

any questions? more info?
call us for a chat...

customer care centre

13 14 63

mon-fri 8am-8.30pm. sat 8am-1pm (AEST)
or visit an nib Retail Centre

nib.com.au

nib it's
worth
it

nib health funds limited abn 83 000 124 381
Head Office 22 Honeysuckle Drive Newcastle NSW 2300

**GUIDE TO YOUR
HEALTH
COVER**
**EASY TO FIND
EASY TO FOLLOW...**



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THANKS FOR CHOOSING nib

We believe that health cover should be easy to understand, easy to claim on, and easy on the wallet. This guide is designed to help simplify Private Health Insurance, and show you how to get the most from your nib Health Cover.

It's full of useful info and you should read this guide carefully to choose which cover is most appropriate to your needs. The Getting Started section has all you need to begin seeing the benefits of your health cover.

The Hospital and Extras sections are also important. Take a look at these before you seek treatment or claim any benefits, to avoid any nasty surprises.

So keep this guide handy for when you might need it in the future. And, if there's any way we can help you, don't hesitate to call us on **13 14 63**.

NOTE: The advice and guidelines in this brochure are generalised without taking into account your personal health cover situation. You should always check with nib, your medical provider or hospital before seeking treatment.

The information contained in this brochure is current as at 1 April 2010 and should be read in conjunction with the nib Health Cover for the Real World. Rules and benefit levels may change from time to time. If you would like to know more please contact us on **13 14 63**.

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GETTING STARTED

Now that you're an nib customer, let's get you up and running.

Check your nib card

Have you received your nib card? If not, it's not far away. If yes, check that all your personal details are correct – let us know if they're not.

Got access to the web? Why not register for nib Online Services?

More customers are signing up for nib Online Services to manage their health cover and claim online. Visit nib.com.au to instantly register and find out how easy it is to claim this way. When you register, you'll need to set up a SafeClaim account that lets us deposit your benefits directly into your bank account (you may have done this when you joined).

You can claim up to a combined limit of \$300 in benefits online at any one time for Extras services like dental, optical and physio – and we're open all day, every day, for your convenience.

Of course, if you don't have access to the web there are other ways you can claim on selected Extras. See page 14 for details.

Set up SafeClaim

nib SafeClaim is a safe, fast way to have your claims paid. nib processes your claim and the benefits are paid directly into your nominated financial institution account. No more waiting in line at nib Retail Centres, or waiting for cheques to clear.

You can also use SafeClaim to make claims online. You may have set up a SafeClaim account when you joined – if not, just

download a SafeClaim form at nib.com.au or pick one up at any nib Retail Centre.

Federal Government Rebate

The Federal Government Rebate lets you save on the cost of your health cover. Providing you're an Australian who is eligible for Medicare, for every dollar you pay in premiums to nib, you receive a minimum 30 cents rebate. Greater rebates apply if anyone on your nib policy is aged 65 or older. When you joined, you may have chosen to receive the rebate as a reduction in your premiums. If not, you can claim it at tax time. See page 31 for details.

Save up to 4% using Direct Debit

Did you know you can save up to 4% on your premiums, just by paying by direct debit? If you haven't done so, ask us to set up a direct debit from your bank, building society or credit union cheque or savings account – and start saving today (discount not available for Ambulance Only).

Health Cover Review

Now that you've chosen the best nib health cover to suit your needs, let's keep it that way. It's a good idea to review your health cover each year, or if your needs change. If you're getting married, planning a family or the kids are leaving home, you need to ensure you still have the best health cover as your life changes.



Private health cover protects what you value most – you and your family's health. It gives you options and choices that are not available through Medicare.

GOING TO HOSPITAL?

nib hospital cover.

When going to hospital, it's important to understand what you're covered for and the types of costs involved. You should always check with nib before you go to hospital, to avoid any nasty surprises.

Let's talk about hospital cover first

Going to hospital is more than just checking in, having the procedure, and going home.

The hospital you choose, amount of excess you pay, the level of your cover and whether your treatment is spread over separate admissions are just some of the things that can affect how much you pay for your hospital visit.

It's also best to find out if your claim falls under workers' compensation or other third party insurance before you claim from your health cover, as nib will be unable to pay your benefit if this is the case.

Hospital cover helps pay for many of the services you receive while you are in hospital.



What you're covered for:

If you choose a public hospital or an nib Agreement Private Hospital for a procedure covered on your policy, you shouldn't have to pay out of pocket expenses for the following hospital-related services:

- ✓ Accommodation (room/bed) costs in a private or public hospital
- ✓ Meals for patients
- ✓ Use of theatre for your procedure
- ✓ Labour ward if you're having a baby (depending on your cover)
- ✓ Nurses
- ✓ Intensive care (depending on your cover)
- ✓ Surgically implanted prostheses which are Government approved and are on the no 'gap' list (ask your doctor or hospital for more information)

Note: Some nib health covers only cover you for the above if you're admitted as a patient in a shared ward at a public hospital.

In a private hospital, you won't be covered for things like:

- X Private room accommodation for same day procedures
- X Luxury rooms
- X TV hire, phone calls, newspapers, magazines
- X Beauty salon services
- X Massage and aromatherapy services
- X Respite care
- X Take home items like crutches and drugs
- X Experimental treatments (services not yet recognised by Medicare for benefits purposes)
- X Procedures normally performed in a doctor's surgery ('Type C' procedures)
- X Private hospital emergency fees
- X Donated blood, blood products, blood collection and storage
- X Special nursing e.g. private nurse

These are examples only. By not covering things like those listed above we help to keep your health cover premiums down.

! IMPORTANT INFORMATION

- Please be aware that in some cases you'll have to pay for paramedical services like physio and other items like drugs and disposable items.
- **High Cost Drugs** are sometimes used in oncology and other treatments. You may be left with large out of pocket expenses as some of these drugs are not covered by the Pharmaceutical Benefits Scheme (PBS) and may not be part of the standard treatment.

You may be able to claim part of the cost of these drugs:

Inside a hospital if the drug is included in the nib agreement with the hospital and is covered by the PBS for specific treatment for that circumstance.

Outside a hospital if your Extras cover includes the pharmaceutical prescriptions benefit.

GOING TO HOSPITAL? *cont.*

Inclusions

Inclusions are the types of procedures and services you'll be covered for in a public or private hospital. The higher your level of cover, the more procedures and services you'll have in your inclusions.

Restrictions

For restricted procedures, nib will only pay a benefit called a **Public Hospital Benefit**. Public Hospital Benefits will cover you in a shared ward of a public hospital, and won't go anywhere near the cost for a stay in a private room in public hospital (generally around 50% of the cost) or in a private hospital (generally between 5% and 30% of the cost).

nib will only pay for part of the restricted procedure, and you'll have to pay the difference. You may need a higher level of hospital cover if you think you may need to have a restricted procedure done in the future. Visit nib.com.au or call **13 14 63** to check if any restrictions apply to your cover.

For example, if hip or knee replacements are **restricted** on your health cover and you go to private hospital for one of these procedures, your health cover only pays a small part of your hospital costs. You'll have to pay considerable out of pocket expenses towards your treatment.

Benefit Limitations

Some nib health covers require a customer (who is new to private health insurance) to be with nib for a period of 24 months before certain hospital services are included as part of their cover. During the first 24 months of cover (but after the standard hospital waiting periods have been served), benefits payable for these services will be limited to Public Hospital Benefits.

Exclusions

Why pay for things you don't need? Some procedures may be excluded from your cover simply because it helps to keep the cost of your health cover down.

An exclusion means you won't be covered in a public or private hospital and won't receive a payment from nib for that procedure.

If you're worried you might need to have a procedure that's listed as excluded, you should think about upgrading to a higher level of nib health cover.

For instance, if your current health cover **excludes** hip or knee replacements and you go to hospital for this procedure, you're not covered for any part of your hospital and medical costs.

! IMPORTANT INFORMATION

So, don't leave anything to chance – contact us on **13 14 63** or visit nib.com.au to check what you're covered for. If you're not covered, we can upgrade you over the phone. You should be aware that you won't be covered straight away, as waiting periods will apply to the higher level of cover. See page 9 for information about waiting periods.

How much will it cost?

