



MEMBERSHIP GUIDE

Effective 1 October 2023

nmhealth.com.au

**NURSES
MIDWIVES
HEALTH**

Caring for the carers

Welcome to Nurses & Midwives Health

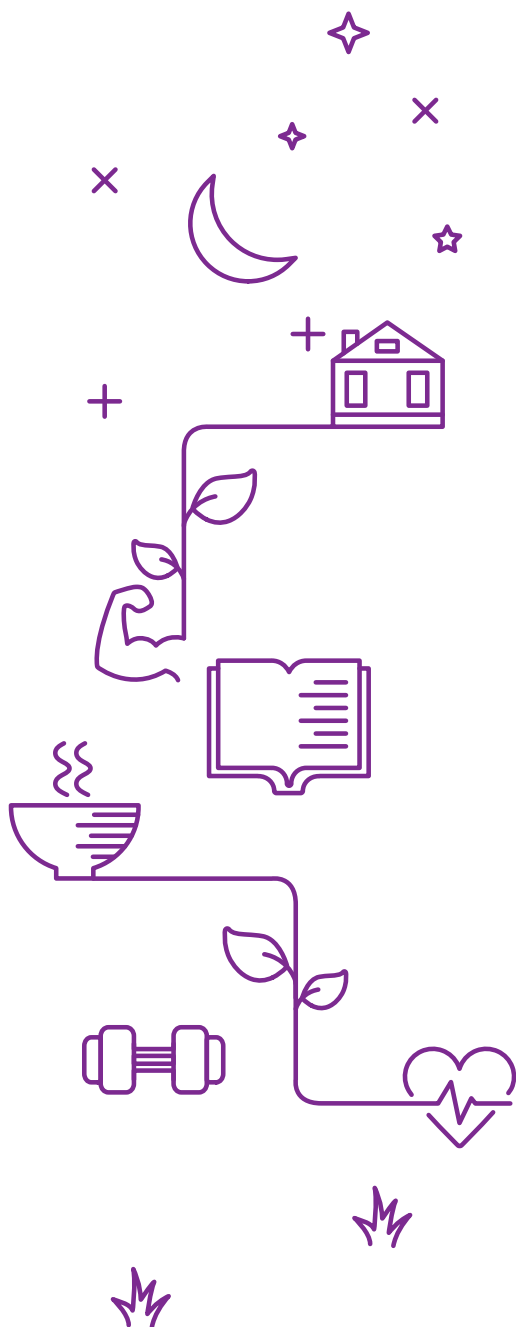
Congratulations on a great decision and welcome to the Nurses & Midwives Health family!

Whether you've got Hospital or Extras cover (or both), this guide will help you get the most from your membership.

It provides an overview of what's covered, how your cover works, how to claim, how to update your membership, important legal stuff and the additional perks of being a Nurses & Midwives Health member.

Read this guide in conjunction with your Product Sheet(s), which provides specific information about your level of cover, and retain both for future reference.

For more detailed info on using your cover and managing your membership, check out our frequently asked questions: nmhealth.com.au/faqs



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Robynne,
Nurses & Midwives Health member



Caring for the carers

Nurses & Midwives Health is proud to offer health insurance for nurses, midwives and their families.

We know your work – and all the pressures that come with it. You often put the needs of others before your own.

So, it's more important than ever that your health insurance works hard to look after you.

As a not-for-profit, we focus on what matters most – supporting the health and wellbeing of our members, not delivering pay-outs to shareholders.

Read on to find out how.



Andrew,
Nurses & Midwives Health
member



Hospital cover

Why it matters

Hospital stays can be expensive. First, you've got the accommodation charge which includes your bed, room, and food. Then, you've got theatre fees which cover things like the operating theatre, nurses, machines and equipment. And there's your medical costs to pay for doctors and anaesthetists.

Without Hospital cover, the bills can run into tens of thousands of dollars (and few of us have that sort of money handy).

That's where Nurses & Midwives Health Hospital cover comes in, giving you more choice and control over your health.

What's covered

These are brief summaries of our Hospital cover options. It's really important you know what you're paying for so, for more detail visit nmhealth.com.au/hospitals

Top Hospital GOLD



Top Hospital (Gold) is (unsurprisingly) our highest level of Hospital cover. It includes big ticket items like pregnancy and birth, heart procedures and hip or knee joint replacements – with no exclusions or restrictions (except for services not covered by Medicare). The excess options are: \$0, \$300 or \$500.

