

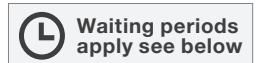
### Hospital In-Patient Benefits

#### 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

## 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.

| Benefits covered  | Benefit   | Waiting Period | Applies if you are new to health insurance or if you have recently increased your level of Extras cover |
|---|-----------|----------------|---|
| Emergency Room visits that lead to a hospital admission | 100% Cost | No wait        |   |
| Out-Patient Continuing Treatment                        | 100% Cost | No wait        |   |

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

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

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