



For young singles and couples looking for more than the basics from their hospital cover plus everyday Extras to help keep you healthy.

- ✓ Could help you avoid extra tax
- ✓ Hospital cover designed for the young and healthy, without paying for services you are unlikely to need right now
- ✓ 60% back on a wider range of Extras

Hospital excess

A hospital excess is the amount you pay towards the cost of a hospital stay before any benefits are payable by nib. You only pay an excess if you or someone on your policy goes to hospital. Each adult on the policy will only pay one excess per calendar year if they go to hospital, no matter how many admissions they may need.

Please note: if you are switching hospital covers your previous level of excess may apply for up to 12 months for pre-existing conditions. Refer to the Policy Booklet for more information.

**Hospital excess
on this cover**

\$500
per person
per calendar year

What's covered In-Hospital

When you're admitted as a private patient in any nib Agreement Private Hospital or public hospital you're covered for the following things that relate to procedures included on Kickstarter Plus cover:

- ✓ Selected medical admissions relating directly to included services on Kickstarter Plus
- ✓ Medical treatments not requiring surgery, investigative procedures and surgeries that are covered by Kickstarter Plus
- ✓ Day surgery
- ✓ Overnight accommodation (private room where available)
- ✓ Special care unit accommodation (e.g. intensive care)
- ✓ Operating theatre fees
- ✓ Doctors' surgical fees and in-hospital consultations
- ✓ Government approved prosthetic devices
- ✓ Allied health services (e.g. physiotherapy, occupational therapy)
- ✓ Prescription medication required for specific treatment when in hospital
- ✓ Ward-drugs and sundry medical supplies (e.g. bandages, painkillers)
- ✓ Nursing care
- ✓ Patient meals

Out-of-pocket expenses may apply to these services. Refer to the Policy Booklet for more information.

Hospital continued

Included Services

Accidental Injury Benefit	<p>What's covered</p> <ul style="list-style-type: none"> ■ Immediate and necessary hospital treatment as an admitted patient required as a result of an accident* This requires treatment to be sought within 24 hours after the accident at a hospital Emergency Department to receive benefits in-line with our best level of hospital cover for the next 90 days <p>What's not covered</p> <ul style="list-style-type: none"> ■ Cover for an accident where the customer did not seek treatment within 24 hours at a hospital Emergency Department ■ Treatment for an accident where the patient is not admitted into hospital ■ Any hospital treatment relating to an accident that is required after 90 days of the initial hospital Emergency Department visit ■ Consults at an Emergency Department (including Private Hospital emergency room fees)
Emergency Ambulance	<p>What's covered</p> <ul style="list-style-type: none"> ■ Emergency Ambulance transport to hospital provided by a State or Territory Ambulance Service paid at 100% of the cost anywhere in Australia ■ Emergency Ambulance call out fees (where the customer is treated at the scene by paramedics and it is determined that transport to hospital is not required) ■ Transport between hospitals when the transfer is required as a result of the existing hospital not specialising in the treatment required <p>What's not covered</p> <ul style="list-style-type: none"> ■ Private Ambulance services ■ Residents of Queensland and Tasmania who have Ambulance services provided by their State Ambulance Schemes ■ Pension and health care card holders who have Ambulance services provided by State Ambulance Schemes ■ Non-emergency Ambulance transport ■ Transport from hospital to your home, for example if you are unable to make your own way home from hospital after treatment ■ Transport between hospitals unless the transfer is required as a result of the existing hospital not specialising in the treatment required

*"Accident" means an event leading to bodily injury caused solely and directly by violent, accidental, external and visible means and resulting solely, directly and independently of any other cause. It may be necessary to provide evidence to nib that you sought treatment at a hospital Emergency Department within 24 hours of the accident. Refer to the Policy Booklet for more information.

Other Included Services

Examples of other types of procedures covered on Kickstarter Plus (waiting periods apply):

- ✓ Appendix removal
- ✓ Brain surgery
- ✓ Cancer treatment (approved under the Pharmaceuticals Benefits Scheme)
- ✓ Colonoscopies
- ✓ Dental surgery
- ✓ Gastrosopies
- ✓ Grommets in ears
- ✓ Gynaecological services
- ✓ Hernia repair
- ✓ Joint investigations
- ✓ Joint reconstructions
- ✓ Stroke treatment
- ✓ Tonsils & Adenoids removal
- ✓ All other Medicare recognised services that are not listed as Excluded Services

Services covered unless related to an excluded service.