Basic Hospital BASIC PLUS



Basic Hospital (Basic Plus) is designed for those looking for a more affordable option, but want to be able to choose their doctor. It provides access to a private hospital for a few services, and a public hospital for many more (on restricted cover). The Basic Hospital excess is \$300.

Mid Classic SILVER PLUS



Mid Classic (Silver Plus) includes many of the services available on Top Hospital (Gold). To lower the cost there are a few things that can't be claimed for, like pregnancy and birth, joint replacements, and weight loss surgery. The excess options are \$300 or \$500.

StarterPak (Hospital) BASIC PLUS



StarterPak (Basic Plus) is our entry-level Hospital cover that provides choice of doctor, a few services in a private hospital and many more in a public hospital (on restricted cover). There are a few services that aren't covered. There's no excess for a hospital admission on StarterPak.

Mid Hospital BASIC PLUS



Mid Hospital (Basic Plus) doesn't exclude any services (except for those not covered by Medicare) – instead it provides restricted (or limited) cover for expensive things like pregnancy and birth and joint replacements. The excess options are \$300 or \$500.

StarterPak also includes the most commonly used Extras to help you proactively manage your health.

Hospital cover

How it works

Here are some key terms:

Product tiers

The terms Gold, Silver, Bronze and Basic tell you which Hospital insurance tier the cover sits in. The tiers were introduced by the government to make it easier to compare cover. If we've added a 'Plus', the cover includes more than the minimum services that have to be in that tier – sometimes a lot more, so don't be put off by the fact there are a few Basic Plus options.

Clinical categories

Your Hospital Product Sheet lists all the categories (groups of hospital treatments) that health funds can include in their Hospital cover. Look at the 'Hospital Services' table to see which categories you're covered for.

You can access this info online anytime via

nmhealth.com.au/hospital

Medical (specialist doctor) costs

Medicare sets fees for in-hospital (inpatient) hospital treatment on the Medicare Benefits Schedule (MBS). Together with Medicare, we'll cover the MBS fee. If a doctor charges you more than the MBS fee, you'll have out-of-pocket costs or a 'gap'.

Always check with your doctor to see if there'll be any additional charges before you receive treatment.

Access Gap Cover

Access Gap is a billing scheme that can help you minimise, or avoid, out-of-pocket costs for in-hospital (inpatient) specialist treatment.

It's available to members who are planning treatment that's 'covered' or 'restricted' on their Hospital Product Sheet.

For more info or to check which specialists have treated other patients under the Access Gap scheme, visit

nmhealth.com.au/agc

Covered services

- **We pay** – accommodation, operating theatre and medical costs up to the MBS fee (see Medical (specialist doctor) costs).
- **You pay** – any excess on your cover and any charges above the MBS fee.

Restricted services

In a public hospital:

- **We pay** – accommodation (up to the government fee for a shared room)
- **You pay** – any excess on your cover and the balance of your accommodation costs.

In a private hospital:

- **We pay** – accommodation (up to the government fee for a shared room).
- **You pay** – any excess on your cover, the balance of your accommodation costs, and any other costs involved in your hospital stay.

Excluded services

- **We pay** – nothing.
- **You pay** – the whole cost.

Agreement Private Hospitals

An agreement hospital is a private hospital that we have a contract with. These agreements ensure your inpatient hospital charges are covered (depending on your level of cover).

If a hospital doesn't have an agreement with us, you may have significant out-of-pocket costs.

Search agreement hospitals at

nmhealth.com.au/hospitals

Hospital cover

How it works

Waiting periods

To keep health insurance fair for everyone, you may need to wait for a while before you can claim. Waiting periods may apply if you're new to private health insurance, or if you upgrade to a higher level of cover (with us or when you switch from another fund).

If you leave another health fund, you need to join us within 60 days to avoid re-serving any applicable waiting periods.

Waiting periods won't apply if you switch from another fund to the same (or a lower) level of cover with us, and you've already served the waiting periods at your previous funds.

Hospital waiting periods

Pre-existing conditions	12 months
Pregnancy and birth	9 months
Hospital psychiatric services, Rehabilitation, Palliative care	2 months
All other hospital services	2 months
Emergency ambulance transport	1 day
Non-emergency ambulance transport	1 day

Pre-existing conditions

A pre-existing condition is an illness, ailment or condition where the signs or symptoms existed at any time during the six months before you got your Hospital cover or transferred to a higher level of cover.

