

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

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.

**Waiting periods apply see below**

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

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

## 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.

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

<sup>^</sup> 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**.

## Additional Services

| Benefits covered   | Waiting Period |
|--|----------------|
| Ambulance Cover (medically necessary transport provided by a State and Territory Ambulance Service)                | No wait        |
| Medical Repatriation to Home Country (where deemed medically necessary by a medical practitioner appointed by nib) | No wait*       |
| Funeral Expenses (\$20,000 limit per person per policy)  |                |

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

## Extras

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

| Benefits covered<br>(100% of the costs up to annual limits) | Annual Limit<br>Maximum amount claimable per person per membership year | Waiting Period | Applies if you are new to health insurance or if you have recently increased your level of Extras cover |
|---|---|----------------|---|
| Pharmaceutical Prescriptions (PBS listed only)              | \$500   | 2 months       |   |