

MEMBERSHIP GUIDE

Effective 1 April 2020



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!

At Nurses & Midwives Health, we've got your back. We've created this Membership Guide to help you get the most out of your membership with Nurses & Midwives Health and importantly, your health.

How to use this guide

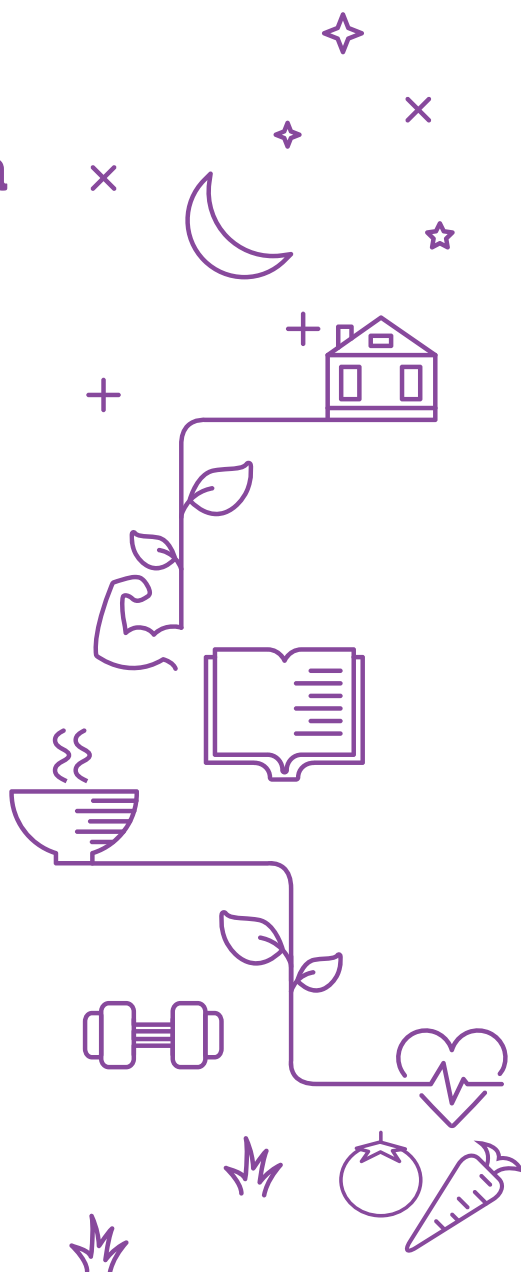
Whether you've got Hospital or Extras cover (or both), this Membership Guide will help you with the ins and outs of your Nurses & Midwives Health membership.

It provides an overview of what's covered, how your cover works, how to claim, how to update your membership, the 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 keep it all handy for future reference.

Remember, we're only a call – or a few clicks – away if you have any questions. Call us on **1300 344 000** or visit **nmhealth.com.au**

- 4 Caring for the carers
- 6 Hospital cover
- 10 Extras cover
- 14 Just Ambulance cover
- 15 We love our members!
- 18 Additional benefits





Caring for the carers

Nurses & Midwives Health is proud to be the only health fund exclusively 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.

We're all about our members. Because we're a not-for-profit health fund, it means we can focus on the important things – like making sure our members get the best possible value – instead of payouts for shareholders.





Hospital cover

Why it matters

Hospital stays can be expensive. First, you've got accommodation fees for things like your bed, room, and food. Next, you've got theatre fees. These include the operating theatre, any nurses, machines and equipment. And finally, you've got medical fees to pay for doctors and

anaesthetists. Without Hospital cover, these fees 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 covers come in, giving you peace of mind, freedom and control over your health.

What's covered

In a nutshell...

Gold Hospital



It's right there in the name – this is our gold standard product, the best of the best. This cover has no exclusions or restrictions, except for services not covered by Medicare. This cover has a \$500 excess.

Top Silver Plus



This product gives you a very high level of cover with only one restriction (Hospital psychiatric services). This cover has excess options: \$0, \$300 or \$500.

Mid Silver Plus



Wide-ranging cover that includes many services but has some exclusions and restrictions. This cover has excess options: \$300 or \$500.

Mid Hospital BASIC PLUS



Mid Hospital (Basic Plus) is designed to give you cover for everyday health needs, but not the expensive big-ticket services. You can choose a \$300 or \$500 excess for this cover.

