



EMERGENCY AMBULANCE

Effective 1 April 2020

**NURSES
MIDWIVES
HEALTH**

Caring for the carers

If you find yourself in a medical emergency and need an ambulance to take you to hospital, money is the last thing you want to be worrying about. That's why we offer a standalone Emergency Ambulance cover.

WHAT'S COVERED

- Transport from the scene of an accident or medical event to a hospital.
- Treatment at the scene by a qualified ambulance officer.
- Air ambulance services*.
- Australia-wide coverage.

*Air Ambulance services administered by state-owned ambulance services are covered by Nurses & Midwives Health. Benefits will not be paid for services administered by non-state based ambulance services, such as the Royal Flying Doctor Service (except in South Australia), CareFlight or other private air ambulance services.

COVER	ANNUAL LIMIT
Emergency Ambulance ONLY	\$6,000 per person (\$12,000 per family)

WHAT'S NOT COVERED

- Inter-hospital transfers.
- Transfers from a medical facility to a hospital and vice versa.
- Transport from the hospital to home.
- Transport to a hospital for routine management of an ongoing illness.

IMPORTANT THINGS TO KNOW

WAITING PERIODS

There's an applicable waiting period of **1 day** before claims can be made.

NON-EMERGENCY AMBULANCE

Ambulance cover for non-emergencies is available with our hospital covers only. You can find more information at nmhealth.com.au/health-insurance/our-products/hospital-cover

MOVING TO QLD OR TAS?

Queensland residents are eligible to receive state-funded emergency ambulance services across Australia. For more info see ambulance.qld.gov.au

Tasmanian residents are eligible to receive state-funded emergency ambulance in their home state and selected other states in Australia. For more info see dhhs.tas.gov.au/ambulance/home

For more info on each State Based Ambulance scheme see privatehealth.gov.au/health_insurance/what_is_covered/ambulance.htm

CONCESSION CARD HOLDERS

Some concession cards will provide cover for emergency ambulance. You should check your State Government's website to see if you are covered under your concession card.

BENEFIT LIMITS

All person and family limits are based on a calendar year from 1 January (unless stated otherwise).

WHAT WE WON'T PAY FOR

We won't pay for things like:

- claims more than two years old
- 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

This Product Sheet contains important information about your private health insurance with Nurses & Midwives Health. Please read it carefully in conjunction with the Membership Guide and retain for future reference.

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 **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 legislation. This brochure contains a summary of the main rules and conditions. Premiums and benefits are subject to change. Fund policyholders are encouraged to review the Nurses & Midwives Health Privacy Policy, available at nmhealth.com.au/privacy. This brochure should be read carefully in conjunction with the Membership Guide and retained.

Nurses & Midwives Health Pty Ltd ABN 70 611 479 237. A Registered Private Health Insurer.

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