Where relevant, we appoint a medical practitioner to determine whether you have a pre-existing condition, based on information provided by your treating doctor and specialist. If you claim within the 12-month waiting period and your condition is deemed pre-existing, it may affect whether you're covered. For more info see nmhealth.com.au/pec

Accidents

Under StarterPak, accidents (unintentional injuries) may be covered if the injury:

- Occurs after joining Nurses & Midwives Health
- Occurs in Australia
- Requires treatment by a recognised medical practitioner or dentist within 7 days of the accident.

If you meet these criteria, you may be able to claim for initial in-patient hospital treatment for the injury, and ongoing treatment within 180 days of the accident.

Excess

The excess (see below) is an agreed amount you pay directly to the hospital when you're admitted. The excess is payable once per person, per calendar year (if you claim for a hospital admission that year). Choosing a higher excess can keep your membership costs down.

TOP HOSPITAL (GOLD)	No excess
TOP HOSPITAL 300 (GOLD)	\$300
TOP HOSPITAL 500 (GOLD)	\$500
MID CLASSIC 300 (SILVER PLUS)	\$300
MID CLASSIC 500 (SILVER PLUS)	\$500
MID HOSPITAL 300 (BASIC PLUS)	\$300
MID HOSPITAL 500 (BASIC PLUS)	\$500
BASIC HOSPITAL (BASIC PLUS)	\$300
STARTERPAK (BASIC PLUS)	No excess

Ambulance

All Nurses & Midwives Health Hospital and/or Extras cover includes emergency ambulance transport provided by a state government service (including state government air ambulance). For more on what's covered, see Emergency ambulance cover (p.14).

Hospital claim

Hospital bills

Your hospital bill should come straight to us. If it comes to you instead, you can submit the bill and a completed claim form to us via:

- **App:** nmhealth.com.au/app
- **Email:** submitclaim@nmhealth.com.au
- **Post:** GPO Box 9812, Sydney NSW 2001



Doctor and specialist bills

This one depends whether you were treated under the Access Gap Cover scheme:

Access Gap

The big bill(s) should come to us. If you get any, forward them to us at: GPO Box 9812, Sydney NSW 2001. If you have a known gap with a specialist, they'll bill you directly for that part.

No Access Gap?

Complete and submit a *two-way claim form* to Medicare. Once they've processed it, they'll send it to us so we can do our bit. Download the form via nmhealth.com.au/forms

Going to hospital?

Before signing any paperwork, be sure to call us on **1300 344 000** so we can confirm what you're covered for, and alert you to any potential out-of-pocket charges for your procedure. For detailed info on preparing for a hospital admission, visit nmhealth.com.au/going-to-hospital



Things you can't claim for include:

- Services not covered by Medicare (e.g. cosmetic or laser eye surgery)
- Treatment in a doctor's room (i.e. outpatient services)
- Specialist appointments (including scans and, blood tests)
- Prostheses in excess of approved benefits in the government's Prostheses List
- Non-medical items (e.g. wifi/internet, parking etc.)
- Discharge medication
- Services received while your membership is suspended or not paid up-to-date
- Services for which you can claim from a third party (i.e. compensation)
- Overseas hospital treatment
- Services not included on your cover

The above list isn't exhaustive, so be sure to call us before you go to hospital (see Going to hospital?).

Extras cover

Why it matters

Extras cover is designed to help with the cost of everyday healthcare. Dental is a big one, given Medicare doesn't generally cover routine care/checks let alone more extensive treatment. Optical is similar – while eye tests are routinely bulk-billed, glasses or contact lenses aren't.

Other key Extras benefits can help you take care of body (think physio, chiro and remedial massage) and mind (e.g. psychology).

What's covered?

These are brief summaries. For more detail, visit nmhealth.com.au/extras

Top Extras



Top Extras is our top level of Extras cover. That means higher benefits and/or limits on things our members use the most, like dental, optical and physio. Your limits for major dental treatment will even go up for the first 6 years you stay with us (provided you maintain continuous Top Extras cover).

Essential Extras



Essential Extras covers things Nurses & Midwives Health members use the most, like dental, optical and physio, plus a range of other services, including psychology and podiatry.