No matter what cover you've got, it's possible you'll have to pay something towards going to hospital. It's usually the difference between what nib pays for, and the total cost of your stay in hospital. They're known as **out of pocket expenses**. And they come from your pocket – and can't be claimed back.

Will I have to pay an excess?

An excess is the amount you elect to pay towards your hospital admission, before we pay a benefit. It's one of the things you can't claim back. Selecting an excess means your premiums are lower.

The excess is only payable if you, or someone on your policy, go to hospital – it does not apply to Extras cover.

Depending on your health cover, you'll have to pay the excess each time you are admitted to hospital. But we cap it to a set amount per year. The amount varies depending on your health cover.

Good news for families. If you're on a selected family cover, you won't pay an excess if one of your child dependants (under 21 years of age) has to go to hospital.

Please note that if you change your cover to a lower excess, you will have to pay the higher excess for pre-existing conditions. See page 10 for information about pre-existing conditions.

Before going to hospital, you should always check your cover's hospital excess.

nib Agreement Private Hospitals

A nib Agreement Private Hospital is a private hospital that has negotiated charge agreements with nib that helps protect you from paying out of pocket expenses.

! IMPORTANT INFORMATION

After 35 days of continuous hospitalisation (readmission within 7 days or less to the same or another hospital, is also classed as continuous), a certificate from your doctor is required to confirm the need for continued acute hospital care. If this certificate is not issued, benefits payable will be reduced to the Nursing Home Type Patient Benefit and out of pocket expenses will apply.

Psychiatric conditions and rehabilitation programs are restricted on some nib health covers, in which case customers are only entitled to Public Hospital Benefits.

Visit nib.com.au
to search for
nib Agreement Private
Hospitals or
call **13 14 63** for
more information

GOING TO HOSPITAL? *cont.*

What other costs are there?

Like all other big purchases, you should always get a quote. You'd be amazed at how quickly a simple procedure can rack up the bills. You could also be charged for items that nib does not cover. See page 5 for details.

Get your doctor or hospital to itemise the costs and explain your treatment thoroughly beforehand so you know what's covered, and what out of pocket expenses you might have. Your doctor must get your full agreement on your treatment and its costs before you go to hospital (where possible). This is called '**informed financial consent**'.

Mind the Gap...

The Government has a list of fees for services (such as surgical procedures) known as the Medicare Benefits Schedule (MBS). Medicare pays 75% of the MBS, and nib pays the remaining 25% as a benefit towards your doctors' bills, provided the procedure is not excluded on your cover. Some doctors and specialists charge more than the MBS. If this happens, you have to pay the 'gap', which is the difference between the MBS and what the doctors charge.

...with the nib MediGap Scheme

The nib MediGap Scheme aims to eliminate the 'gap' for customers. We've built up a network of doctors and specialists who charge nib directly, at no additional cost to you. Medicare still pays 75% of the MBS, and nib pays the remaining 25% plus an agreed amount set by the nib MediGap Schedule (but not for excluded procedures).

- Doctors can choose on a case by case basis if they're going to bill you as a MediGap patient (or not)
- Always ask your doctor if they'll treat you as an nib MediGap patient, and if other providers treating you (e.g. anaesthetist) will be using nib MediGap as well
- nib MediGap will only cover services provided during your hospital stay
- Any consultations before and after your hospital stay won't be covered
- Administration and booking fees are not covered by nib MediGap

Visit nib.com.au to search for Doctors who participate in the nib MediGap Scheme or call **13 14 63** for more information.

← Doctors' total charge for in-hospital medical services →

The Government sets the Medicare Benefits Schedule MBS fee		The "Gap" is the amount your doctor may charge over and above the MBS Fee, leaving you out of pocket.
MEDICARE PAYS FOR 75% OF THE MBS FEE	nib WILL PAY 25% OF THE MBS FEE	

But with the nib MediGap Scheme, you'll avoid the GAP

! IMPORTANT INFORMATION

Waiting periods
Before you can claim for hospital services, you must be in your chosen cover for a set period of time, known as a waiting period. Waiting periods are necessary to keep private health cover fair.

They protect existing customers who pay premiums to a fund over time for when they might need health cover. If we didn't have waiting periods, people might join a fund to claim for a planned item and then leave, potentially increasing the overall cost of private health cover.

Waiting periods will apply if you have only recently taken out hospital cover for the first time. Benefits can't be paid to you until a waiting period is over.

If you have transferred from another fund or if you've made a change to your existing nib policy, please be aware waiting periods may apply for hospital services. Ask us to check.

Transferring from another fund to an equivalent level of nib cover?
If no more than 59 days have lapsed since you left your old fund to join nib and you've served the waiting periods with your old fund, then you have what we call '**continuity of cover**'. This means the relevant nib waiting periods won't need to be served, and you'll be covered from when you join. It's important to know any services you didn't serve waiting periods for with your old fund will need to be served with nib.

Waiting periods for hospital procedures:

Service	Waiting Periods
Accidental injury	1 day
Ambulance services	1 day
Other hospital services, except those listed	2 months
Psychiatric care, rehabilitation or palliative care services (including pre-existing)	2 months
Other pre-existing ailments/conditions (an illness or condition where evident at any time during the 6 months immediately prior to joining nib)	12 months
Obstetric conditions	12 months

Note: your cover may exclude some of these procedures. You should also check if Restrictions or Benefit Limitations apply to your cover. See page 6 for details.

What if I need to go to hospital before the waiting period is up?

If you are within waiting periods, we need to be sure the reason you're going to hospital isn't because of a pre-existing condition. This means there were not any signs or symptoms within 6 months before you joined or upgraded to your current hospital

cover. All health funds check this, to protect existing customers from people who join to make a large hospital claim and then leave the fund.

Contact us as soon as you know you need to go to hospital. There are some forms you and your doctors need to complete and it could take some time to get all the information.

GOING TO HOSPITAL? *cont.*

What if I have a pre-existing condition?

If the ailment, illness or condition is considered to be pre-existing, there is a 12 month waiting period before benefits are paid towards your hospital treatment.

If you've had a lower level of hospital cover before your current nib hospital cover, you'll get benefits at the lower level, provided your cover doesn't have any excluded services.

What if I have an accident? Am I covered?

An accident, in relation to nib hospital cover, is an event leading to bodily injury caused solely and directly by violent, accidental, external and visible means and resulting solely, directly and independently of any other cause.

If you're in an accident, you and the attending doctor in hospital must complete an Accident Form (available from nib).

For customers with Basic Saver, Basic Plus, Mid Plus, Family Plus, Family Basic Saver, or Young at Heart Mid: if you have an accident, you'll be covered for hospital services normally excluded or restricted on your health cover, provided you have been formally admitted as an inpatient and the services are undertaken during the first admission to hospital. This admission must be within 24 hours of the accident's occurrence. For any subsequent admissions resulting from the accident, exclusions or restrictions under your cover will apply.

Getting admitted to hospital

This is important if you want to be treated as a private patient in hospital. You'll need to tell the hospital (or day surgery/facility) that you have private health cover. If you aren't admitted as a private patient (i.e. someone with health cover), we can't pay your claim.

The hospital will give you a National Private Patient Claim Form to complete before you're admitted. You must provide informed financial consent to the treatment and costs involved. This is a legal document, and the hospital uses this form to claim your expenses after you've been to hospital. It's important you fill it out and sign it, otherwise we can't pay the hospital. Don't forget to do this.

If you have an excess as part of your hospital cover, you will have to pay the excess to the hospital.

If you want to know more about how we check pre-existing conditions and ailments, and what your options are, please contact us on 13 14 63

When you get out of hospital...

It's important to understand that nib does not bill you for any part of your hospital stay.

When you go to hospital you can expect at least 2 bills – one from the hospital, and the other from your doctors and/or specialists. The hospital usually sends the bill directly to nib, or you may receive the bill when you leave hospital. Your doctors will send you their bill.

If you do get a hospital bill

You may get a bill from the hospital for many different reasons:

- the hospital hasn't confirmed if you are covered for the procedure
- the hospital doesn't have an agreement with nib
- you are within waiting periods for the procedure
- the procedure is to treat a pre-existing condition
- the procedure is excluded on your cover
- you are an out-patient when you go to hospital or a day facility/surgery

If you're not sure why you have been billed, please call us.

