

# NURSES MIDWIVES HEALTH

Caring for the carers



## STARTERPAK

BASIC PLUS

## PRODUCT SHEET

Effective 1 April 2024

# STARTERPAK HOSPITAL

BASIC PLUS

StarterPak (Basic Plus) is our entry-level Hospital cover, allowing you to choose your doctor, get a few services in a private hospital and many more in a public hospital (on restricted cover). There's a few you can't claim for. You won't have to pay an excess for a hospital admission on StarterPak.

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

## SCOPE OF COVER

The categories listed under 'Hospital Services' provide 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/starterpak-basic-plus](http://nmhealth.com.au/starterpak-basic-plus)

## MEDICAL COSTS AND THE 'GAP'

Medicare sets a fee for all services called the Medicare Benefits Schedule (MBS). 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.

To find out more or check which specialists have treated other patients under Access Gap cover, visit [nmhealth.com.au/agc](http://nmhealth.com.au/agc)

## ACCIDENTS

Accidents (unintentional injuries) may be covered if:

- the injury occurs after joining the Fund
- the injury occurs in Australia
- the injury 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.

## 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 upgraded 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 from your treating doctor or specialist.

## 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.

## WHAT WE WON'T PAY FOR

Things you *can't* claim for include:

- Services not recognised by Medicare (e.g. cosmetic surgery or laser eye surgery)
- medical procedures in a doctor's room
- specialist appointments (including scans, blood tests)
- prostheses in excess of approved benefits in the Government's Prostheses List
- non-medical items such as TV hire, parking, etc.
- discharge medication
- services received during any period when 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 going to hospital, call us so we can confirm what you're covered for, and any potential out-of-pocket charges for your procedure.

## AGREEMENT HOSPITALS:

An agreement hospital is a private hospital that we have a contract with. Check your specialist can treat you at an agreement hospital, as this can help minimise out-of-pocket costs.

Find out more about agreement hospitals at [nmhealth.com.au/hospitals](http://nmhealth.com.au/hospitals)

## WAITING PERIODS

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
Hospital psychiatric services, Rehabilitation, Palliative care	2 months
All other hospital services	2 months
Ambulance transport	1 day

## HOSPITAL

Private hospital (agreement hospital and same day surgeries – for services indicated as covered in a private hospital)	
Choice of agreement hospital	Provides cover for four key services in private hospital – see 'Hospital Services'
Shared room or private room (where available)	
Theatre fees, intensive care fees	
Labour ward fees	✗
Public hospital (for services indicated as covered or restricted)	
Shared room	✓
Private room (where available)	✗
Theatre fees, intensive care fees	n/a (fees included in accommodation charges)
Labour ward fees	✗

## MEDICAL SERVICES

Choice of doctor	✓
Access Gap Cover	✓
Government approved surgically implanted prostheses (some prostheses may have out-of-pocket expenses)	✓

## OTHER

Accidents	✓
Emergency ambulance transport	✓
Non-emergency ambulance transport	\$3,000 per person/calendar year

HOSPITAL SERVICES	BENEFIT
Dental surgery	✓
Hernia and appendix	✓
Joint reconstructions	✓
Tonsils, adenoids and grommets	✓
Back, neck and spine	Restricted
Blood	Restricted
Bone, joint and muscle	Restricted
Brain and nervous system	Restricted
Breast surgery (medically necessary)	Restricted
Cataracts	Restricted
Chemotherapy, radiotherapy and immunotherapy for cancer	Restricted
Diabetes management (excluding insulin pumps)	Restricted
Digestive system	Restricted
Ear, nose and throat	Restricted
Eye (not cataracts)	Restricted
Gastrointestinal endoscopy	Restricted
Gynaecology	Restricted
Hospital psychiatric services	Restricted
Implantation of hearing devices	Restricted
Kidney and bladder	Restricted
Male reproductive system	Restricted
Pain management	Restricted
Pain management with device	Restricted
Palliative care	Restricted
Plastic and reconstructive surgery (medically necessary)	Restricted
Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)	Restricted
Rehabilitation	Restricted
Skin	Restricted
Sleep studies	Restricted
Weight loss surgery	Restricted
Assisted reproductive services	✗
Dialysis for chronic kidney failure	✗
Heart and vascular system	✗
Insulin pumps	✗
Joint replacements	✗
Lung and chest	✗
Miscarriage and termination of pregnancy	✗
Pregnancy and birth	✗

# STARTERPAK EXTRAS

A snapshot of Extras services you can claim. For more information visit [nmhealth.com.au](https://nmhealth.com.au)

	BENEFIT	YEARLY LIMIT	WAITING PERIOD
DENTAL			
GENERAL DENTAL			
Periodic oral examination (012) – limit of 2 services per person/year	\$40	\$500 per person /\$1,000 per family	2 months
Removal of calculus (114) – limit of 2 services per person/year	\$70		
Topical application of remineralising agent (121) – limit of 2 services per person/year	\$27		
Filling: adhesive restoration – 3 surfaces (533)	\$115		
MAJOR DENTAL (removal of wisdom teeth only)			
Surgical removal of a tooth requiring bone removal (324)	\$150	\$500 per person /\$1,000 per family	12 months
OPTICAL			
Frames	\$100	\$180 per person /\$360 per family	6 months
Single vision lenses – pair	\$95		
Bifocal lenses – pair	\$95		
Multifocal lenses – pair	\$95		
Contact lenses – pair	\$165		
THERAPIES			
Chiro and Osteo	\$40	\$400 per person /\$800 per family (sub-limits apply)	2 months
Chiro and Osteo – Group therapy	\$20		
Physio/Exercise physiology	\$40		
Physio/Exercise physiology – Group therapy	\$20	\$300 per person	2 months
Psychology – Assessment	\$100		
Psychology – Initial consultation	\$72		
Psychology – Subsequent consultations	\$72		
Counselling – Initial consultation	\$50		
Counselling – Subsequent consultations	\$45		
Remedial massage, Acupuncture, Chinese herbal medicine consultations, Myotherapy.	\$36	\$200 per person /\$400 per family	2 months
HEALTHY LIFESTYLE			
Health-related programs to address a specific health or medical condition. You are required to submit a Healthy Lifestyle Program form every two years, download a copy from <a href="https://nmhealth.com.au/healthy-lifestyle">nmhealth.com.au/healthy-lifestyle</a>			
Including weight management, gym membership and more. Visit <a href="https://nmhealth.com.au">nmhealth.com.au</a> for a full list.	100%	\$150 per person /\$300 per family (sub-limits apply)	6 months
PHARMACEUTICAL			
Benefits towards non-PBS prescription medication, that’s approved by the Therapeutic Goods Administration (TGA), to treat a medical condition. Benefits are not payable for contraceptives prescribed without a medical condition.			
Pharmaceuticals (non-PBS requiring prescription by law)	\$60	\$400 per person /\$800 per family (sub-limits apply)	2 months

# STARTERPAK EXTRAS

## EXTRAS 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.

EXTRAS WAITING PERIODS	
Major dental	12 months
Optical, Healthy Lifestyle	6 months
All other services	2 months

## BENEFITS AND LIMITS

- All person and family limits are based on a calendar year from 1 January (unless stated otherwise).
- Family limits are based on a set amount across all members of the family.
- Benefits are limited to one service per person, per provider, per 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 an immediate family member who is covered by the same policy
- 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 when 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.

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

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**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.**

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. Fund policyholders are encouraged to review the Nurses & Midwives Health Privacy Policy, available at [nmhealth.com.au/privacy](http://nmhealth.com.au/privacy). This brochure should be read carefully in conjunction with the Membership Guide and retained.

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