

YOUNG AT HEART TOP COVER



cover for singles and couples

EXTRAS BENEFITS

75% OF THE COST TO YOU UP TO THE ANNUAL LIMIT.

If you'd like a higher level of cover choose nib Young at Heart Top Cover. It has more hospital services because of less exclusions and no restrictions.

Hospital

INCLUSIONS examples of services covered

- ✓ Immediate treatment after an accident (see page 10 of the nib Using Your Health Cover brochure for more information)
- ✓ Heart surgery (e.g. stents, open heart surgery)
- ✓ Major joint replacement (e.g. artificial knee/hip)
- ✓ Knee, hip and shoulder investigations
- ✓ Knee and shoulder surgery (e.g. cartilage repair)
- ✓ All eye surgery (e.g. cataracts)
- ✓ Hernia surgery
- ✓ Back surgery (e.g. slipped disc)
- ✓ Digestive disorders (e.g. stomach ulcers)
- ✓ Colonoscopies & bowel surgery
- ✓ Kidney stone & gall stone removal
- ✓ Rehabilitation programs
- ✓ Renal dialysis
- ✓ Psychiatric conditions e.g. depression, eating disorders, alcohol and drug rehabilitation
- ✓ Gastric banding and obesity surgery
- ✓ Removal of teeth e.g. wisdom teeth
- ✓ Ambulance cover (see page 8 of the Young at Heart brochure for more information)

EXCLUSIONS the services not covered

- ✗ Pregnancy and birth related services
- ✗ Infertility investigations
- ✗ Assisted reproductive services e.g. IVF
- ✗ Procedures not covered by Medicare

Hospital Excess Options



Nil



\$250 per admission
(capped at \$500 for singles/\$1000 for couples per calendar year)



\$500 per admission
(capped at \$500 for singles/\$1000 for couples per calendar year)

Extras benefits

You get 75% of the cost back	Annual Limit (per person per calendar year)	Waiting Period
General dental e.g. oral examination, scale and clean, fillings, basic extractions.	\$700	2 months
Major dental e.g. root canal therapy, gum disease, crowns, bridges, implants, dentures, oral surgery.	\$1200	12 months
Optical e.g. frames, lenses, contact lenses.	\$350	6 months
Physiotherapy/Chiropractic/Exercise physiology/Osteopathy	\$500	2 months
Natural therapies (consultations only) Including acupuncture, herbalism, naturopathy, homeopathy, remedial massage, myotherapy, bower therapy & shiatsu.	\$250	2 months
Pharmaceutical prescriptions Benefits paid once the maximum PBS charge has been deducted. Benefits do not apply to prescriptions dispensed to hospital inpatients.	\$600	2 months
Hearing aids/Artificial aids/Orthotics Ask nib for details of specific restrictions and replacements. Waiting periods determined by the type of aid.	\$1000	2-36 months
Healthier lifestyle nib approved weight management, quit smoking and health management programs, first aid courses, preventative health tests.	\$150	6 months
Other therapies Speech therapy, podiatry consultations, orthoptics (eye therapy), dietary, home nursing, occupational therapy.	\$400	2 months

This fact sheet must be read in conjunction with the **nib Using Your Health Cover Guide**.

Please note: Hospital services shown are examples only and intended to be used as a guide. Some procedures, drugs, surgical items and other items may not be covered by nib. Always check with nib as soon as you learn you need to go to hospital. We'll confirm if you are covered and let you know the best ways to reduce potential out-of-pocket expenses. Information is correct as at June 2012.

nib302015YAHTOP_A4_0612