

Great value hospital cover if you want more than the basics but you're looking to save by excluding some hospital procedures you're unlikely to need.

### 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 and medically necessary 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
✓ Back surgery	✓ Gynaecological services	✓ Psychiatric treatment (MBP only)*
✓ Brain surgery	✓ Heart related procedures & surgery	✓ Rehabilitation
✓ Cancer treatment approved under the Pharmaceutical Benefits Scheme	✓ Hernia repair	✓ Stroke treatment
✓ Colonoscopies	✓ Joint investigations	✓ Tonsils & adenoids removal
✓ Dental surgery	✓ Joint reconstructions	✓ All other Medicare recognised services that are not listed as Exclusions
✓ Gastrosopies	✓ Joint replacements	

Services covered unless related to an excluded service.

\* MBP refers to Minimum Benefits Payable for applicable services received as an admitted hospital patient as required by the Private Health Insurance Act 2007. Benefits paid are the equivalent to those paid for private patients receiving treatment in a shared ward of a public hospital. There will be significant out-of-pocket costs for attending a private hospital for these services.

## 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) <b>12 months</b>	■ Psychiatric, rehabilitation or palliative care services <b>2 months</b>	■ Accidental injury <b>1 day</b>
	■ Conditions requiring hospitalisation that aren't pre-existing <b>2 months</b>	■ Ambulance services <b>1 day</b>

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:

✗ Assisted reproductive services	✗ Obesity surgery	✗ Cosmetic surgery
✗ Eye treatment & surgery	✗ Pregnancy & birth related services	✗ Procedures not covered by Medicare
✗ Infertility investigations	✗ Renal dialysis	

Waiting periods will apply if you later switch to a higher cover that includes these services.

## 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**.