StarterPak



Not only does it provide basic Hospital cover, StarterPak includes the most commonly used Extras to help you proactively manage your health.



Linda & Andrew,
Nurses & Midwives Health members



Extras cover

Why it matters

Limits

A limit is the amount you can claim over a set period of time, per person or per family. Most, but not all, Extras services have annual limits (per calendar year). Some Extras also have sub-limits within the annual limit (i.e. the maximum you can claim per year for a specific sub-category of that service). You can check your remaining limits anytime via the member app or Online Member Services.

Recognised providers

We can only pay for services from professional medical providers who are qualified and registered. Thankfully most providers are, but do check with them before making an appointment.

To use our provider search tool, go to **nmhealth.com.au/extras-providers**

Pharmaceuticals

You may be able to claim towards medication that's prescribed by a doctor but isn't already subsidised by the government's Pharmaceutical Benefit Scheme. The medication must be approved by the Therapeutic Goods Association though.

Healthy Lifestyle

This benefit can help members with health conditions access programs and services to help them manage or improve their condition. To claim, you may need to submit a form (signed by a relevant health practitioner). See more at **nmhealth.com.au/healthy-lifestyle**

Waiting periods

To keep health insurance fair for everyone, you may need to wait for a while before you can claim. Waiting periods may apply if you're new to private health insurance, or if you upgrade to a higher level of cover (with us or when you switch from another fund).

If you leave another health fund, you need to join us within 60 days to avoid re-serving any applicable waiting periods.

Waiting periods won't apply if you switch from another fund to the same (or a lower) level of cover with us, and you've already served the waiting periods at your previous fund.

Extras waiting periods

Wheelchair purchase	24 months
Major dental, Orthodontia, Aids & appliances	12 months
Optical, Healthy lifestyle	6 months
All other services	2 months
Emergency ambulance transport	1 day

Aids and appliances

The Artificial Aids & Appliances benefit covers a wide range of items, from blood pressure monitors and hearings aids to wheelchairs and wigs. As above, you may need to submit a form with your claim. For more info, visit **nmhealth.com.au/aids-appliances**

Ambulance

All Nurses & Midwives Health Hospital and/or Extras cover includes emergency ambulance transport provided by a state government service (including state government air ambulance). For more on what's covered, see Emergency ambulance cover (p.14).

What we won't pay for

Things you can't claim for include:

- Two services from the same provider on the same day
- Services provided by an immediate family member (who is on your membership)
- Services from an unrecognised provider
- Claims more than two years old
- Services you haven't been charged for (e.g. using a gift voucher for a massage)
- Claims without official receipts. For more on this, see nmhealth.com.au/receipts
- Services where third party benefits are payable (i.e. compensation)
- Services received while your membership is suspended or not paid up-to-date
- Services not included in your cover
- Services for which you're serving waiting periods
- Services or goods purchased overseas
- DIY dentistry (e.g. teeth whitening kits, orthodontic aligners and occlusal splints).

This is not an exhaustive list and additional exclusions may apply based on the Fund Rules.

Extras claims

On the spot

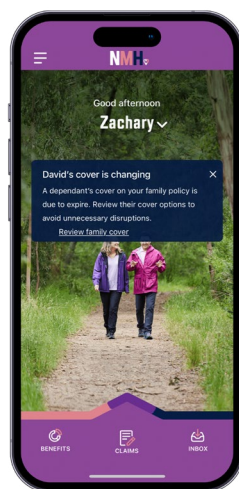
Where available, your membership card can be swiped through a HICAPS machine and your claim will be processed automatically. All you have to do is pay any balance.

Member app

If you haven't already done so, download the Nurses & Midwives Health app from the [App Store](#) or [Google Play](#). Then just take a photo of your receipt and submit your claim. Done!

Email or post

Prefer to fill in a claim form and attach your receipts? That's fine, but please note your claim will likely take longer to process.



Emergency Ambulance cover

Why it matters

During an emergency you don't want to be worrying about the cost of an ambulance.

If you **don't already have Hospital or Extras cover** with us, standalone emergency ambulance cover may be right for you.

It *does* cover emergency ambulance transport with state government services.

It *doesn't* cover transport between:

- Hospitals
- Hospital and a nursing home
- Hospital and specialist/diagnostic centres.

Or to/from hospital for:

- Day treatment
- Management of an ongoing health condition.

Emergency Ambulance has a waiting period of one day.

