MID PLUS

cover for singles, couples, single parents and families

EXTRAS BENEFITS

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YOU UP TO THE

Health cover for those not planning to have kids and who want more cover for the unexpected.

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
- ✓ Digestive disorders (e.g. stomach ulcers)
- ✓ Colonoscopies & bowel surgery
- √ Kidney stone & gall stone removal
- ✓ Minor eye surgery (e.g. squints, pterygiums)
- √ Heart surgery (e.g. stents, open heart surgery)
- ✓ Rehabilitation programs
- ✓ Renal dialysis
- ✓ Ambulance cover (see page 27 of the nib Choosing Your Health Cover brochure for more information)

EXCLUSIONS the services not covered

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

Restrictions apply

Psychiatric conditions (e.g. depression, eating disorders, drug & alcohol rehabilitation) 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 \$500 for singles/\$1000 for couples, single parents, families per calendar year)



\$500 per admission

(capped at \$500 for singles/\$1000 for couples, single parents, families per calendar year)

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	\$500	2 months
e.g. oral examination, scale and clean, fillings, basic extractions.		
Major dental	\$600	12 months
e.g. root canal therapy, gum disease, crowns & bridges, implants, dentures, oral surgery.		
Orthodontia	\$300	12 months
e.g. braces (increasing by \$100 per calendar year to a lifetime limit of \$1,500)		
Optical	\$250	6 months
e.g. frames, lenses, contact lenses.		
Physiotherapy/Exercise physiology/Chiropractic/Osteopathy	\$350	2 months
Natural therapies (consultations only)	\$200	2 months
Including acupuncture, herbalism, naturopathy, homeopathy, dietary, remedial massage, myotherapy, bowen therapy & sh	niatsu.	
Pharmaceutical prescriptions	\$300	2 months
Benefits paid once the maximum PBS charge has been deducted. Benefits do not apply to prescriptions dispensed to ho	spital inpatients.	
Psychology	\$200	2 months
No benefits for tests, assessments or couple/group sessions or if a benefit has already been claimed through Medicare.		
Healthier lifestyle	\$150	6 months
nib approved weight management, quit smoking and health management programs, first aid courses, preventative health	tests.	
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^{*}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.

