

Qantas Starter Extras

What's Covered

Extras are services usually provided outside of a hospital. Medicare does not generally cover these services, so we help you pay for them. This document is a summary of what you have cover for including the amounts you can claim, annual limits and wait periods.

As a Qantas Health Insurance member, if you visit a provider in nib's First Choice network, you may pay less out of pocket for eligible services than you would with a provider who is not part of nib's First Choice network. The amount you can claim will still depend on your level of cover, available limits and the service received. To learn more about the First Choice network or find a participating provider, visit health.insurance.qantas.com/find-a-provider.

Please read the Policy Booklet for more information on how your cover works.

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Look after the essentials with cost-effective, entry level cover.

Extras Covered	Amount You Can Claim		Annual Limit	Waiting Period
	First Choice network provider	Non-First Choice network provider [#]		
Preventative dental treatment Includes selected examinations, scale and cleans, fluoride treatments and x-rays	60%	Fixed Amount	No annual limit, service limits apply*	2 months
General dental treatment E.g. fillings, basic extractions	60%	Fixed Amount	\$250	2 months
Optical appliances (appliance limits apply) E.g. prescription glasses and contact lenses (excludes coating, tinting or hardening)	60%		\$150	6 months
Physiotherapy	60%		\$200	2 months
Remedial massage (consultations only)	60%		\$100	2 months

[#] For visits to Non-First Choice network providers, please refer to the applicable Private Health Information Statement, or contact your provider before treatment, to understand the fixed amount that may apply.

* A service limit restriction means there's a cap on how often you can claim for certain treatment in a calendar year or across calendar years.

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Extras Covered	Amount You Can Claim		Annual Limit	Waiting Period
	First Choice network provider	Non-First Choice network provider [#]		
Ambulance Emergency ambulance transport paid at 100% of the cost [^]	100%		No limit	1 day

[#] For visits to Non-First Choice network providers, please refer to the applicable Private Health Information Statement, or contact your provider before treatment, to understand the fixed amount that may apply.

[^] Excludes residents of QLD and TAS who have ambulance services provided by their State ambulance schemes.

It pays to review your cover regularly

Your life is constantly changing. So, you should remember to review your health cover at least once a year to make sure it doesn't reflect the old you. We make reviewing and updating your cover quick and easy.

Simply visit
qantas.com/healthinsurance
or call us on **13 49 60**