

FAMILY PLUS

For those who want more cover for things like dental and optical now, and are thinking of having kids in the future.



cover for couples, single parents and families

EXTRAS BENEFITS

PAID AS **65%** OF THE COST TO YOU UP TO THE ANNUAL LIMIT.

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)
- ✓ Removal of teeth (including wisdom teeth)
- ✓ Knee, hip & shoulder investigations
- ✓ Knee & shoulder surgery (e.g. cartilage repair)
- ✓ Removal of tonsils
- ✓ Removal of appendix
- ✓ Hernia surgery
- ✓ Grommets in ears
- ✓ Removal of adenoids
- ✓ Minor eye surgery (e.g. squints, pterygiums)
- ✓ Colonoscopies & bowel surgery
- ✓ Digestive disorders (e.g. stomach ulcers)
- ✓ Kidney stone & gall stone removal
- ✓ Pregnancy & birth related services*
- ✓ Antenatal services performed by a midwife or physio in a public & private hospital
- ✓ Ambulance cover (see page 27 of the nib Choosing Your Health Cover brochure for more information)

Hospital Excess Options



\$250 per admission

(capped at \$1000 for couples, single parents, families per calendar year)



\$500 per admission

(capped at \$1000 for couples, single parents, families per calendar year)

EXCLUSIONS the services not covered

- ✗ Major eye surgery (e.g. cataracts)
- ✗ Major joint replacement (e.g. artificial knee/hip)
- ✗ Gastric banding & obesity surgery
- ✗ Cosmetic surgery (to enhance appearance)
- ✗ Spinal fusion surgery

Restrictions apply

The services listed below are limited to Public Hospital Benefits (see page 6 of the nib Using Your Health Cover brochure for more information). • Assisted reproductive services (e.g. IVF) • Infertility investigations • Heart surgery (e.g. stents, open heart surgery) • Renal dialysis • Psychiatric conditions (e.g. depression, eating disorders, drug & alcohol rehabilitation) • Rehabilitation programs.

! IMPORTANT INFORMATION

***Benefit Limitation Periods apply on pregnancy & birth related services if you currently do not have Private Health Insurance**
If you are considering Family Plus, this means that the benefits payable on pregnancy & birth related services are subject to 'Benefit Limitations' and are limited to Public Hospital Benefits only during your first 24 months of cover (but after serving the standard hospital waiting periods). For more information on Public Hospital Benefits (see page 6 of the nib Using Your Health Cover brochure for more information).

You don't pay an excess for kids under 21 years of age.

Extras benefits

You get 65% 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.	\$500	2 months
Major dental e.g. root canal therapy, gum disease, crowns & bridges, implants, dentures, oral surgery.	\$600	12 months
Orthodontia e.g. braces (increasing by \$100 per calendar year to a Lifetime Limit of \$1500).	\$300	12 months
Optical e.g. frames, lenses, contact lenses.	\$250	6 months
Physiotherapy/Exercise physiology/Chiropractic/Osteopathy	\$350	2 months
Natural therapies/Speech therapy/Podiatry/Orthotics Including speech therapy and orthotics. Consultations only on the following: acupuncture, herbalism, naturopathy, podiatry, homeopathy, dietary, remedial massage, myotherapy, bower therapy and shiatsu.	\$300	2 months
Pharmaceutical prescriptions Benefits paid once the maximum PBS charge has been deducted. Benefits do not apply to prescriptions dispensed to hospital inpatients.	\$300	2 months
Psychology No benefits for tests, assessments or couple/group sessions or if a benefit has already been claimed through Medicare.	\$200	2 months
Healthier lifestyle nib approved weight management, quit smoking and health management programs, first aid courses, preventative health tests.	\$150	6 months
Antenatal & postnatal services (by a midwife in a private practice) 100% back for antenatal and postnatal services in a private practice, up to your annual limit.	\$100	2 months

*Total benefit claimable for each service capped at 4 times the per person annual limit for single parent/family policies.

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.

nib302005FP_A4_0612