Your Health Cover

Basic Visitor Cover

Hospital In-Patient Benefits

What’s covered in-hospital

When you’re admitted to hospital we will pay 100% of the cost for the following services that relate to procedures included on Basic Visitor Cover.

- Doctors’ surgical fees and in-hospital consultations
- Operating theatre, intensive care and ward fees
- Hospital accommodation for overnight and same day stays
- Pharmaceuticals approved by the PBS and required for specific treatment when in hospital
- Government approved prosthetic devices
- Government approved prosthetic devices

There may be services that attract lower benefits and will incur out-of-pocket expenses. You should request Informed Financial Consent from your medical provider to confirm any out-of-pocket expenses that may apply. Please refer to the nib OVHC Fund Rules or call 1800 775 204 for more information.

Examples of inclusions

- Accidents
- All eye surgery (e.g. cataracts, squints, pterygiums)
- Back surgery (e.g. slipped disc)
- Colonoscopies and bowel surgery
- Grommets in ears
- Heart surgery (e.g. stents, open heart surgery)
- Hernia surgery
- Kidney stone and gall stone removal
- Knee and shoulder surgery
- Knee, hip and shoulder investigations
- Major joint replacement (e.g. artificial knee/hip)
- Rehabilitation programs
- Removal of appendix
- Removal of tonsils and adenoids
- Renal dialysis
- Upper gastrointestinal investigations
- All other Medicare recognised services not listed here

Lower Benefits

If you’re admitted to hospital for the below services, benefits are reduced to the rate determined by the relevant State and Territory Health Authorities, and In-Patient medical expenses are reduced to the Medicare Benefit Schedule (MBS) Fee (known as Lower Benefits), unless related to an excluded service. This may result in significant out-of-pocket expenses. To understand what your out-of-pocket expenses may be, please call 1800 22 11 33. For more information about Lower Benefits, please refer to the IMAN Fund Rules.

- Obesity/weight loss surgery
- Obesity/weight loss surgery
- Palliative care
- Palliative care
- Pregnancy and birth related services
- Psychiatric treatment

Exclusions

The following is a list of services NOT covered by this policy:

- Assisted reproductive services
- Infertility investigations
- Out-patient psychology services
- Bone marrow and organ transplant
- Out-patient psychiatric services
- Services not covered by Medicare
- Cosmetic surgery

Please refer to the nib OVHC Fund Rules for a full list of Exclusions and Limitations.

Standard Waiting Periods

- 12 months - Pre-existing conditions except psychiatric, rehabilitation or palliative care services
- 2 months - In-patient psychiatric, rehabilitation or palliative care services (whether pre-existing or not)
- 12 months - Pregnancy and birth related services
- No waiting period - Ambulance services

This information is correct as of 1 January 2019 and is intended as a summary only. It should be read in conjunction with nib OVHC Fund Rules.
**Medical Out-Patient Benefits**

When you see a doctor while you are not admitted to a hospital, this is called an out-patient service. We will pay towards the following services listed under the MBS on Basic Visitor Cover.

<table>
<thead>
<tr>
<th>Benefits covered</th>
<th>Benefit</th>
<th>Waiting Period</th>
<th>Applies if you are new to health insurance or if you have recently increased your level of Extras cover</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor and General Practitioner Consultations</td>
<td>100% MBS</td>
<td>No wait</td>
<td></td>
</tr>
<tr>
<td>Specialist and Surgeon Consultations</td>
<td>100% MBS</td>
<td>No wait</td>
<td></td>
</tr>
<tr>
<td>Specialist Services (including pathology and radiology)</td>
<td>100% MBS</td>
<td>No wait</td>
<td></td>
</tr>
<tr>
<td>Emergency Facilities</td>
<td>Gazetted rates^</td>
<td>No wait</td>
<td></td>
</tr>
<tr>
<td>Out-Patient Continuing Treatment</td>
<td>100% Cost</td>
<td>No wait</td>
<td></td>
</tr>
<tr>
<td>Pregnancy and Birth Related Consultations and Services</td>
<td>100% MBS</td>
<td>12 months</td>
<td></td>
</tr>
</tbody>
</table>

^ This is the amount determined by the State and Territory Health Authorities to be the minimum benefit payable under a hospital product for a particular treatment in a public hospital or a private hospital.

To understand treatment and costs before you go to hospital and if out-of-pocket expenses apply please call **1800 775 204**.

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**Additional Services**

<table>
<thead>
<tr>
<th>Benefits covered</th>
<th>Waiting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance Cover (medically necessary transport provided by a State and Territory Ambulance Service)</td>
<td>No wait</td>
</tr>
<tr>
<td>Medical Repatriation to Home Country (where deemed medically necessary by a medical practitioner appointed by nib)</td>
<td>No wait*</td>
</tr>
<tr>
<td>Funeral Expenses ($20,000 limit per person per policy)</td>
<td></td>
</tr>
</tbody>
</table>

*Please note there is a 12 month wait for any claims relating to pre-existing conditions.

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**Extras**

Extras cover is for services you can use every day to stay fit and healthy.

<table>
<thead>
<tr>
<th>Benefits covered (100% of the costs up to annual limits)</th>
<th>Annual Limit</th>
<th>Waiting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmaceutical Prescriptions (PBS listed only)</td>
<td>$500</td>
<td>2 months</td>
</tr>
</tbody>
</table>