Your Hospital Cover

Premier - Gold

Included Hospital Services

- ✓ Assisted reproductive services
- ✓ Back, neck and spine
- ✓ Blood
- ✓ Bone, joint and muscle
- ✓ Brain and nervous system
- ✓ Breast surgery (medically necessary)
- ✓ Cataracts
- ✓ Chemotherapy, radiotherapy and immunotherapy for cancer
- ✓ Dental surgery
- ✓ Diabetes management (excluding insulin pumps)
- ✓ Dialysis for chronic kidney failure
- ✓ Digestive system
- ✓ Ear, nose and throat
- ✓ Eye (not cataracts)
- ✓ Gastrointestinal endoscopy
- ✓ Gynaecology
- ✓ Heart and vascular system
- ✓ Hernia and appendix[1]
- ✓ Hospital psychiatric services
- ✓ Implantation of hearing devices
- ✓ Insulin pumps
- ✓ Joint reconstructions
- ✓ Joint replacements
- ✓ Kidney and bladder
- ✓ Lung and chest
- ✓ Male reproductive system
- ✓ Miscarriage and termination of pregnancy
- ✓ Pain management
- ✓ Pain management with device
- ✓ Palliative care
- ✓ Plastic and reconstructive surgery (medically necessary)
- ✓ Podiatric surgery (provided by a registered podiatric surgeon)[2]
- ✓ Pregnancy and birth
- ✓ Rehabilitation
- ✓ Skin
- ✓ Sleep studies
- ✓ Tonsils, adenoids and grommets
- ✓ Weight loss surgery

Other Included Services

Accidental Injury Benefit - Cover for accidental injury after just 1 day on this policy.

- ✓ Immediate and necessary hospital treatment as an admitted patient required as a result of an accident.
- ✓ This requires you to present for treatment to a Medical Practitioner (e.g. a General Practitioner) or Hospital/Facility within 72 hours of the Accident to receive benefits in-line with our best level of hospital cover for the next 90 days.

Ambulance - Emergency ambulance transport.[3]

Excluded Hospital Services

- ✗ Cosmetic surgery
- ✗ Procedures not covered by Medicare

Standard Waiting Periods

- **1 day** - Accidental injury benefit
- **1 day** - Ambulance
- **2 months**[4] - Hospital psychiatric services
- **2 months** - Rehabilitation or palliative care services (whether pre-existing or not)
- **2 months** - Any other conditions requiring hospitalisation that aren't pre-existing
- **12 months** - Pre-existing conditions (where the symptoms were evident at any time during the 6 months immediately prior to joining or upgrading products as determined by our medical practitioner) except hospital psychiatric services, rehabilitation or palliative care services
- **12 months** - Pregnancy and birth

1 day waiting period

on Accidental Injury Benefit & emergency ambulance cover

1 Hospital investigation and treatment of a hernia or appendicitis. This benefit only covers a limited number of hernia repairs. It's essential to check the Medicare Benefits Schedule (MBS) item number for your procedure, as the treatment of hernias can fall under a different category (such as Digestive System).
2 Hospital Treatment provided by a registered podiatric surgeon is limited to cover for accommodation and prosthetic devices. No benefits are payable for podiatric surgeon fees, medical specialist fees (e.g. anaesthetist) or theatre costs. Refer to the Policy Booklet for more information.
3 Excludes residents of QLD and TAS who have ambulance services provided by their State ambulance schemes.
4 A two month wait period applies to new members who take out this cover. Members upgrading to this cover may be able to waive the 2 month waiting period for hospital psychiatric services. The Mental Health Waiver is only available to members who have held hospital cover for at least the previous 2 months, have not previously used their waiver with nib or any other fund, have been admitted to a hospital and is under the care of an Addiction Medicine Specialist or Consultant Psychiatrist.

Your Hospital Cover

Premier - Gold

What is Covered In-Hospital at Agreement Private Hospitals and Public Hospitals

When you're admitted as a private patient in a private hospital that has an agreement with nib, or a public hospital, we will pay towards the cost of the following things that relate to Included Hospital Services on **Premier - Gold** cover (out-of-pocket expenses may apply to these services[5]):

- ✓ Selected medical admissions relating directly to included services on **Premier - Gold** cover
- ✓ Medical treatments not requiring surgery, investigative procedures and surgeries
- ✓ Day surgery
- ✓ Overnight accommodation (private room where available)
- ✓ Special care unit accommodation (e.g. intensive care)
- ✓ Operating theatre fees
- ✓ Doctors' surgical fees and in-hospital consultations
- ✓ Government approved prosthetic devices
- ✓ Allied health services (e.g. physiotherapy, occupational therapy)
- ✓ Pharmaceuticals approved by the Pharmaceutical Benefits Scheme required for specific treatment when in hospital
- ✓ Ward-drugs and sundry medical supplies (e.g. bandages, painkillers)
- ✓ Nursing care
- ✓ Patient meals
- ✓ Common treatments and support treatments[6]
- ✓ Associated treatment for complications and associated unplanned treatment[7]

What is covered In-Hospital at a Non-Agreement Private Hospital

If you choose to be treated at a private hospital that does not have an agreement with nib, we will pay towards the costs of the services listed above but you are likely to incur greater out-of-pocket expenses for most hospital related services than you would at an agreement hospital.