If you receive any doctors' or specialists' bills

You'll need to claim from Medicare first. Then, bring the Medicare Statement of Benefits and any receipts or invoices to an nib Retail Centre, or complete an nib Claim Form and mail to us.

If you haven't paid the account, Medicare and nib will give you a cheque, made out to your doctor. Whatever remains unpaid from the account (i.e. what Medicare and nib didn't pay) is what you pay to your doctor.

When you won't see a bill

In the instance where you've served the waiting periods for your hospital cover, your procedure is covered, the hospital has an agreement with nib and your doctors use the nib MediGap Scheme, all you'll need to pay is your hospital excess (if applicable).

Going Overseas?

All nib health covers provide hospital and Extras benefits for services received in Australia only.

Travel insurance that covers a wide range of benefits can be arranged by nib. See page 28.

! IMPORTANT INFORMATION

Want to know more?

The Private Patient's Hospital Charter, published by the Federal Government, is available to customers to outline what they can expect from doctors, hospitals and health funds. Copies are available at any nib Retail Centre, call 13 14 63 or visit nib.com.au

USING YOUR EVERYDAY EXTRAS

nib Extras cover.

Extras cover is for services you can use everyday (like dental, optical and physio); and many nib customers use their Extras to maintain their health and wellbeing. Medicare doesn't cover many of these services adequately, so we help you pay for them.

Extras Benefits

Benefits are the dollar amount we pay when you make a claim for Extras services. How much you get depends on the type of cover you've got and your choice of provider.

Extras providers

A professional or organisation that provides a health service, like dentists, optometrists, acupuncturists, physiotherapists and others.

Extras are things like dental, physio, frames and lenses.

Waiting periods for Extras services:

Service	Waiting Periods
Ambulance services	1 day
All other services, except those listed below	2 months
Optical appliances and repairs	6 months
Healthier lifestyle	6 months
Specialty dental (e.g. endodontia, periodontia)	12 months
Removal of wisdom teeth and oral surgery by a specialist	12 months
Periodontic surgical, root therapy and endodontic services by a dentist not registered as a specialist	12 months
Dentures, denture maintenance/repairs, other prosthodontic services	12 months
Orthodontia	12 months
Artificial aids (except orthotics and orthopaedic shoes)	12 months
Hearing aids	36 months

Note: your cover may not include some of these Extras services.

So, let's get started

To make sure there are no nasty surprises when it's time to claim, there are a few things you need to know:

1 Check if waiting periods apply

Before you can claim any benefits for your Extras, you must be in your chosen cover for a set period of time (known as a waiting period). Waiting periods are necessary to keep health cover fair. They protect existing customers who pay premiums to a fund over time for when they might need health cover. If we didn't have waiting periods, people might join a fund to claim for a planned item and then leave.

If you've only recently joined a health fund, taken out Extras cover for the first time or chosen a higher level of Extras cover, waiting periods will apply to some Extras services on your cover.

Your cover won't pay any benefits until a waiting period's over, or for any services performed during this period.

2 Check that your provider is an nib recognised provider

We will only pay benefits for services from nib recognised providers.

Providers must meet certain criteria to be recognised by us:

- ✓ They must be in private practice
- ✓ They must have professional qualifications that are recognised by nib

Sometimes, providers are only recognised for specific Extras. For example, nib might recognise a provider for Acupuncture, but not for Remedial Massage. This means you couldn't claim Remedial Massage, but could claim Acupuncture.

3 You're now ready to claim!

Claiming your nib Extras benefits has never been easier with nib Point of Service Claiming and nib Online Claiming. A variety of other claiming options are also available for your convenience. See over for full details.

! IMPORTANT INFORMATION

You should contact us before undergoing treatment to ensure the provider is recognised by nib and that you are entitled to receive a benefit if making a claim.

USING YOUR EVERYDAY EXTRAS *cont.*

nib Point of Service Claiming is the way to go

Most nib customers use nib Point of Service Claiming because it's convenient. This is an electronic claiming system that lets you claim on the spot, immediately after your treatment. Your provider swipes your nib card through a HICAPS or IBA terminal (like an EFTPOS machine). It automatically calculates how much nib will pay for the service – all you do is pay any difference between the cost of the service and what nib paid. You'll need to sign a receipt that shows the details of the transaction, so be sure to check everything's correct before you sign.

nib Online Services

Just visit nib.com.au to instantly register and find out how easy it is to claim this way. You'll need to set up a SafeClaim account that lets us deposit your benefits directly into your bank account.

You can claim up to a combined limit of \$300 of benefits at any one time online for a wide range of Extras services – and we're open all day, every day, for your convenience. See page 21 for some of the services you can now claim online.

Sign up for
nib Online Services
to claim online the
easy way

Don't have access to the web?

- Call **13 14 63** or visit an **nib Retail centre**
- Call us on **13 14 63** to make a claim over the phone for selected Extras. To make a phone claim just have your nib card and provider receipt handy
- Mail your claim to us. Complete an nib Claim Form and attach all your original receipts. nib Claim Forms are available from nib.com.au or call **13 14 63**

When you claim with an nib Claim Form, be sure to:

- ✓ Sign your Claim Form
- ✓ Attach the original prescription if you are claiming for Optical services

Attach receipts and accounts that are:

- ✓ Original documents (not copies)
- ✓ Written in English
- ✓ On the provider's official stationery or have the provider's official stamp
- ✓ Fully itemised, showing all the services listed individually (see page 15 for an example of an itemised receipt)

If you haven't paid the account, we will give you a cheque made out to your provider. Whatever remains unpaid from the account (i.e. what we didn't pay) is what you need to pay to your provider.

Health care provider receipt

Accounts and/or receipts must be original, fully itemised documents.

This means that the receipt must clearly state: the goods or services being claimed, date of service, cost of service, name of person for whom the claim is being made, name and address of the provider (stamped or letterhead only – handwritten name and address details will not be accepted). An example of an acceptable account/receipt from your health care provider is shown below.

address of provider
name of provider
ABN of provider

tooth ID
date of service

name of person for whom the claim is being made

goods and services being claimed

cost of service

HAPPY TEETH FAMILY DENTAL CENTRE

Dr Sam P. Sample B.D.S (Syd Uni) (3)
Provider No. 0004054
DENTAL SURGEON

1 Sample Road
SAMPLEVILLE 1234
A.B.N. 00 555 666

Tel: 1234 5678
Fax: 1234 5679

Account No. - 0123455
Date - 06/03/2004

Date	Dr	Item	Tooth	Description	Amount
Balance brought forward					
Sam					
06/03/2004	5	1 x 012		Periodic oral examination	35.00
06/03/2004	5	1 x 161	16	Fissure sealing - per tooth	45.00
06/03/2004	5	1 x 161	26	Fissure sealing - per tooth	45.00
06/03/2004	5	1 x 161	36	Fissure sealing - per tooth	45.00
06/03/2004	5	1 x 161	46	Fissure sealing - per tooth	45.00
06/03/2004	5	1 x 121		Topical application of fluoride, 1 treat	30.00
06/03/2004	5	EFTPOS Payment - Thank you			245.00

Thank you for your prompt payment

nib BENEFITS PAID

\$ 0.00
balance owing

Please note: claims must be submitted within two years of the date of service.

USING YOUR EVERYDAY EXTRAS *cont.*

Annual benefit limits

This is the maximum amount nib will pay, and/or the number of times you can claim, for Extras over a certain period of time. Most limits are for a calendar year. At the beginning of each calendar year, your annual benefit limits are renewed allowing you to claim benefits again. To check the annual benefit limits on your cover visit nib.com.au or ask us.

Time limits

We only pay for claims made within 2 years of the date you had the service, so don't delay.

If you're not sure what you're covered for simply check 'your policy' on nib Online Services

Other limits

nib benefits are limited to one benefit per patient, per provider, per day. If a provider performs multiple services within one consultation (like remedial massage and acupuncture), the treatment that attracts the higher benefit will be paid.

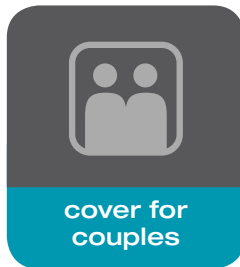
Where multiple services are performed on the same day at different times by the same provider (e.g. a morning visit followed by an afternoon visit) then only one visit or service is payable.

Going Overseas?

