

Your Health Cover for Pacific Islanders

Basic Visitor Cover



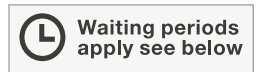
Hospital Inpatient Benefits

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 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 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
- ✓ 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 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
- ✗ Outpatient psychiatric services
- ✗ Outpatient 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** - Inpatient psychiatric, rehabilitation or palliative care services (whether pre-existing or not)
- **No waiting period** - Ambulance services

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 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/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	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 775 204**.

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)	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.

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	