300 per person</b><br>combined limit for endodontic & major dental   | <ul style="list-style-type: none"> <li>Surgical tooth extraction: \$135</li> <li>Full crown veneered: \$750</li> </ul>                               |
| ✓ <b>Non PBS pharmaceuticals</b>               | 2  | <b>\$800 per person</b><br>combined limit for non pbs pharmaceuticals & vaccinations<br>sub-limits apply  | <ul style="list-style-type: none"> <li>Per eligible prescription: \$60</li> </ul>  |
| ✓ <b>Occupational therapy</b>                  | 2  | <b>\$500 per person</b><br>sub-limits apply   | <ul style="list-style-type: none"> <li>Initial visit: \$70</li> <li>Subsequent visit: \$44</li> </ul>  |
| ✓ <b>Optical</b>                               | 6  | <b>\$260 per person</b>   | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: \$260</li> <li>Single vision lenses &amp; frames: \$260</li> </ul>           |
| ✓ <b>Orthodontic*</b>                          | 12 | <b>\$2,500 per person</b><br>\$2,500 lifetime limit   | <ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: \$2500</li> </ul>             |
| ✓ <b>Orthotics (podiatric orthoses)</b>        | 2  | <b>\$200 per person</b>   | <ul style="list-style-type: none"> <li>Orthotics supply &amp; fit: \$100</li> </ul>  |
| ✓ <b>Osteopathy</b>                            | 2  | <b>\$480 per person</b><br>combined limit for chiropractic, osteopathy & other services   | <ul style="list-style-type: none"> <li>Initial visit: \$55</li> <li>Subsequent visit: \$40</li> </ul>  |
| ✓ <b>Physiotherapy</b>                         | 2  | <b>\$800 per person</b><br>combined limit for exercise physiology, eye therapy (orthoptics), physiotherapy & other services<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$55</li> <li>Subsequent visit: \$40</li> </ul>  |
| ✓ <b>Podiatry</b>                              | 2  | <b>\$400 per person</b><br>sub-limits apply   | <ul style="list-style-type: none"> <li>Initial visit: \$55</li> <li>Subsequent visit: \$40</li> </ul>  |
| ✓ <b>Psychology</b>                            | 2  | <b>\$600 per person</b>   | <ul style="list-style-type: none"> <li>Initial visit: \$100</li> <li>Subsequent visit: \$72</li> </ul>   |

|                    |   |  |   |
|--------------------|---|--|---|
| ✓ Remedial massage | 2 | <b>\$600 per person</b><br>combined limit for acupuncture, chinese medicine, remedial massage & other services | <ul style="list-style-type: none"> <li>Initial visit: \$38</li> <li>Subsequent visit: \$38</li> </ul> |
| ✓ Speech therapy   | 2 | <b>\$600 per person</b>  | <ul style="list-style-type: none"> <li>Initial visit: \$80</li> <li>Subsequent visit: \$45</li> </ul> |
| ✓ Vaccinations     | 2 | <b>\$800 per person</b><br>combined limit for non pbs pharmaceuticals & vaccinations                           | <ul style="list-style-type: none"> <li>Per service: \$60</li> </ul>                                   |

## Ambulance cover

In NT this policy provides:

Emergency: With a waiting period of 1 day, limited to \$6,000 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/>

## Insurer Details



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Call now **1300 344 000**  
Sponsor link

**Nurses & Midwives Health**

<https://www.nmhealth.com.au/>

[info@nmhealth.com.au](mailto:info@nmhealth.com.au)

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