Basic Hospital BASIC PLUS



You can get treated by your choice of doctor in a public hospital (with a few services covered in a private hospital). This cover has a \$300 excess.

StarterPak (Hospital) BASIC PLUS



Aimed at the young and active who may have no real need for some big-ticket items, but want something just in case they snap an ACL playing sport for example (sounds extreme but it happens more than you think).

And because it's a combined cover, benefits are also available for Extras services (see the Extras section for more information).

It's really important you know exactly what you're paying for so, if you have any questions, just get in touch. You can also visit nmhealth.com.au for more information.

How it works

First, let's talk concepts

Here are the private health insurance specific terms we use for different situations:

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.

Scope of cover

Your Hospital Product Sheet lists a number of categories that are covered under 'Hospital Services'. This provides a general overview of what's included in your cover.

It's important to know exactly what you're covered for, so we've provided detailed information on our website. To find out more go to nmhealth.com.au/hospital

Medical costs

Medicare sets a fee for all services called the Medicare Benefits Schedule (MBS) fee. Together with Medicare, we'll cover you for the MBS fee. When doctors charge above the MBS fee, that's when 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 Nurses & Midwives Health members who are planning treatment that's 'covered' or 'restricted' on their Hospital Product Sheet.

To find out more go to nmhealth.com.au/access-gap-cover

Covered services

- **We pay** – accommodation, operating theatre and medical costs up to the MBS fee (refer to 'Medical Costs' section).
- **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. This includes most private hospitals in Australia.

If the service you need is 'covered' on your Hospital Product Sheet, ask your specialist if they can treat you at an agreement hospital, as this can help you minimise your out-of-pocket costs.

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.

You don't have to wait if you switch from another fund to the same or lower cover with us, and you've already served your waiting periods.

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 or specialist.

Accidents

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

- occurs after joining the Fund
- occurs in Australia
- requires treatment by a recognised medical practitioner or dentist within 7 days of the accident.

Benefits are payable for initial in-patient hospital treatment for the injury, and ongoing treatment within 180 days of the accident occurring.

Excess

The excess is an agreed amount that you pay directly to the hospital when you're admitted. The table below shows the available excess on Nurses & Midwives Health Hospital cover. Choosing a higher excess can keep your membership costs down.

	EXCESS (PER PERSON, PER CALENDAR YEAR)
GOLD HOSPITAL	\$500
TOP SILVER PLUS	No excess
TOP SILVER PLUS 300	\$300
TOP SILVER PLUS 500	\$500
MID SILVER PLUS 300	\$300
MID SILVER PLUS 500	\$500
MID HOSPITAL 300 (BASIC PLUS)	\$300
MID HOSPITAL 500 (BASIC PLUS)	\$500
BASIC HOSPITAL (BASIC PLUS)	\$300
STARTERPAK (BASIC PLUS)	No excess

Ambulance

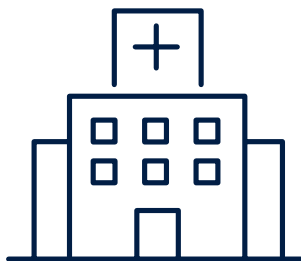
If you have Nurses & Midwives Health Hospital and/or Extras cover, you're covered for an emergency ambulance provided by a State Government Service (including State Government air ambulance).

Keep in mind that this doesn't include transport to a hospital for management of an ongoing health condition, transport between hospitals, transport for patients requiring day treatment, and transport to and from nursing homes or specialist/diagnostic centres.

What we won't pay for

We won't pay for things like:

- services not covered by Medicare
- medical procedures in a doctor's room
- specialist appointments (including scans, blood tests)
- prostheses in excess of approved benefits in the Government's Prosthesis List
- non-medical items such as TV hire, telephone, parking etc.
- discharge medication
- services received during any period which your membership is unfinancial or suspended
- services not included in your cover or for which you are serving waiting periods
- hospital treatment received overseas
- services where benefits are payable from a third party (i.e. compensation).



Before going to hospital

Before you pack your nightie or PJs and your overnight bag, the first step is to call us so we can confirm what you're covered for, and any potential out-of-pocket charges for your procedure.

