YOUNG AT HEART MID COVER



Choose nib Young at Heart Mid Cover if you want a medium level of cover, tailored for you at your time of life.



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)
- ✓ Major eye surgery* (e.g. cataracts)
- ✓ Minor eye surgery (e.g. squints, pterygiums)
- ✓ Hernia surgery
- ✓ Back surgery (e.g. slipped disc)
- ✓ Digestive disorders (e.g. stomach ulcers)
- ✓ Colonoscopies & bowel surgery
- √ Kidney stone & gall stone removal
- ✓ Removal of teeth (e.g. wisdom teeth)
- ✓ Ambulance cover (see page 8 of the Young at Heart brochure for more information)

Hospital Excess Options



\$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)

EXCLUSIONS the services not covered

- X Pregnancy and birth related services
- X Infertility investigations
- X Assisted reproductive services e.g. IVF
- X Gastric banding and obesity surgery
- X Renal dialysis
- X Procedures not covered by Medicare

Restrictions apply

The following services are limited to Public Hospital Benefits: (see page 6 of the nib Using Your Health Cover brochure for more information). • Rehabilitation programs

• Psychiatric conditions e.g. depression, eating disorders, alcohol and drug rehabilitation.

IMPORTANT INFORMATION

*Benefit Limitation Periods apply if you currently do not have Private Health Insurance

If you are considering nib Young at Heart Mid Cover, please note: During your first 24 months of cover (but after the standard hospital waiting periods have been served) the services marked with * are subject to 'Benefit Limitations'. This means that the benefits payable on these services are limited to Public Hospital Benefits only. For more information on Public Hospital Benefits (see page 6 of the nib Using Your Health Cover brochure).

Extras benefits

You get 65% of the cost back	Annual Limit (per person per calendar year)	Waiting Period
General dental	\$500	2 months
e.g. oral examination, scale and clean, fillings, basic extractions.		
Major dental	\$700	12 months
e.g. root canal therapy, gum disease, crowns & bridges, implants, dentures, oral surgery.		
Optical	\$250	6 months
e.g. frames, lenses, contact lenses.		
Physiotherapy/Chiropractic/Exercise physiology/Osteopathy	\$300	2 months
Pharmaceutical prescriptions	\$400	2 months
Benefits paid once the maximum PBS charge has been deducted. Benefits do not apply to prescriptions dispensed to hospital inpatients.		
Hearing aids/Artificial aids/Orthotics	\$400	2-36 months
Ask nib about details of specific restrictions and replacements. Waiting periods determined by type of aid.		
Other therapies	\$200	2 months
Speech therapy, podiatry consultations, orthoptics (eye therapy), dietary, home nursing, occupational therapy.		

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.