All nib health covers provide hospital and Extras benefits for services received in Australia only. Travel insurance that covers a wide range of benefits can be arranged by nib. See page 28.



YOUR nib HEALTH COVER



First things first. Who's covered?

Each policy has a nominated policyholder. They are legally responsible for the policy, and anything we send will be addressed to them. Anyone else who's listed on your policy is also covered.

Getting to know your health cover

It's important to know how your cover works and how you can keep your policy details up to date.

We have a range of health covers to suit your needs, wherever you are in life.

Cover for:

Singles – your nib policy covers one person only

Couples – your nib policy covers you + your partner

Families and single parent families – your nib policy is for you + your partner + all unmarried kids or students up to age 21. A family policy will also cover single parent families.

Kids studying? They're covered until they're 25

If you have dependants who are aged between 21 and 25, who are studying full time and aren't married or in a de facto relationship, they can still be covered by your policy. We call them Student Dependants. We'll send you a Student Dependant Registration Form when they turn 21, and then each year until they turn 25, so they stay covered.

Student Dependants can be added to all family policies at no extra cost provided they are studying full time. Once your dependants no longer meet the Student Dependant criteria, they'll need to take out their own nib health cover. We will waive the normal waiting periods on Extras benefits for covers that are equal to, or less than, your family's policy. Ask us for more information.

What is Partner Authority?

If you have cover for Couples, or for Families, you can choose to give your partner (currently listed on your policy) authority to operate the policy. Without

partner authority, a partner can only make claims for themselves. With partner authority they can make claims on behalf of anyone listed on the policy, including you and your children. They can also make changes, or make enquiries about:

- ✓ Policy details (address, phone)
- ✓ Level of cover
- ✓ Payment methods
- ✓ Adding people to the policy

You can give partner authority, or remove it, at any time. This information is recorded and we will confirm partner authority before giving any details or making changes requested by your partner.

Adding people to your policy

Getting married? Starting a family? Changes like these mean a change to your health cover needs. For example, if you have cover for Couples and a baby comes along, make sure your little one's covered by getting cover for Families.

If you already have a family policy when your baby comes along, you simply add your baby's name to your cover. Your baby will be covered effective from their date of birth.

Removing people from your policy

Let us know if there have been changes to who's listed on your nib policy. We'll ensure you've still got the right level of cover for your needs.

Additional nib customer cards

An nib card will be given to both you and your partner (for couples and family policies). You can request additional cards for anyone listed on your policy who is over 18 and/or living at another address.

And if you lose your nib card

Just call us on **13 14 63** and we'll arrange for a new card to be sent to you. Or, you can order your own by using nib Online Services.

! IMPORTANT INFORMATION

If you only have singles or couples cover, you'll need to upgrade to a family cover within 30 days of your baby's birth to ensure he/she is protected by your nib policy.

Make sure your new cover has benefits for pregnancy and birth-related services so that mum stays covered too!

YOUR HEALTH COVER *cont.*

Payment Methods

nib offers a range of flexible payment methods, including:

Direct Debit – Our most popular payment method. Automatic direct debit from your bank, building society or credit union cheque or savings account gives you a discount of up to 4% (discount not available on Ambulance Only cover). If you would like to change your payment method, just call us on **13 14 63**. We can do it over the phone – it's easy.

BPAY – You can use the convenience of BPAY to pay via the internet or phone banking. The nib Biller Code is 364158 and Reference Number is your customer number. These details will be displayed on your payment slip.

Credit Card Direct Debit – Automatic direct debit from your Bankcard, MasterCard, Visa, American Express or Diners Club card.

Online Credit Card Payment – Make a credit card payment at any time with nib Online Services.

nib Phone Pay – Call **1300 650 678**, 24 hours a day 7 days a week and just follow the prompts to pay using your Bankcard, MasterCard, Visa, American Express or Diners Club card.

Visit an nib Retail Centre to make your payment. Credit card and cheque payments are accepted.

Mail us your payment – send us a cheque made payable to nib health funds.

Putting your policy on hold...

To put your policy on hold at any time, just call us on **13 14 63**. We'll take you through all you need to know and discuss if this is the right option for you. You must have held an nib policy for 12 months before applying to suspend your policy. After resuming your policy, you must wait at least 12 months if you wish to apply for a subsequent suspension.

A suspension 'stops' your policy. Waiting periods served prior to suspension don't need to be re-served (pre-existing condition rules apply). Where waiting periods had not been fully served, the remainder of the waiting period must be served once you resume your policy. You can't claim for any services provided while your policy is suspended.

Going overseas?

You can suspend your policy from 2 months to 2 years. You must take out travel or equivalent health insurance for the full time you're away, to avoid re-serving any waiting periods for pre-existing conditions on your return. nib can help you with your travel insurance needs. See page 28 or call us on **13 14 63**.

Financial Hardship

If you're experiencing financial hardship, you can apply to suspend your policy for a maximum of 6 months.

...and then coming back

Within 1 month of your suspension's end date, you need to complete an application to resume your policy. If you don't, you'll need to re-join as a new customer and serve all relevant waiting periods.

If returning from overseas, your suspension ends the date you return to Australia. We'll need a copy of your stamped passport, ticket or boarding pass as proof.

If you're on Centrelink benefits, your suspension ends the day you start work, or 6 months after you put your policy on hold – whichever comes first.

! IMPORTANT INFORMATION

Any hospital admission within the first 12 months of resuming your policy is subject to nib's pre-existing condition rule. Please refer to page 45 for information or call us on **13 14 63**.

Got the right cover?

Your health care needs change as you get older, get married or start planning a family. Let us know when these important events are happening so we can help you stay on the right cover. Call us for a health cover review on **13 14 63**.

nib Online Services – it's not just for claims!

The 'customers only' area of **nib.com.au** lets you manage your nib health cover at a time and place that suits you.

Visit **nib.com.au** or call **13 14 63** to instantly register and jump the queue to:

- view your nib policy and health cover details
- update your contact details
- add and maintain your banking details
- pay your premiums by Credit Card
- view and print your payment and claims records, and order statements or a new nib card
- search for nib Agreement Private Hospitals and doctors who participate in nib's MediGap Scheme
- make claims for a wide range of Extras services including: **General dental, optical, physio, chiro, acupuncture, remedial massage... and more!**

To view the full list of Extras services you can claim online and to register, visit **nib.com.au** *it's easy.*

It's important to keep your details up to date.
Just log in to nib Online Services, or give us a call.

nib DENTAL CARE CENTRES

News to put a smile on your face.

Get 100% of any cost back for dental check-ups*

It's easy to keep your smile in top shape. If you have nib Extras cover, you could be entitled to 100% of any cost back* for dental check-ups at nib Dental Care Centres. Each check-up includes an examination, scale, clean and fluoride treatment (worth over \$130). Limits apply so make sure you check your annual limits and service limits with nib on **13 14 63**.

Comprehensive dental care services

nib Dental Care Centres offer a full range of dental treatments at competitive prices. In addition to general dentistry for things like check-ups and fillings, other services such as cosmetic and restorative dentistry, surgical dentistry and orthodontics are also available. We also have emergency appointments for accidents and toothaches.

Locations

If you live or work in or near Newcastle, Sydney, Wollongong or Melbourne you can visit an nib Dental Care Centre and save on dental treatments. For a list of locations visit nib.com.au or call **1300 345 300** for an appointment today.

nib Dental Care Centres welcome nib customers and the general public

Did you know that if you are an nib customer with Extras cover you can also access nib benefits on dental services at Pacific Smiles Dental Centres. For a list of locations visit pacificsmilesdental.com.au

To make an appointment
call **1300 345 300**

nib Dental Care Centres and Pacific Smiles Dental Centres are owned and operated by Pacific Smiles Group Limited ABN 42 103 087 449. *Payment by nib of dental benefits is subject to serving relevant waiting periods, annual limits and service limits. Check your cover at nib.com.au or call **13 14 63**. The dental check-up covers an examination, scale, clean and fluoride treatment (dentures not included). The services provided will be deducted from your annual limits and/or service limits.



nib EYE CARE CENTRES

nib eyecare
centre

Make your eyes sparkle.

Get a 20% storewide discount*

If you're an nib customer with Extras cover then you're entitled to a 20% storewide discount* at any nib Eye Care Centre. The 20% discount is redeemable on all full-priced prescription glasses, contact lenses and sunglasses.

