

You want our most comprehensive cover in case you need to go to hospital, or you may be thinking of having kids in the future.

Hospital excess

A hospital excess is the amount you pay towards the cost of a hospital stay before any benefits are payable by nib. Selecting 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 once per person per calendar year and is payable directly to the hospital prior to your admission.

Excess options available on this cover:

\$250
per person per calendar year

\$500
per person per calendar year

Great Value for Families

- ✓ No hospital excess for dependant children under 21 years of age
- ✓ The excess for families is capped at twice your chosen level of excess (e.g. a \$250 excess is capped at \$500 per calendar year)
- ✓ Each adult on the policy will only pay one excess per calendar year if they go to hospital, no matter how many admissions they may need

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 Policy Booklet for more information.

What's covered In-Hospital

As an admitted private patient in any nib Agreement Private Hospital or public hospital you're covered for:

- ✓ Medical treatments not requiring surgery, investigative procedures and surgeries
- ✓ Day surgery
- ✓ Overnight accommodation (private room where available)
- ✓ Special care unit accommodation (e.g. intensive, coronary and neonatal care)
- ✓ Operating theatre fees
- ✓ Doctors' surgical fees and in-hospital consultations
- ✓ Government approved prosthetic devices (e.g. artificial hip joint, pacemaker)
- ✓ Allied health services (e.g. physiotherapy, occupational therapy)
- ✓ Prescription medication required for specific treatment when in hospital
- ✓ Ward-drugs and sundry medical supplies (e.g. bandages, painkillers)
- ✓ Nursing care
- ✓ Patient meals

Out-of-pocket expenses may apply to these services. Refer to the Policy Booklet for more information.

In-Hospital treatments and surgery covered by this policy

Accident and emergency cover (waiting period 1 day):

Accidental Injury Benefit	Cover for accidental injury after just 1 day on this policy. Refer to the Policy Booklet for more information.
Ambulance	Emergency ambulance transport anywhere in Australia.

Other Included Services – examples of the other types of procedures covered (waiting periods apply, see below):

✓ Appendix removal	✓ Grommets in ears	✓ Palliative care
✓ Assisted reproductive services	✓ Gynaecological services	✓ Pregnancy & birth related services
✓ Back surgery	✓ Heart related procedures & surgery	✓ Psychiatric treatment (Benefit Limitation Period [^] applies)
✓ Brain surgery	✓ Hernia repair	✓ Rehabilitation
✓ Cancer treatment approved under the Pharmaceutical Benefits Scheme	✓ Infertility investigations	✓ Renal dialysis
✓ Colonoscopies	✓ Joint investigations	✓ Stroke treatment
✓ Dental surgery	✓ Joint reconstructions	✓ Tonsils & adenoids removal
✓ Eye treatment & surgery	✓ Joint replacements	✓ All other Medicare recognised services that are not listed as Exclusions
✓ Gastrosopies	✓ Obesity surgery	

Services covered unless related to an excluded service.

[^]**Benefit Limitation Period (BLP)** will only apply to newly insured customers (which does not include customers who transfer from any other Complying Health Insurance Product). After serving the 2 month Waiting Period, your benefit will be limited to "Minimum Benefits Payable" for the following 10 months. After this period of time you are entitled to the full benefit claimable for the treatment. If you go to hospital for the treatment in the first 12 months on the policy there will be significant out-of-pocket costs.

Standard Waiting Periods

■ Pre-existing conditions (where the symptoms were evident at any time during the 6 months immediately prior to joining as determined by nib's Medical Practitioner) 12 months	■ Pregnancy & birth related services 12 months	■ Conditions requiring hospitalisation that aren't pre-existing 2 months
	■ Psychiatric, rehabilitation or palliative care services 2 months	■ Accidental injury 1 day
		■ Ambulance services 1 day

Waiting periods apply to customers not currently covered for these services.

Exclusions

The following is the complete list of services NOT covered by this policy:

✗ Cosmetic surgery	✗ Procedures not covered by Medicare
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nib can help you minimise out-of-pocket expenses for hospital related fees:

- nib has agreements with approximately 80% of Australia's private hospitals to help you reduce or eliminate out-of-pocket expenses. Choose from over 440 private hospitals in our Australia-wide network.
- Ask your Doctor or Specialist to participate in nib's Medigap Scheme to eliminate the 'gap' for their in-hospital fees.
- Our Going to Hospital Pack provides more ways to reduce out-of-pockets, ask us for your copy.
- Always call us first if you need to go to hospital on **13 14 63**.