Your Health Cover

Budget 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 Budget 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.

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 775 204. For more information about Lower Benefits, please refer to the nib OVHC 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 Doctors and Specialists
- Out-patient pharmaceutical
- 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

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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 Budget Visitor Cover.

<table>
<thead>
<tr>
<th>Benefits covered</th>
<th>Benefit</th>
<th>Waiting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Room visits that lead to a hospital admission</td>
<td>100% Cost</td>
<td>No wait</td>
</tr>
<tr>
<td>Out-Patient Continuing Treatment</td>
<td>100% Cost</td>
<td>No wait</td>
</tr>
</tbody>
</table>

To understand treatment and costs before you go to hospital and if out-of-pocket expenses apply please call 1800 22 11 33.

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.