Comprehensive eye care services

Equipped with the latest technology and staffed by qualified optical dispensers, our nib Eye Care Centres give your eyes the special treatment they deserve. We'll make your eyes sparkle with an extensive range of frames and sunglasses at competitive prices.

nib Eye Care Centres offer bulk billed^ eye tests by highly trained Optometrists. They also provide contact lens fitting appointments for those patients who prefer contact lenses to glasses.

Have perfect vision?

nib Eye Care Centres stock designer, sports and fashion sunglasses. So why not come in and treat yourself to a new look.

Locations

If you live or work in or near Sydney, Wollongong, Newcastle or the Hunter you can visit an nib Eye Care Centre and save. For a list of locations visit nib.com.au or call **1300 345 300** for an appointment today.

To make an appointment
call **1300 345 300**

nib Eye Care Centres are owned and operated by Pacific Optical Pty Limited ABN 71 121 598 963. *Optical benefits are subject to waiting periods and annual limits. Check your cover at nib.com.au or call **13 14 63**. Policyholder discount is not valid with any other offer, discount or package other than a rebate from nib health funds. ^Bulk billed eye tests are subject to Medicare limits.



Protect your family from the unexpected.

from less than
\$1 a day*

nib Value Life Insurance is an easy way to make sure your family can cope financially if the unexpected should happen to you. With no medical required, a simple online application and up to \$800,000 cover, it's easy to protect your loved ones.

The need for cover

You may have some life insurance within your super. However, most Australians are significantly underinsured[^]. The average amount of cover from superannuation is only about \$70,000[^]. Experts recommend you have cover that's 10 times your annual taxable earnings[^].

With our simple, hassle free application process, getting the life insurance cover you need is easy and affordable.

How much cover do I need?

An important thing to think about when taking out life insurance is how much cover you really need. Take a look at the easy to use Cover Calculator at nib.com.au to work out the right amount of life insurance for you.

Why choose nib Value Life Insurance?

- ✓ Affordable protection from less than \$1 a day*
- ✓ Up to \$800,000 cover available
- ✓ Simple phone or online application in minutes
- ✓ No medical tests required
- ✓ Early payments for terminal illness
- ✓ Worldwide cover 24 hours, 7 days a week

Should you already have cover, it can't hurt to compare. Either way you can get a Quick Quote by calling **1800 994 707** or visit nib.com.au

nib Value Life Insurance is issued by TOWER Australia Limited (TOWER) abn 70 050 109 470 AFSL 237848. You should read the Product Disclosure Statement (PDS) to help you decide if this product is right for you. The PDS is available at nib.com.au/valuelife or call **13 14 63**. *Cost of cover is based on the amount of cover taken, your age, gender, and smoking status. [^]Rice Walker Actuaries, Analysis of Insurance Needs, May 2005.



Protecting you against the unexpected when travelling.

As well as looking after your health care needs, nib can help protect you against the unexpected when you're travelling around Australia or overseas with nib Travel Insurance. We'll give you a free, no obligation quote, as well as the option of purchasing your travel insurance online.

With 24 hours a day, 7 days a week emergency assistance, nib Travel Insurance can provide you with cover for things like:

- ✓ 24/7 emergency assistance
- ✓ Overseas medical and dental expenses
- ✓ Some cancellation expenses
- ✓ Emergency travel and accommodation expenses
- ✓ Travel delay expenses
- ✓ Personal liability cover
- ✓ Lost or stolen passports and travel documents

Please read the PDS carefully for complete details of what is covered, and which of the Policy Sections are provided under each Plan. Importantly, please note that exclusions do apply, as well as limits to the cover.

nib health funds limited abn 83 000 124 381 AR 264268 is an authorised representative of ETI Australia Pty Ltd ABN 52 097 225 177 AFSL 245631 trading as Mondial Assistance. Travel insurance is underwritten by Allianz Australia Insurance Limited ABN 15 000 122 850 AFSL 234708 and arranged and managed by Mondial Assistance. nib acts as an agent of Mondial Assistance not as your agent. Any advice here does not take into consideration your objectives, financial situation or needs, which you should consider before acting on our recommendations. You should read and consider the Product Disclosure Statement (available at nib Retail Centres, nib.com.au or call us on **13 14 63**) before deciding whether to purchase any product. Mondial Assistance pay nib a commission, which is a percentage of your premium.

Ask for a free no obligation quote today

To find out more about nib Travel Insurance visit nib.com.au or call **13 14 63**.

Put your nib policy on hold while on holidays

Don't forget – you may want to put your nib policy on hold when you're away. See page 20 for more information, or call us on **13 14 63** to see if a temporary suspension is right for you.



FROM THE GOVERNMENT

Government initiatives that help you save.

Lifetime Health Cover



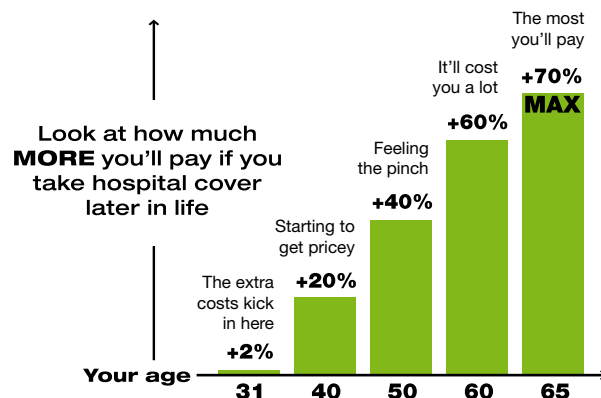
Lifetime Health Cover (LHC) is a Federal Government initiative that encourages people to join private health cover earlier in life.

Under LHC, if you join any hospital cover after 1 July following your 31st birthday, you will have to pay a 2% loading on top of the normal premiums for each year you waited before taking out private health cover. Not just with nib, but with any health fund. For example, if you wait until you're 40 you will pay 20% more than someone on the same cover who joined before they were 31. Take a look at the graph below to see why.

All hospital covers offered by nib meet LHC requirements. LHC does not apply to Extras cover.

If you were born before 1 July 1934, LHC doesn't apply to your health cover.

You'll have to add 2% to your premiums for every year after your 31st birthday that you don't have hospital cover



LHC allows for changes in your circumstances, and lets you drop your hospital cover for a cumulative total of 1094 days in your lifetime. After 1094 days absence from hospital cover, a 2% loading will be added to your premiums for every 365 days you don't have it. If you suspend your cover, this period will not be deducted from the 1094 days.

After 10 years of continuous hospital cover all loadings are waived.

Want more info? Ask us, or visit the Department of Health and Ageing website at www.health.gov.au

Federal Government Rebate



The cost of maintaining your health needs is expensive. To help ease this cost, the Federal Government Rebate

offers you a saving on the cost of your private health cover. You just have to be an Australian who is eligible for Medicare and have private health cover.

There are different levels of rebate, depending on the age of the oldest person on your nib policy.

Age of the oldest person on your policy	Federal Government Rebate
64 years or younger	30%
65 to 69	35%
70 or older	40%

If you are eligible for the 30% Rebate, this means that for every dollar you pay in premiums to nib, the Government gives you 30 cents back.

There are three ways you can claim the rebate:

- 1 Use it upfront to reduce the cost of your premiums
- 2 Claim it when you lodge your tax return
- 3 Get a cash or cheque payment from a Medicare office

Save Tax - Avoid The Medicare Levy Surcharge

If your taxable income is above the Medicare Levy Surcharge thresholds, and you do not have an appropriate level of private hospital cover, you may have to pay the Medicare Levy Surcharge. This is an additional 1% in tax (on top of the Medicare Levy we all have to pay).

The good news is you can avoid the Medicare Levy Surcharge (and pay less tax) by joining an nib health cover with a hospital excess of \$500 or less for singles, and \$1000 or less for couples/families, per calendar year.

! IMPORTANT INFORMATION

If you took out hospital cover before 24 May 2000, you'll be exempt from the surcharge regardless of the nib excess you selected, as long as you remain on your current health cover and excess level. Remember, if you do change your cover or excess level, you need to choose an excess no greater than \$500 (for singles) or \$1000 (for couples and families) per calendar year to avoid the Medicare Levy Surcharge.

