

**Nurses & Midwives Health**  
**StarterPak (Basic Plus)**

Restricted Insurer

**\$167.08 / 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 or 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

- 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.

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**Policy ID:** NTF/J5/DCRC1D**Source:** Private Health Information Statement (PHIS)

## Hospital Cover

✓ Covered

R Restricted Cover

✗ Not Covered

**This policy includes cover for**

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

**This policy does not include cover for**

- |                                       |                      |                                            |
|---------------------------------------|----------------------|--------------------------------------------|
| ✗ Assisted reproductive services      | ✗ Insulin pumps      | ✗ Miscarriage and termination of pregnancy |
| ✗ Dialysis for chronic kidney failure | ✗ Joint replacements | ✗ Pregnancy and birth                      |
| ✗ Heart and vascular system           | ✗ Lung and chest     |                                            |

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:** No excess**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**

Includes accident cover. If your doctor or specialist participates in our Access Gap Cover scheme, you may be able to reduce or eliminate your out-of-pocket medical costs. In addition, through Teachers Healthcare Services eligible members can connect with dedicated care coordinators to support them with hospital treatment, or managing their physical and/or mental health.

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/J5/DCRC1D Source: [Private Health Information Statement \(PHIS\)](#)

## Extras Cover

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

Note, for treatments marked with \*: Major dental only covers removal of wisdom teeth, with a benefit of \$150 for item 324.

| Treatment & waiting period (months) |   | Benefit limits per 12 months unless otherwise stated                                                                                                   | Examples of maximum benefits                                                                           |
|-------------------------------------|---|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| ✓ Acupuncture                       | 2 | <b>\$200 per person up to \$400 per policy</b><br>combined limit for acupuncture, chinese medicine & remedial massage                                  | <ul style="list-style-type: none"><li>• Initial visit: \$38</li><li>• Subsequent visit: \$38</li></ul> |
| ✓ Chinese medicine                  | 2 | <b>\$200 per person up to \$400 per policy</b><br>combined limit for acupuncture, chinese medicine & remedial massage                                  | <ul style="list-style-type: none"><li>• Initial visit: \$38</li><li>• Subsequent visit: \$38</li></ul> |
| ✓ Chiropractic                      | 2 | <b>\$400 per person up to \$800 per policy</b><br>combined limit for chiropractic, exercise physiology, osteopathy & physiotherapy<br>sub-limits apply | <ul style="list-style-type: none"><li>• Initial visit: \$40</li><li>• Subsequent visit: \$40</li></ul> |
| ✓ Exercise physiology               | 2 | <b>\$400 per person up to \$800 per policy</b><br>combined limit for chiropractic, exercise physiology, osteopathy & physiotherapy                     | <ul style="list-style-type: none"><li>• Initial visit: \$40</li><li>• Subsequent visit: \$40</li></ul> |

|                                         |    |                                                                                                                                                 |                                                                                                                                                      |
|-----------------------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ General dental*                       | 2  | \$500 per person up to \$1,000 per policy                                                                                                       | <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  | \$150 per person up to \$300 per policy<br>sub-limits apply                                                                                     | <ul style="list-style-type: none"> <li>Health management: \$150</li> </ul>                                                                           |
| ✓ Major dental*                         | 12 | \$500 per person up to \$1,000 per policy                                                                                                       | <ul style="list-style-type: none"> <li>Surgical tooth extraction: \$0</li> <li>Full crown veneered: \$0</li> </ul>                                   |
| ✓ Non PBS pharmaceuticals               | 2  | \$400 per person up to \$800 per policy<br>combined limit for non pbs pharmaceuticals & vaccinations                                            | <ul style="list-style-type: none"> <li>Per eligible prescription: \$60</li> </ul>                                                                    |
| ✓ Optical                               | 6  | \$180 per person up to \$360 per policy                                                                                                         | <ul style="list-style-type: none"> <li>Multi-focal lenses &amp; frames: \$180</li> <li>Single vision lenses &amp; frames: \$180</li> </ul>           |
| ✓ Osteopathy                            | 2  | \$400 per person up to \$800 per policy<br>combined limit for chiropractic, exercise physiology, osteopathy & physiotherapy<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>                                                |
| ✓ Physiotherapy                         | 2  | \$400 per person up to \$800 per policy<br>combined limit for chiropractic, exercise physiology, osteopathy & physiotherapy<br>sub-limits apply | <ul style="list-style-type: none"> <li>Initial visit: \$40</li> <li>Subsequent visit: \$40</li> </ul>                                                |
| ✓ Psychology                            | 2  | \$300 per person up to \$600 per policy<br>sub-limits apply                                                                                     | <ul style="list-style-type: none"> <li>Initial visit: \$72</li> <li>Subsequent visit: \$72</li> </ul>                                                |
| ✓ Remedial massage                      | 2  | \$200 per person up to \$400 per policy<br>combined limit for acupuncture, chinese medicine & remedial massage                                  | <ul style="list-style-type: none"> <li>Initial visit: \$38</li> <li>Subsequent visit: \$38</li> </ul>                                                |
| ✓ Vaccinations                          | 2  | \$400 per person up to \$800 per policy<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             | ✗ Podiatry                       |
| ✗ Blood glucose monitors        | ✗ Home nursing             | ✗ Speech therapy                 |
| ✗ Dietetics/dietary advice      | ✗ Occupational therapy     |                                  |
| ✗ Endodontic                    | ✗ Orthodontic              |                                  |

#### Ambulance cover

In NT this policy provides:

Emergency: Unlimited with a waiting period of 1 day.

Non-emergency: Transport with a waiting period of 1 day, or 1 day for pre-existing conditions, limited to \$3,000 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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StarterPak (Basic Plus)

Restricted Insurer

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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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