

FAMILY BASIC SAVER

Great value health cover for families on a budget, who need cover mostly for the kids.



cover for single parents
and families

EXTRAS BENEFITS

PAID AS **50%** OF THE COST TO YOU UP TO THE ANNUAL LIMIT.

Hospital

INCLUSIONS the ONLY 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)
- ✓ Removal of tonsils
- ✓ Removal of appendix
- ✓ Minor hernia surgery
- ✓ Grommets in ears
- ✓ Removal of adenoids
- ✓ Minor eye surgery (e.g. squints, pterygiums)
- ✓ Ambulance cover (see page 27 of the nib Choosing Your Health Cover brochure for more information)

EXCLUSIONS the services not covered

- ✗ Pregnancy & birth related services
- ✗ Assisted reproductive services (e.g. IVF)
- ✗ Infertility investigations
- ✗ Major eye surgery (e.g. cataracts)
- ✗ Major joint replacement (e.g. artificial knee/hip)
- ✗ Gastric banding & obesity surgery
- ✗ Renal dialysis
- ✗ Cosmetic surgery (to enhance appearance)
- ✗ Spinal fusion surgery

Restrictions apply

Any services not shown as an Inclusion or Exclusion are limited to Public Hospital Benefits (see page 6 of the nib Using Your Health Cover brochure for more information).

Hospital Excess Options



\$250 per admission

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



\$500 per admission

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

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

Extras benefits

You get 50% of the cost back	Annual Limit* (per person per calendar year)	Waiting Period
General & major dental	\$500 (combined limit)	2 months (General dental) 12 months (Major dental)
General dental e.g. oral examination, scale and clean, basic extractions, fillings. Major dental e.g. root canal therapy, gum disease, crowns & bridges, dentures, oral surgery.		
Orthodontia e.g. braces (increasing by \$100 per calendar year to a lifetime limit of \$1,000)	\$200	12 months
Optical e.g. frames, lenses, contact lenses.	\$220	6 months
Physiotherapy/Exercise physiology/Chiropractic	\$300	2 months
Pharmaceutical prescriptions	\$100	2 months
Benefits paid once the maximum PBS charge has been deducted. Benefits do not apply to prescriptions dispensed to hospital inpatients.		
Natural therapies/Speech therapy/Podiatry Including speech therapy. Consultations only on the following: acupuncture, herbalism, naturopathy, podiatry, homeopathy, dietary, remedial massage, myotherapy, bowen therapy and shiatsu.	\$200	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.

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