If you suspend your policy for any period of time, you will not qualify for this tax break and the Medicare Levy Surcharge will apply.

If you're unsure whether your nib Health Cover meets Medicare Levy Surcharge requirements, please call us on 13 14 63.

For more information about the Medicare Levy Surcharge, visit the Department of Health and Ageing at www.health.gov.au or the Australian Taxation Office at www.ato.gov.au

PROTECTING YOU

We've got your best interests at heart.

How we're protecting your premiums

We've got your best interests at heart by taking fraudulent activities seriously. We investigate inappropriate behaviour, detect where incorrect benefits are paid, and do our best to stop it from happening again, so the majority of customers don't end up paying more.

What is Fraud?

Fraud happens when a person receives a benefit payment they aren't entitled to, or uses false and/or misleading information to claim a benefit.

The problem is that it ends up costing everyone else, usually through increased premiums, and by using up your annual benefit limits. That's bad on both counts.

For example:

- a health care provider might claim for services that weren't performed or necessary
- an nib customer might let people not listed on their policy claim for benefits or send in false receipts to make a claim

Report lost or stolen cards immediately –
Call us on 13 14 63.

What you can do

- never leave your nib card with a provider – treat it like a credit card
- report lost or stolen cards immediately by calling us on **13 14 63**
- get a receipt for all electronic claims (like HICAPS or IBA)
- **Before each service**, check that the:
 - provider is an nib recognised provider (if unsure call **13 14 63**)
 - provider is qualified (if unsure ask to see certificate of qualifications)
- **Always check your receipt.** Make sure the:
 - name of patient and date of birth is correct
 - name of provider is the provider who treated you
 - date of service is correct
 - services received match the receipt

Report any suspicious activity to:

Healthcare and Provider Management Hotline **1800 175 377** or email providers@nib.com.au

You can choose to remain anonymous. nib will support and protect the privacy of anyone who provides information.

Privacy Policy

nib is committed to protecting your privacy and any personal information we collect from you. nib has implemented measures to comply with its obligations under the Privacy Act 1988 (Cth).

Why does nib collect my personal information?

We collect your personal information primarily to enable us to provide health benefits and related services to you. nib may also use this information to promote or market its current and future health and related services to you or for any other purpose permitted under the Privacy Act 1988 (Cth). If the information you give us is not accurate or complete, we may not be able to provide you with an accurate quote, or the health or related services you request.

What personal information does nib keep?

The personal information nib holds will depend on whether you are a customer and which services you have used. Information may include:

- name, address, contact details, date of birth
- payment details
- current or past details of private health insurance, including level of cover
- claim details
- Federal Government Rebate registration details
- Medicare number
- financial institution account details
- Pension/Health Care Card numbers

- employment details
- pre-existing condition information

How does nib collect my personal information?

nib may collect personal information directly from you when:

- you complete an application form to become an nib customer
- you request information concerning nib's services in person, phone or online
- you lodge a claim

In addition to collecting personal information directly from you, nib may collect personal information from other nib companies or health service providers including health insurers, government agencies, private and public hospitals, and doctors and medical specialists.

How does nib use my information?

nib uses your personal information in accordance with the National Privacy Principles. The information we collect is used to:

- provide you with health and related services
- determine your eligibility to receive an nib health or related service
- promote and market nib's current and future health and related services
- promote and market existing and future other co-branded products and services
- conduct research (including but not limited to customer surveys) concerning nib's current and future health and related services

(nib Privacy Policy continued next page)

PROTECTING YOU *cont.*

If nib uses your personal information for direct marketing or research purposes it will do so in accordance with the Privacy Act 1988 (Cth) and any correspondence sent to you will give you the opportunity to 'opt out' of receiving any further marketing or research correspondence.

Will my personal information be given to anyone else?

In providing you nib's health and related services, nib may be required to disclose your personal information to:

- other nib companies
- health service providers including health insurers, government agencies, private and public hospitals, and doctors and medical specialists
- nib's contractors and service providers performing services including (but not limited to) marketing, market research, mail-house services, and product development services
- nib's existing and future strategic partners in respect of co-branded products and services

nib may also be required to disclose your personal information to other individuals on your nib policy. At the time of joining nib, the policyholder (i.e. the person applying for the policy) authorises nib to share information with other individuals on the nib policy. This means we may make the customer aware of, for example, the details of all benefits and services claimed on the policy.

nib will not disclose your personal information to anyone, other than as above, unless:

- you authorise nib to do so
- your safety or the safety of others in the community is at risk, or
- nib is required or permitted by law

How do I obtain access to my personal information?

You have a right to access your personal information. You may request details of your personal information by contacting nib's Privacy Officer on **13 14 63** or at privacyofficer@nib.com.au

Is my personal information accurate? Can it be corrected?

The accuracy of your personal information is important to us. nib will take reasonable steps to ensure your personal information is accurate, complete and up to date. If your personal information has recently changed or you believe that any personal information nib holds about you is not accurate, complete or up to date, please contact nib's Customer Care Centre on **13 14 63** or privacyofficer@nib.com.au

Is my personal information secure?

nib takes all reasonable steps to ensure your personal information is kept secure. nib only permits its authorised personnel to access your personal information.

Need more information?

For further information regarding this Privacy Policy or any other steps nib has taken to protect your personal information or privacy, please contact nib's Privacy Officer on **13 14 63** or at privacyofficer@nib.com.au

Changes to this Privacy Policy: nib reserves the right to change this Privacy Policy from time to time. This Privacy Policy was last updated June 2009.



THE FINE PRINT

Yeah, we know it's boring, but it's nice to know the details are here if you need them.

Principle rules and by-laws

- You can't have the same type of health cover with more than one health fund (e.g. you can't have a Hospital and Extras package with 2 health funds). But you can have hospital only cover with one health fund and Extras only cover with another
- Benefits will only be paid for claims which meet nib criteria
- nib reserves the right to recover any money paid in error or obtained fraudulently, or by any other means contrary to nib's rules
- Your customer number needs to be quoted on all claims – you'll find it on the front of your nib card
- Benefits are only paid if the claim is made within 2 years of when you received the service or treatment
- Customers will not be paid any benefits if they are not financial. nib policies are unfinancial if premiums are in arrears. nib may cancel policies that are more than 2 months in arrears
- We believe it's important you and your family have the right cover. So, if you change your mind, just call us within 30 days of starting your cover. We will transfer you to another cover of your choice, or refund your premiums at your request, provided you have not made any claims

Benefits are not payable for:

- policy applications or claims where false or inaccurate information is supplied
- services by providers not registered with nib
- services where a customer is eligible to receive benefits from workers' compensation or a third party
- services given to customers of a provider's family, or to a provider's business partner and family. This also applies to people not independent from the provider's practice (e.g. employees)
- services like examinations for life insurance, health certificates, mass immunisation, health screens and other expenses incurred for services required by employers

Direct debit service agreement

nib's commitment to you:

- nib will give you at least 14 days notice in writing if there are changes to the details of your debit
- Any information about your account will remain confidential, except where required to complete direct debits with your financial institution
- When the due date is not a business day, nib will debit your account on the first working day after the due date

Your commitment to us. It is your responsibility to:

- ensure your nominated account can accept direct debits
- ensure there are enough funds available in your account to make the payment on the due date
- tell us if your account details change, or if the account is transferred or closed
- arrange a different payment method if nib cancels the debit arrangements
- ensure all account holders of the nominated account sign the Direct Debit Request
- tell us your new credit card expiry date

Your rights

You can change the debit arrangements in line with the terms and conditions of your nib policy. You must tell us at least 7 working days before the next due date for any of the following:

- stopping a payment
- deferring a payment
- suspending any future payments
- altering the Direct Debit nominated account details
- cancelling the debit arrangement

Also, you may cancel, stop or dispute a drawing with your financial institution.

Enquiries and Disputes

If you have any enquiries about your direct debit, or if you believe a debit has been made incorrectly, please contact us immediately. Call the nib Customer Care Centre on **13 14 63** or write to:

nib health funds
Reply Paid 62208,
Locked Bag 2010,
Newcastle NSW 2300

If you are not happy with nib's response you can write to the nib Customer Service Team at the above address.