Ready to 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:

email: submitclaim@nmhealth.com.au

post: GPO Box 3874, Sydney NSW 2001.

Doctor and specialist bills

It depends whether you were treated under the Access Gap Cover scheme.

Under Access Gap

The big bill(s) should come to us. If you get any, forward them to us at: GPO Box 3874, Sydney NSW 2001. If you have a known gap with a specialist, they'll bill you directly for that part.



No Access Gap

Download, 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.

Extras cover

Why it matters

Do you go to the dentist? Wear glasses? See a physio or chiro? Do you enjoy a remedial massage, or even have a child that might need orthodontic treatment?

These are just some of the things you can get with our Extras cover – those extra things that support you to stay happy and well. We offer different kinds of Extras cover, so here's a quick overview of each.

What's covered?

In a nutshell...

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 six years you stay with us (provided you maintain continuous cover on Top Extras).

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 you with basic Hospital cover, StarterPak also includes the most commonly used Extras to help you proactively manage your health.

It's important you know exactly what you're covered for. Visit **nmhealth.com.au** for more information.





Extras cover

How it works

Recognised provider

We can only pay for services from professional medical providers who are qualified and registered. The good news is that most providers are, but it's still up to you to check with them before you make an appointment.



Pharmaceuticals

Under the Pharmaceutical benefit, you may be able to claim for medication that's prescribed by a doctor but isn't already subsidised by the government's Pharmaceutical Benefit Scheme (PBS). Please note, you'll need to make a co-payment equivalent to the amount set by the government.



Ambulance

Our Extras products provide cover for emergency ambulance with state government services (including air ambulance). Keep in mind that this doesn't include transport to a hospital for management of an ongoing health condition, transport between hospitals, transport for patients requiring day treatment, and transport to and from nursing homes and specialist/diagnostic centres.

Waiting periods

To keep health insurance fair for everyone, you may need to wait for a while before you can claim on your Extras cover – this is a 'waiting period'.

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.

You don't have to wait if you switch from another fund to the same or lower cover with us, and you've already served your waiting periods.

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

What we won't pay for

We won't pay for things like:

- two services from the same provider on the same day
- services provided by immediate family
- claims more than two years old
- claims where no charge has been raised, such as gift vouchers for massages
- services where benefits are payable from a third party (i.e. compensation)
- services received during any period which your membership is unfinancial or suspended
- services not included in your cover, or for which you are serving waiting periods
- services from an unrecognised provider
- claims without official receipts
- services or goods received overseas.

Ready to claim?

On the spot

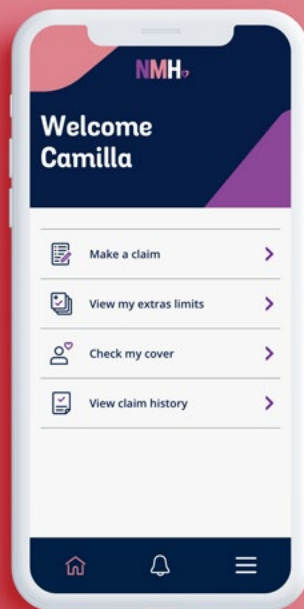
Your membership card can be swiped at participating providers and the claim will be processed automatically.

Member App

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

Or the old school way...

Prefer to fill in a claim form with your receipts attached? You can submit a claim via mail or email – just keep in mind that it may take a little longer to process.



Just Ambulance cover

Why it matters

During an emergency you just want to focus on getting it sorted, not checking your bank balance to see if you can cover the ambulance trip!

This cover is ideal for those who don't have Hospital or Extras cover with us, but want to be covered for emergency ambulance transport.

That's why we offer a standalone emergency ambulance product that covers you for emergency ambulance with state government services.

Keep in mind that this doesn't include transport to a hospital for management of an ongoing health condition, transport between hospitals, transport for patients requiring day treatment, and transport to and from nursing homes and specialist/diagnostic centres.

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

A waiting period of one day applies to our Emergency Ambulance cover.

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



We love our members!

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?

Life being what it is, it rarely stays the same. So, it's important to keep your membership up-to-date with any changes in your life. Here's a quick overview.

Family Cover

If you have a family, read on. You might need to know some of this stuff.

