

Your Extras Cover

Basic Extras

What's covered

Extras are services usually provided outside of a hospital. Medicare does not generally cover these services, so we help you pay for them. Receive a percentage of the cost back (up to the annual limit and service limits, and after waiting periods have been served) on:

- ✓ The cost of the consultation
- ✓ The cost of health appliances listed on this policy. Ask nib about specific restrictions and replacements.

Our members 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.

Basic Extras

Cover the basics with 100% back on selected services up to your annual limit.

Extras Covered	Annual Limit	Percent Back	Waiting Period
	Maximum amount claimable per person in a calendar year	Of the cost to you up to your annual limit	Applies if you are new to health insurance or if you have recently increased your level of Extras cover
Preventative dental treatment (Service limits apply ¹) Includes selected examinations, scale & cleans, fluoride treatments and x-rays	\$200 Capped at \$400 per policy	100%	2 months
General dental treatment E.g. fillings, basic extractions	\$250 Capped at \$500 per policy	50%	2 months
Optical appliances (appliance limits apply) E.g. prescription glasses and contact lenses (excludes coating, tinting or hardening)	\$150 Capped at \$300 per policy	100%	6 months
Physiotherapy & Psychology	\$200 Capped at \$400 per policy (Digital cognitive behavioural therapy 100% back for contracted providers, up to \$150)	50%	2 months
Ambulance Emergency ambulance transport paid at 100% of the cost ²	No limit	100%	1 day

It pays to review your cover regularly

Your life is constantly changing. So, you should remember to review your health cover at least once a year to make sure it doesn't reflect the old you.

We make reviewing and updating your cover quick and easy.



Simply visit **nib.com.au**
or call on **13 14 63**



1 A service limit restriction means there's a cap on how often you can claim for certain treatment in a calendar year or across calendar years.
2 Excludes residents of QLD and TAS who have ambulance services provided by their State ambulance schemes.