Other information:

- nib reserves the right to determine how you give instructions to stop or alter your direct debit details (e.g. written, verbal or electronic)
- nib reserves the right to cancel direct debit arrangements if your financial institution dishonours debits, and to arrange a different payment method with you

(Direct Debit continued next page)

*Direct Debit. It's easy, it's automatic and you'll save up to 4%
(discount excludes direct debit from a credit card account and
Ambulance Only cover)*

THE FINE PRINT *cont.*

- the details of your direct debit arrangement are contained in your Direct Debit Request. nib will rely on those details to process your payments until you tell us otherwise
- not all accounts held with a financial institution are available to be drawn on under the Bulk Electronic Clearing System, ask your financial institution if you are unsure whether your account can accept direct debits
- before you complete your Direct Debit Request, it is best to check account details against a recent statement from your financial institution to ensure the details on your Direct Debit Request is completed correctly. Ask your financial institution if you are unsure about your account details
- please enquire of your financial institution, if you are uncertain when your financial institution processes an amount we draw under your Direct Debit Request on a day which is not a business day

nib card conditions of use

By using your nib card, you agree:

- to be bound by the by-laws and rules of nib, including any changes we make to these rules in the future
- to tell us if any information on your card is incorrect
- to show additional ID if requested by a provider
- to use your card to claim for services used to treat you or someone listed on your card
- to tell us if you are claiming for treatment where you can claim for any compensation from another party (e.g. workers' compensation, third party insurance)
- that your nib card does not confirm that you are a financial customer
- that your customer details must be confirmed by nib before we can pay any claims
- to let nib share information with other people listed on the nib policy. This means we may make other customers aware, for example, of some benefits and services claimed on the policy

More important info about your nib card:

- your card is not transferable
- don't leave your card with any provider or other party
- your card is the property of nib – you must return it if asked
- you must return or destroy your card if your nib policy is cancelled
- you must tell us immediately if you lose your card or if it is stolen



...something to think about when you use your card.

WE'RE HERE TO HELP YOU


Any questions? More info? Call us for a chat.


Whether you call, contact us online or visit an nib Retail Centre, you can look forward to genuine service. This is because like you, the people who work at nib are nib customers too. They understand the importance of providing excellent service, and how to get value from your nib Health Cover.

We also know that your feedback can help improve the quality of our service.


Tell us what you think. What we're doing well, and what we could be doing better. Ideas, compliments, complaints, we don't mind. If you're honest with us, we'll get the message.


You can:

 call us on **13 14 63**
Monday to Friday 8am – 8.30pm (AEST)
Saturday 8am – 1pm (AEST)

 Go to **nib.com.au**
24 hours, 7 days

 email **nib@nib.com.au**

 visit an nib Retail Centre and speak to one of our retail consultants

 fax us on **(02) 4925 1900**

nib has a process for dealing with complaints to ensure you're heard.

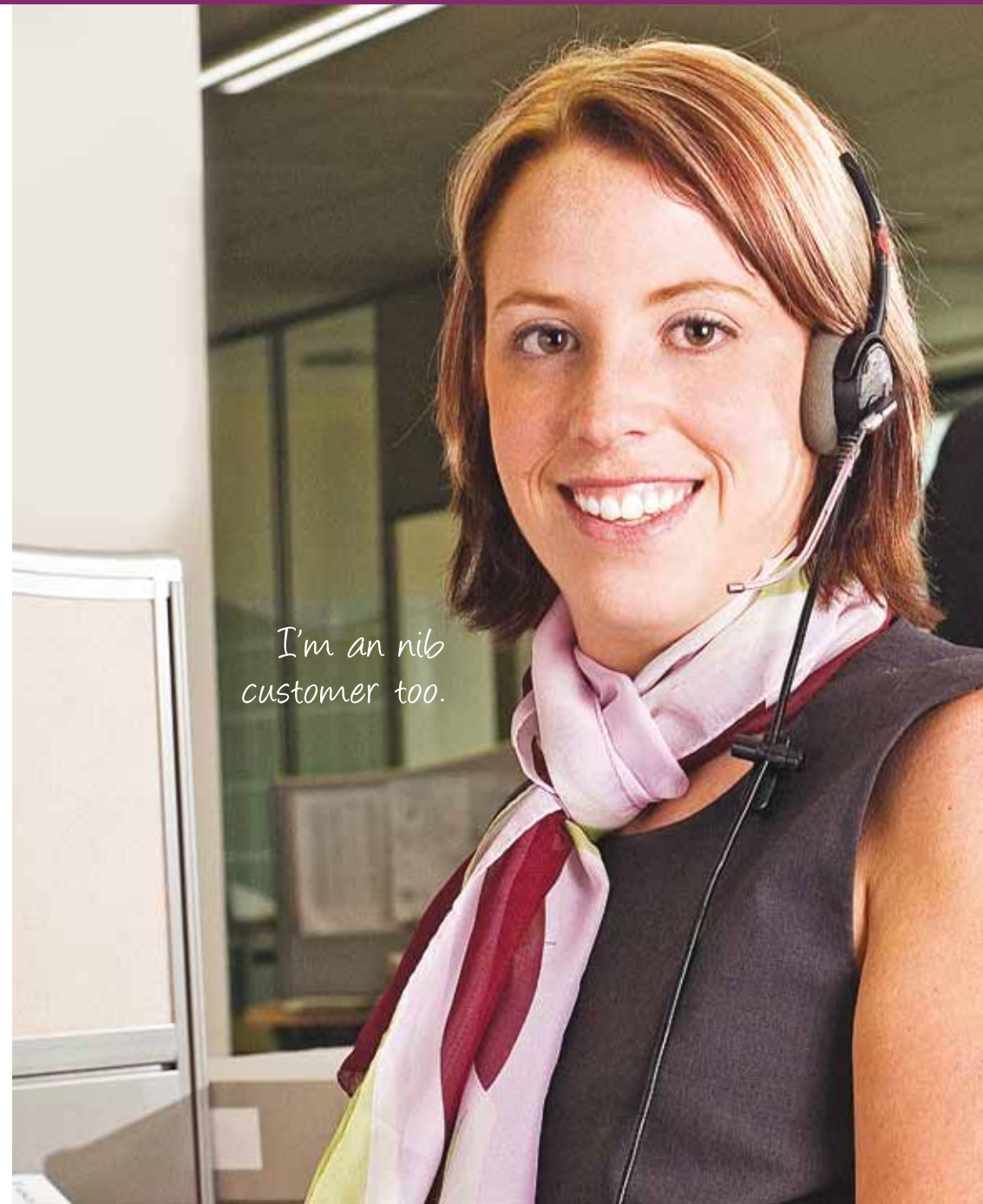
Call us on **13 14 63**, or if you prefer, write to the nib Customer Service Team:

Reply Paid 62208
Locked Bag 2010
Newcastle NSW 2300
Fax: **(02) 4925 1922**

nib will make every possible effort to resolve your complaint to your satisfaction. In the event that you are not satisfied with the outcome of your complaint, you can contact the Private Health Insurance Ombudsman (PHIO):

Phone: **1800 640 695**
Email: **info@phio.org.au**
Mail: **Level 7, 362 Kent Street,**
Sydney NSW 2000

For more information about PHIO visit **phio.org.au**



I'm an nib customer too.

GLOSSARY

Accident (relating to nib hospital cover)

An accident, in relation to nib hospital cover, is an event leading to bodily injury caused solely and directly by violent, accidental, external and visible means and resulting solely, directly and independently of any other cause.

If you're in an accident, you and the attending doctor in hospital must complete an Accident Form (available from nib).

For customers with Basic Saver, Basic Plus, Mid Plus, Family Plus, Family Basic Saver, or Young at Heart Mid: if you have an accident, you'll be covered for hospital services normally excluded or restricted on your health cover, provided you have been formally admitted as an inpatient and the services are undertaken during the first admission to hospital. This admission must be within 24 hours of the accident's occurrence.

For any subsequent admissions resulting from the accident, exclusions or restrictions under your cover will apply.

Accommodation

Includes the hospital bed, patient meals and nursing care in a hospital. It doesn't include treatment by health professionals such as doctors.

Admission

To get treatment for an illness or condition as a private patient in a registered public, private or day hospital you must be admitted by a medical practitioner. Treatment in the emergency room of a private hospital is not an admission.

Annual benefit limits

This is the maximum amount nib will pay, and/or the number of times you can claim, for each Extras service over a certain period of time. Most limits are for a calendar year. At the

beginning of each calendar year, your annual benefit limits are renewed allowing you to claim again.