Hospital continued

Minimum Benefits Payable (MBP)~ treatments

Minimum Benefits Payable (MBP) means if you're attending a private hospital, there will be significant out-of-pocket costs for the treatment. nib will only pay the minimum amount of benefits required under the Private Health Insurance Act on the following treatments:

- ✓ Palliative care
- ✓ Rehabilitation
- ✓ Psychiatric treatment

~Minimum Benefits Payable (MBP) means if you're attending a private hospital, there will be significant out-of-pocket costs for the treatment. MBP is the minimum amount of benefits that we are required to pay under the Private Health Insurance Act, to or on behalf of a customer for hospital treatment under a hospital cover. For palliative care, psychiatric treatment and rehabilitation, minimal benefits are payable if no Medicare benefit is payable for that part of the treatment. If the treatment is limited to MBP and is important to you, we recommend you consider a higher level of cover.

Excluded Services

The following is the complete list of services NOT covered by this policy:

- | | |
|---|--------------------------------------|
| ✗ Assisted reproductive services | ✗ Joint replacements |
| ✗ Back surgery | ✗ Obesity surgery |
| ✗ Cochlear implant surgery & bone anchored hearing devices [^] | ✗ Pregnancy & birth related services |
| ✗ Cosmetic surgery | ✗ Renal Dialysis |
| ✗ Eye treatment and surgery | ✗ Procedures not covered by Medicare |
| ✗ Heart related procedures and surgery | |
| ✗ Infertility investigations | |

[^]Includes associated speech and sound processors including upgrades.
If you later switch to a higher cover that includes these services, waiting periods will apply.

Standard Waiting Periods

- Pre-existing conditions (where the symptoms were evident at any time during the 6 months immediately prior to joining as determined by nib's Medical Practitioner) **12 months**
- Psychiatric, rehabilitation or palliative care services **2 months**
- Conditions requiring hospitalisation that aren't pre-existing **2 months**
- Accidental injury **1 day**
- Ambulance services **1 day**

Waiting periods apply to customers not currently covered for these services.

Kickstarter Plus Extras

Extras are services provided outside of a hospital. Medicare does not generally cover these services, so we help you pay for them.

You'll receive 60% of the cost of consultation (up to the annual limit) at nib Recognised Providers.

60% BACK
of the cost to you
up to your annual limit

Extras Covered	Annual limit (maximum amount claimable per person in a calendar year)	Waiting period (applies if you are new to health insurance or if you have recently increased your level of Extras cover)
General dental treatment e.g. oral examinations, scale and cleans, fluoride treatments, fillings, basic extractions, x-rays	\$300	2 months
Major dental treatment e.g. root canal therapy, crowns, bridges, dentures, oral surgery	\$300	12 months
Optical appliances e.g. prescription glasses and contact lenses	\$150	6 months
Physiotherapy	\$200	2 months
Chiropractic Osteopathy	\$200	2 months
Natural therapies (consultations only) Remedial massage, acupuncture, naturopathy, herbalism, myotherapy and shiatsu	\$100	2 months
Dietary advice (consultations only)	\$200	2 months
Pharmaceutical prescriptions Benefits only payable for non PBS items. Benefits do not apply to prescriptions dispensed to hospital in-patients	\$200	2 months
Exercise physiology	\$200	2 months
Preventative tests (service limits apply) Thin prep, bone density tests, bowel screening	\$200	6 months
Psychology	\$100	2 months

nib customers have the choice to use any provider with professional qualifications recognised by nib. Please read the Policy Booklet for more information on nib Recognised Providers.

nib
it's worth it

Need help?

Call us on 13 14 63

Mon to Fri: 8am – 8.30pm Sat: 8am – 1pm (AEST)

Visit an nib Retail Centre

Go to nib.com.au

nib health funds limited abn 83 000 124 381 Head Office 22 Honeysuckle Drive Newcastle NSW 2300