Your Health Cover

Advantage Visitor Cover

Hospital Inpatient 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 Advantage 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 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 IMAN Fund Rules or call **1800 22 11 33** 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
- ✔ Hernia surgery
- ✔ Kidney stone and gall stone removal
- ✔ Knee and shoulder surgery
- ✔ Knee, hip and shoulder investigations
- ✔ Rehabilitation programs
- ✔ Removal of appendix
- ✔ Removal of tonsils and adenoids
- ✔ Upper gastrointestinal investigations
- ✔ All other Medicare recognised services not listed

Lower Benefits

If you're admitted to hospital for the below services, benefits may be **reduced to the rate determined by the relevant state and territory health authorities**, and inpatient medical expenses are reduced to the **Medicare Benefit Schedule (MBS)** fee (known as Lower Benefits). 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
- ✖ Outpatient psychiatric services
- ✖ Outpatient psychology services
- ✖ Services not covered by Medicare

Please refer to the IMAN 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** - Inpatient psychiatric, rehabilitation or palliative care services (whether pre-existing or not)
- ■ **No waiting** period - Ambulance services

Issued by nib health funds limited ABN 83 000 124 381 (nib), a registered private health insurer. The information contained in this document is current as at 1 January 2026 and is intended as a summary only. This document should be read in conjunction with the IMAN Fund Rules. Rules and benefits may change from time to time.

Hospital Excess

A hospital excess is the amount you pay towards the cost of a hospital stay before any benefits are payable by nib. **A higher excess means your premiums with nib will be lower**.

You only pay an excess if you or someone (other than a dependant child under 21 years of age) on your policy goes to hospital. The excess applies per person per calendar year and is payable directly to the hospital prior to your admission. The excess level for couples and families is capped at twice the chosen level of excess in any calendar year.

Please note: If you've recently switched hospital covers your previous level of excess may apply for up to 12 months for pre-existing conditions. Refer to the IMAN Fund Rules for more information.

Excess options on this cover:

NIL | $500

per person
per calendar year

Medical Outpatient Benefits

When you see a doctor while you are not admitted to a hospital, this is called an outpatient service. We will pay towards the following services listed under the MBS on Advantage 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/General practitioner consultations	100% MBS	No wait
Specialist/Surgeon consultations	100% MBS	No wait
Specialist services (including pathology and radiology)	100% MBS	No wait
Emergency facilities	Gazetted rates^	No wait
Outpatient continuing treatment following hospitalisation (subject to eligibility criteria)	100% Cost	No wait
Pregnancy and birth related consultations and services (excluding antenatal and postnatal services)	100% MBS	12 months

^ 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 22 11 33**.

Additional Benefits

Benefits Covered	Waiting Period
Ambulance cover (where medically necessary and 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, up to a limit of $100,000)	No wait*

*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.

Benefits Covered (100% of the costs up to annual limits)	Annual Limit (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

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