Benefit

Benefits are the dollar amount nib pays when you make a claim for an item or service covered by your nib health cover. How much you get depends on the type of cover you have, what your doctor, hospital or provider charges and your choice of doctor, hospital or provider.

Benefit Limitations

Some nib covers require a customer (who is new to private health cover) to be with nib for a period of 24 months before certain hospital services are included as part of their cover. During the first 24 months of cover, (but after standard hospital waiting periods have been served) benefits payable for these services will be limited to Public Hospital Benefits only.

Calendar year

January 1 to December 31.

Excess

The amount you agree to pay towards a hospital stay. The excess must be paid before nib will pay a benefit.

Exclusions

Some procedures are excluded from some hospital covers – which means you won't be covered in a public or private hospital and won't receive a benefit from nib for that procedure. Always check with nib before you go to hospital to find out if you've got the cover you need.

Extras

Extras are the out of hospital services included in your nib health cover. Depending on your health cover, these include things like dental, physio, chiro, glasses and frames, remedial massage, acupuncture and natural therapies.

Gap

The Federal Government has a schedule of fees for medical services, called the Medicare Benefits Schedule (MBS). Using the MBS, Medicare pays 75% of the fee for a medical service provided in hospital to a privately insured patient and nib covers the remaining 25%, provided the procedure is not excluded on your cover. If Medicare does not pay a benefit an nib benefit is not payable. The 'gap' occurs when doctors and specialists charge more than the MBS, leaving you with an out of pocket expense.

Home nursing

Services provided by a registered general trained nurse in private practice for the treatment of illness, disease, incapacity or disability when the patient is totally dependant on nursing care. Does not include services such as Mothercraft, Tresillian or Karitane nursing or a nurse-housekeeper during recovery after illness.

Informed Financial Consent

Informed Financial Consent is where a patient is told in writing about, and consents to, the cost of hospital treatment before being provided with that treatment. The patient should be informed of the cost of treatment before they are admitted to hospital to enable informed financial consent to be given.

In-patient

A patient receiving treatment that requires a stay in hospital, admitted for the day or overnight. Treatment received in an emergency ward of a hospital without a formal admission does not qualify the patient as an in-patient.

Medicare Benefits Schedule Fee (MBS)

The MBS is the amount set by the Federal Government for the purpose of paying Medicare benefits. Medicare will pay 75% of

the MBS for medical services rendered for hospital in-patient services. nib will pay the other 25%, provided the procedure is not excluded on your cover. If Medicare does not pay a benefit an nib benefit is not payable. If your doctor/specialist does not use the nib MediGap Scheme, you will have to pay the amount by which your doctor's charges exceed the schedule fee, known as the 'gap.' See page 8.

nib Agreement Private Hospital

An nib agreement private hospital is a private hospital that has negotiated charge agreements with nib. Subject to your type of cover, this provides for in-patient accommodation fees including bed fees, theatre and labour ward, intensive and coronary care. Customers who are treated at a hospital other than an nib agreement private hospital will incur out of pocket expenses for most hospital related services. Before receiving hospital treatment call **13 14 63** to confirm your benefit entitlements.

nib customer

nib customers are all persons covered under your nib policy.

nib policy

The relationship between a customer and nib once nib health cover is taken out is called an nib policy.

nib recognised provider

For nib benefits to be paid for Extras, services must be provided by nib recognised providers. This means they must be in private practice and must also have professional qualifications that are recognised by nib. Customers should contact nib before undergoing any treatment to ensure their provider is recognised by nib and that they are entitled to receive a benefit if making a claim.

(nib recognised provider continued next page)

GLOSSARY *cont.*

nib encourages providers to offer high-quality products and services at competitive prices to customers. nib neither takes nor assumes any responsibility for the product and/or service provided. Customers should rely on their own enquiries and seek any assurance or warranties directly from the provider.

Nursing Home Type Benefit

A Nursing Home Type Benefit is a benefit set by the Federal Government for a patient who is in hospital, but not in need of acute hospital care, while awaiting a nursing home placement. Where a customer is classified as a nursing home type patient they will be required to contribute a daily co-payment towards the cost of their hospital stay (co-payments are also determined by the Federal Government). See page 7 for information about continuous hospitalisation.

Out of pocket expenses

Some charges and fees aren't covered by nib. For example, nib won't pay for medical fees above the MBS fee (where doctors don't participate in nib MediGap), any hospital excess, or some personal and take home items like toiletries, newspapers and STD and mobile phone calls provided in hospital. These are billed to you by your doctors and the hospital. nib can tell you what you are covered for, but you should ask your hospital and your doctors what your out of pocket expenses might be.

Out-patient

Patients that don't require admission or an overnight stay in a hospital are out-patients.

Paramedical services

Paramedical services are services received in hospital including pharmacy, physiotherapy, hydrotherapy and occupational therapy.

Partner

A partner (or spouse) means a person who lives with a policyholder in a marital or de-facto relationship.

Partner authority

The policyholder has the option of giving their partner, as nominated on the policy application, authority to operate the policy. This lets the partner make claims on behalf of all people on the policy, and make some changes to or make enquiries about the policy. Without partner authority a partner can only make claims for themselves.

Pharmaceutical Benefits Scheme (PBS)

Many medicines cost much more than the price you pay – but the Federal Government pays most of it for you. The Government does this through the PBS. It's available to Australian residents and eligible visitors from countries with reciprocal arrangements with Australia. For more information about the PBS visit health.gov.au

Pharmaceutical Prescriptions (relating to nib Extras benefits)

nib will pay a Pharmaceutical Prescriptions benefit once the maximum PBS charge has been deducted and the drug is:

- dispensed by registered pharmacy in private practice or a doctor
- only available on prescription, and
- listed on the Australian Register of Therapeutic Goods (ARTG), and
- published within the MIMS Schedule as S4 or S8, and
- not listed in the Schedule of Pharmaceutical Benefits Scheme (PBS)

The amount customers will be paid will depend on their cover.

For compound drugs, all components must be listed on the ARTG and published within the MIMS Schedule as S4 or S8 OR the Poisons Schedule and be non-PBS

A Pharmaceutical Prescriptions benefit will not be paid if the drug is:

- a prescription dispensed to hospital inpatients
- listed as a contraceptive
- available over the counter, even when prescribed

Policyholder

The person who first applied for the policy is known as the policyholder and in whose name the nib policy is taken out. All correspondence relating to your nib policy is addressed to the policyholder.

Pre-existing condition

A pre-existing condition is where the signs or symptoms of an illness or condition were evident (whether or not diagnosed by a doctor) at any time during the 6 months prior to joining a health fund, or upgrading to a higher level of cover.

Premiums

Premiums are the payments an nib customer is required to make to nib.

Private Practice

A practice (whether sole, partnership or group) which receives its entire income from the fees charged to its patients without subsidy or funding from any public sector body.

Prostheses

A prosthesis is a surgically implanted item like an artificial knee or hip joint. Some government approved, surgically implanted prosthetic items are on a 'no gap' list, while others are not fully covered and you may have an out of pocket expense. nib recommends

you contact your hospital or doctor to discuss your options prior to seeking any treatment involving a prosthesis.

Provider

A professional or organisation that provides a health service, like hospitals, doctors, dentists, acupuncturists and others.

Public Hospital Benefit

The amount of benefit payable to a customer, determined by the Federal Government as the minimum amount health funds must pay for accommodation costs. Public Hospital Benefits will cover you in a shared ward of a public hospital but are nowhere near sufficient for hospital services in a private room of a public hospital (generally around 50% of the cost) or for hospital services in a private hospital (generally between 5% and 30% of the cost). Public Hospital Benefits do not provide any benefits for labour wards or theatre fees and some other services in a private hospital. Public Hospital Benefits vary by State, the type of hospital and type of treatment provided. Call nib if you would like to know the benefits that may apply to your treatment.

Restrictions

Some nib hospital covers have procedures that are restricted – that means nib will only pay a Public Hospital Benefit. You will incur considerable out of pocket expenses if you choose to be treated for a restricted procedure in a private room of a public hospital or in a private hospital.

Waiting period

The time you have to be in your level of health cover before nib will pay benefits for services included on your nib health cover.

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