

**Nurses & Midwives Health****Mid Extras**

Restricted Insurer

**\$85.47 / month**

(Before Rebate, Discount &amp; Loading)

Available in WA

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:** One adult & dependants (2 or more people, only one of whom is an adult).

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/I2/WCNS1D

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>\$400 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>                                               |
| ✓ Chinese medicine                  | 2  | <b>\$400 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>\$250 per person</b><br>combined limit for chiropractic & osteopathy<br>sub-limits apply                    | <ul style="list-style-type: none"><li>Initial visit: \$40</li><li>Subsequent visit: \$40</li></ul>                                               |
| ✓ Endodontic                        | 12 | <b>\$300 per person</b><br>combined limit for endodontic, major dental & orthodontic                           | <ul style="list-style-type: none"><li>Filling of one root canal: \$160</li></ul>                                                                 |
| ✓ Exercise physiology               | 2  | <b>\$300 per person</b><br>combined limit for exercise physiology & physiotherapy<br>sub-limits apply          | <ul style="list-style-type: none"><li>Initial visit: \$40</li><li>Subsequent visit: \$40</li></ul>                                               |
| ✓ General dental                    | 2  | <b>\$500 per person</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> |

|                                         |    |                                                                                                         |                                                                                                                                            |
|-----------------------------------------|----|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ Health management / Healthy lifestyle | 6  | \$200 per person<br>sub-limits apply                                                                    | <ul style="list-style-type: none"> <li>Health management: \$200</li> </ul>                                                                 |
| ✓ Major dental                          | 12 | \$300 per person<br>combined limit for endodontic, major dental & orthodontic                           | <ul style="list-style-type: none"> <li>Surgical tooth extraction: \$135</li> <li>Full crown veneered: \$300</li> </ul>                     |
| ✓ Non PBS pharmaceuticals               | 2  | \$300 per person<br>combined limit for non pbs pharmaceuticals & vaccinations                           | <ul style="list-style-type: none"> <li>Per eligible prescription: \$60</li> </ul>                                                          |
| ✓ Optical                               | 6  | \$200 per person                                                                                        | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: \$200</li> <li>Single vision lenses &amp; frames: \$200</li> </ul> |
| ✓ Orthodontic                           | 12 | \$300 per person<br>\$2,500 lifetime limit<br>combined limit for endodontic, major dental & orthodontic | <ul style="list-style-type: none"> <li>Braces for upper &amp; lower teeth, including removal plus fitting of retainer: \$300</li> </ul>    |
| ✓ Osteopathy*                           | 2  | \$250 per person<br>combined limit for chiropractic & osteopathy<br>sub-limits apply                    | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>                                      |
| ✓ Physiotherapy*                        | 2  | \$300 per person<br>combined limit for exercise physiology & physiotherapy<br>sub-limits apply          | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>                                      |
| ✓ Podiatry*                             | 2  | \$300 per person                                                                                        | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>                                      |
| ✓ Psychology                            | 2  | \$350 per person                                                                                        | <ul style="list-style-type: none"> <li>Initial visit: \$72</li> <li>Subsequent visit: \$72</li> </ul>                                      |
| ✓ Remedial massage                      | 2  | \$400 per person<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>                                      |
| ✓ Vaccinations                          | 2  | \$300 per person<br>combined limit for non pbs pharmaceuticals & vaccinations                           | <ul style="list-style-type: none"> <li>Per service: \$60</li> </ul>                                                                        |

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

- |                                 |                            |                                  |
|---------------------------------|----------------------------|----------------------------------|
| ✗ Ante-natal/Post-natal classes | ✗ Eye therapy (orthoptics) | ✗ Orthotics (podiatric orthoses) |
| ✗ Audiology                     | ✗ Hearing aids             | ✗ Speech therapy                 |
| ✗ Blood glucose monitors        | ✗ Home nursing             |                                  |
| ✗ Dietetics/dietary advice      | ✗ Occupational therapy     |                                  |

## Ambulance cover

In WA 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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Mid Extras

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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)

 **1300 344 000**

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