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 some (other than a dependant child under 21 years of age) on your policy goes to hospital. The excess applies per person per admission and is payable directly to the hospital prior to your admission. The $250 and $500 excess level is capped at $500 for singles/$1000 for couples, single parents and families per calendar year. The $750 excess level is capped at $750 for singles/$1500 for couples, single parents and families per 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 Policy Booklet for more information.

Excess options on this cover:

NIL | $250 | $500 | $750
per person per admission

nib can help you minimise out-of-pocket expenses for hospital related fees:

- To help you reduce or eliminate out-of-pocket expenses choose a private hospital or day facility that has an agreement with us.
- Ask your doctor or specialist to participate in nib's MediGap Scheme to eliminate or reduce the 'gap' for their in-hospital fees.
- Our interactive hospital guide can help take the confusion out of hospital and reduce out-of-pockets, visit **nib.com.au/health-information/going-to-hospital**

Call us on 1800 13 14 63

Always call us first if you need to go to hospital

5 Refer to the Policy Booklet for more information on out-of-pocket expenses.

6 Common treatments means a number of Medical Benefits Schedule (MBS) items commonly used across services covered by your policy. Support treatments means a number of MBS items used to support a principal treatment covered by your policy. Common and support treatments will be covered in line with the level of cover your product provides for the principal treatment. Refer to the Policy Booklet for more information.

7 Associated treatment for complications means treatment provided during an episode of covered hospital treatment to address a complication that arises during that episode. Associated unplanned treatment means unplanned treatment provided during an episode of covered planned surgery that is, in the view of the medical practitioner providing the unplanned treatment, medically necessary and urgent. Associated treatments will be covered in line with the level of cover your product provides for the principal treatment. Refer to the Policy Booklet for more information.

Your Extras Cover

Premier - Gold

What's covered

Extras are services usually provided outside of a hospital. Medicare does not generally cover these services, so we help you pay for them.

Receive 85% of the cost back (up to the annual limit and after waiting periods have been served) on:

- ✓ The cost of the consultation
- ✓ The cost of health appliances listed on this policy. Ask nib about specific restrictions and replacements.

Our members have the choice to use any provider with professional qualifications recognised by nib. Please read the Policy Booklet for more information on nib Recognised Providers.

85%
back

of the cost to you up to your annual limit

Premier - Gold

Extras Covered	Annual Limit[8]	Waiting Period
	Maximum amount claimable per person in a calendar year	Applies if you are new to health insurance or if you have recently increased your level of Extras cover
General dental treatment E.g. fillings, basic extractions, x-rays	**$700**	**2 months**
Major dental treatment Includes root canal therapy, crowns, bridges, dentures, oral surgery	**$1,300**	**12 months**
Orthodontia E.g. braces	**Starting limit of $500** (increasing by **$100** per calendar year to a lifetime limit of **$2,800**)	**12 months**
Optical appliances (appliance limits apply) E.g. prescription glasses and contact lenses (excludes coating, tinting or hardening)	**$400**	**6 months**
Physiotherapy/Chiropractic/ Osteopathy/Exercise physiology Includes group physiotherapy and group exercise physiology	**$650**	**2 months**
Natural therapies (consultations only) Remedial massage, acupuncture, Chinese herbalism and myotherapy	**$300**	**2 months**
Healthier lifestyle (service limits apply) nib approved weight management, quit smoking, health management programs (gym, personal trainer)	**$250**	**6 months**

8 Total benefits claimable for each service capped at 4 times the per person annual limit for single parent/family policies.

Your Extras Cover

Premier - Gold

85% back

of the cost to you up to your annual limit

Extras Covered	Annual Limit[8]	Waiting Period
	Maximum amount claimable per person in a calendar year	Applies if you are new to health insurance or if you have recently increased your level of Extras cover
Hearing aids/Artificial aids/ Foot orthotics (appliance limits apply) Ask nib about details of specific restrictions and replacements. Waiting periods determined by type of aid	**$800**	**2-36 months**
Pharmaceutical prescriptions A benefit is paid after an amount equal to the maximum PBS charge has been deducted. Benefits do not apply to prescriptions dispensed to hospital inpatients	**$500**	**2 months**
Psychology No benefits for tests, assessments or couple/group sessions	**$300** (Digital cognitive behavioural therapy **100%** back for contracted providers, up to **$150**)	**2 months**
Other therapies Speech therapy, podiatry consultations, eye therapy (orthoptics), dietary advice, home nursing, occupational therapy **Antenatal & postnatal services (by a midwife in a private practice)** 100% back for antenatal & postnatal services in a private practice, up to your annual limits	**$450**	**2 months**

8 Total benefits claimable for each service capped at 4 times the per person annual limit for single parent/family policies.

It pays to review your cover regularly

Your life is constantly changing. So, you should remember to review your health cover at least once a year to make sure it doesn't reflect the old you.

We make reviewing and updating your cover quick and easy.

Simply visit **nib.com.au** or call on **1800 13 14 63**