New baby

A new addition? Let us know about your bundle of joy within two 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 policy, they're covered until their 21st birthday.

Children 21–25, studying full-time and not married or in a de-facto relationship?

Still studying full-time? They can be covered under your family cover at no additional cost. But you have to tell us whether they're still a student every year (we'll remind you to do this).

Children 21–25 and not studying full-time?

They can be covered under your family cover at an additional cost, for all covers except StarterPak and standalone Ambulance. Contact us to discuss Extended Family cover.

Single parent?

We understand it's not always easy to be a single parent, that's why we have single parent pricing. Call us for more information.

Partner authority

Share the load with your partner. Let us know if you want them to manage the membership with you (it's worth knowing that they can't remove you from the cover or cancel it, only you can do that).

Change of contact details

Don't forget to let us know if or when you move house, change your phone number, email address and so on – otherwise you might miss out on some important info.

How to make changes

Simply log into Online Member Services to update your details. Go to online.nmhealth.com.au

Or just give us a call and one of our team will help you.

We love our members!

The important legal stuff

Cooling off period

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

Privacy notice

Your privacy is important to us. 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.

To get a copy of our Privacy Policy you can go online at nmhealth.com.au/privacy or call us on **1300 344 000**.

Feedback, disputes, complaints

We encourage all sorts of feedback – good and bad. If you have a complaint that you'd like to raise with Nurses & Midwives Health, just contact us on **1300 344 000**, email complaints@nmhealth.com.au or write to Nurses & Midwives Health, GPO Box 3874, Sydney NSW 2001.

Got some positive feedback to share? We'd love to hear from you. Send us an email at info@nmhealth.com.au or drop by our Facebook page.

To view a copy of our Customer Complaints Handling Policy, visit nmhealth.com.au/complaints or contact us. All complaints will be treated in confidence and in accordance with our Privacy Policy.

Commonwealth Ombudsman

A person making a complaint has the right to lodge their complaint with the Commonwealth Ombudsman. The Commonwealth Ombudsman is an independent body formed to help resolve complaints and provide advice and information.

Contact details for the Commonwealth Ombudsman are:

- Complaints Hotline: 1300 362 072
- Fax: 02 6276 0123
- Website: www.ombudsman.gov.au and www.privatehealth.gov.au





Additional benefits

More for our members

We provide more than health insurance to our members. We also offer additional programs and services to give you even more value for money.



Teachers Health Centres

Keep those eyes bright and that smile shining! We're proud to offer our members access to state-of-the-art eyecare and dental services at 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
- Richmond, VIC
- Adelaide, SA

To find out more go to nmhealth.com.au/members/teachers-health-centres

TravelCard Travel insurance

We've partnered with TravelCard to offer members a new and innovative type of travel insurance – TravelCard Real-Time Travel Insurance.

With TravelCard, spend less time worrying about medical expenses or lost luggage while you're on holidays, and instead, spend more time having fun!

Find out more at nmhealth.com.au/travel-insurance

Member Wellbeing Network

We've partnered with a range of eyecare and dental providers Australia-wide to give our members greater access to high quality treatment and exclusive discounts, including no gap offers.

Search for a Member Wellbeing Network provider near you by visiting nmhealth.com.au/member-wellbeing-network

New Family Program

We have partnered with Teachers Healthcare Services, an initiative of Teachers Health, to provide additional support for our members to improve and manage their health and wellbeing.

The New Family Program is available to eligible Nurses & Midwives Health members, providing practical information and support on a range of pregnancy and early parenting matters.

Learn more about the program at nmhealth.com.au/new-family-program

Access Gap Cover

Under Access Gap Cover, available through Nurses & Midwives Health, your out-of-pocket expenses can be reduced – or eliminated – if your anaesthetist, surgeon or specialist agree to charge under a certain rate. Find out how you can save at nmhealth.com.au/access-gap-cover



NURSES MIDWIVES HEALTH

Caring for the carers

nmhealth.com.au

Mail:

GPO Box 3874
Sydney NSW 2001

Email:

info@nmhealth.com.au

Phone:

1300 344 000

Monday – Thursday 8am – 8pm

Friday 8am – 6pm

Saturday 8.30am – 12.30pm AEST

Overseas callers:

+61 2 8346 2134



Members Health
FUND ALLIANCE

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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