Cover	Yearly limit per person	Yearly limit per family
Emergency ambulance	\$6,000	\$12,000

Note: QLD and TAS residents may be covered under their state scheme for emergency ambulance services. For more see ambulance.qld.gov.au or dhhs.tas.gov.au.



Updating your details

Here's the section with all you need to know about keeping your membership up-to-date and other important private health insurance info.

Remember, we're here for you. So, if you've got any questions, just get in touch.



Membership changes

Had a baby? Child finishing uni? Moved house? Changed your email address?

It's important to keep your membership up-to-date after life's inevitable changes. Here's what to do in some common scenarios:

Families

New baby

A new addition? Let us know about your bundle of joy within 12 months of their birth and we'll add them to your family cover (at no additional cost), so they don't have to wait to claim.

Children under 21

Once you add your kids to your membership, they're covered until their 21st birthday.

Children 21–31

1. Studying full-time (and single)?

If they're a full-time student (trainee, apprentice, intern or cadet) and aren't married or de-facto, they can remain on your family cover at no additional cost. We'll contact you each year (until they turn 32) to ask you to confirm their situation hasn't changed.

2. Not studying full-time (and single)?

They can be on your membership, at an additional cost, via Extended Family Cover, provided they aren't married/de-facto.

3. Coupled-up or turning 32

If they get married or have a partner, or are turning 32, it's time for your child to get their own membership. We can help them find cover that's right for them (follow the link below for more on this).

nmhealth.com.au/dependants

Single parent?

If you've become a single parent, we can change your membership to reflect this. Get in touch via: nmhealth.com.au/contact-us

Authorising a partner/back-up person

If you'd like to enable a partner, relative or friend to manage your membership as well, all you need to do is complete and submit an Authority form. The authorised person won't be able to remove you from the membership, or cancel it, and you can withdraw their authorisation anytime. See more: nmhealth.com.au/authority

Details changed?

Please update your details if you move house, change your phone number, email address or bank details.

You can do all of this through Online Member Services (and via the member app). For details on all the above, go to nmhealth.com.au/faqs and check out Managing your membership.

Essential legal stuff

Cooling-off period

Changed your mind within the first 30 days of joining? Not a problem. We'll cancel your membership and provide a full refund (provided no claims have been paid during this period). The cooling off period applies to all our health insurance products.

Privacy notice

Your privacy is paramount. We collect personal information including sensitive information directly from you and from others (as listed in our Privacy Policy) so we can provide you with products and services, such as private health insurance and eyecare and dental services.

We disclose your personal information to entities (listed in our Privacy Policy) such as hospitals and medical providers for eligibility checks. Our Privacy Policy provides more information about how we collect, use, disclose and store your personal information. It also gives you information about how you can access or correct your personal information or how to make a complaint about a breach of your privacy if you feel we have done that.

Find our Privacy Policy online at nmhealth.com.au/privacy

Feedback, disputes, complaints

We encourage all feedback – as a Nurses & Midwives Health member, your opinion matters

Positive feedback – we'd love to hear from you! Email us at info@nmhealth.com.au or drop by our Facebook page

Complaints – please contact us so we can look into it. You can reach us via:

- **Phone:** 1300 344 000
- **Email:** complaints@nmhealth.com.au
- **Post:** GPO Box 9812, Sydney NSW 2001

Commonwealth Ombudsman

Health fund members have the right to lodge complaints with the Commonwealth Ombudsman. This is an independent body formed to help resolve complaints and provide advice and information.

Complaints

- **Web:** ombudsman.gov.au
- **Phone:** 1300 362 072

General information

(To learn more about private health insurance go to privatehealth.gov.au)

The Private Health Insurance Code of Conduct

The Private Health Insurance Code of Conduct is a self-regulatory code aimed at promoting informed relationships between private health insurers and consumers. As a signatory of the Code of Conduct, we're committed to ensuring consumers receive the correct information in relation to their private health insurance from appropriately trained staff as well as clear and complete policy documentation, including information on internal and external dispute resolution. For more information visit nmhealth.com.au/code-conduct or privatehealth.gov.au

Robynne,
Nurses & Midwives Health member



Additional benefits

More for our members

We love our members! And we think they deserve more, always. That's why we offer more for members. More services, more benefits and more value.

Visit nmhealth.com.au/member-benefits for more information about these exclusive offers.



Teachers Health Centres

Keep those eyes bright and that smile shining! We're proud to offer our members state-of-the-art eyecare and dental services at our dedicated Teachers Health Centres.

Members can access a range of No Gap services including preventative dental check-ups and prescription glasses, as well as additional discounts on frames, sunglasses and contact lenses.

Teachers Health Centres are located at:

- Surry Hills, NSW
- Parramatta, NSW
- Hamilton, NSW
- Wollongong, NSW
- Melbourne, VIC
- Adelaide, SA

To find out more go to

nmhealth.com.au/health-centres

Ask a doctor online tool

Would you like to know more about a particular health topic? We've partnered with Healthshare to provide members with access to *Ask a doctor*, a website where you can search for information and even ask Australian health professionals a specific question.

nmhealth.com.au/ask-a-doctor



Teachers Healthcare Services

Evidence-based health management programs are available to eligible members. Teachers Healthcare Services provides education and support to help you navigate healthcare services and achieve better health.

nmhealth.com.au/thc

Access Gap Cover

This scheme enables you to reduce – or eliminate out-of-pocket costs for inpatient hospital treatment if your anaesthetist, surgeon or specialist agree to charge under a certain rate.

To find out more or see which specialists have treated other patients under Access Gap cover, visit nmhealth.com.au/agc

Health and fitness discounts

Member discounts are available at a range of health and fitness providers to further support your health and wellbeing, including weight loss programs, group fitness and exercise equipment.

nmhealth.com.au/health-and-fitness-discounts

General insurance

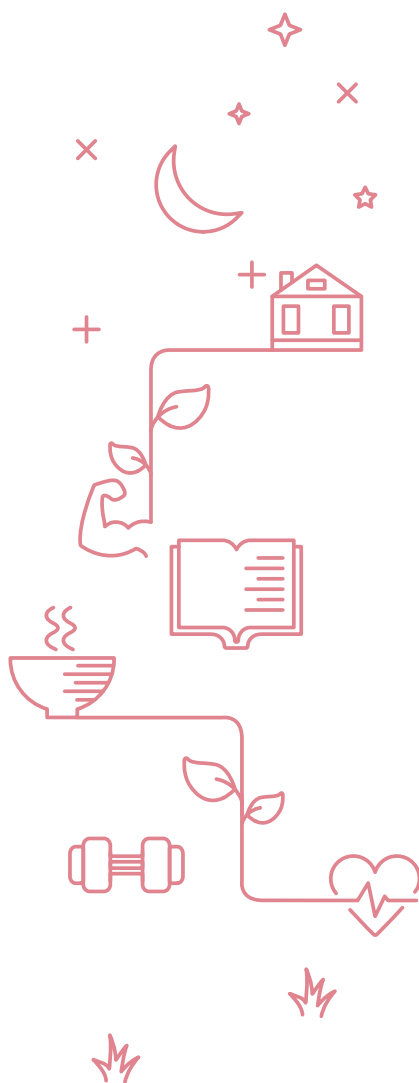
Whether it's home and contents, motor vehicle, landlord or lifestyle insurance you're after – we've got you covered with a range of options.

nmhealth.com.au/general-insurance

Travel insurance

Get covered for those unexpected hiccups when you travel. Whether it's a delayed suitcase, cancelled flights or a medical emergency, be ready for anything.

nmhealth.com.au/travel-insurance



NURSES MIDWIVES HEALTH

Caring for the carers



nmhealth.com.au

Mail:

GPO Box 9812
Sydney NSW 2001

Email:

info@nmhealth.com.au

Phone:

1300 344 000
Monday – Thursday 8am – 7pm (AEST/
AEDT)
Friday 8am – 6pm (AEST/AEDT)
Saturday 8.30am – 12.30pm (AEST/AEDT)

Overseas callers:

+612 8346 2134

The information contained within this brochure is current at the time of printing. Membership of Nurses & Midwives Health is available to current and prior members of the Australian Nursing & Midwifery Federation and its branches, and their families. Fund policyholders and those covered under a policy are subject to the rules and conditions of Nurses & Midwives Health as well as applicable government legislation and laws. This brochure contains a summary of the main rules and conditions. Premiums and benefits are subject to change. This brochure should be read carefully in conjunction with the Product Sheet(s) and retained. Fund policyholders are encouraged to view the Nurses & Midwives Health Privacy Policy, available at nmhealth.com.au/privacy

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