

Your Hospital Cover

nib

Public Hospital

13 14 63
nib.com.au

Public Hospital cover is a basic hospital cover that provides benefits when you are in a shared ward of a public hospital. Benefits are nowhere near sufficient for hospital services in a private room of a public hospital or for hospital services in a private hospital. You will incur considerable out of pocket expenses if you choose to use these services.

What's covered

Ambulance

Emergency ambulance transport.

In all public hospitals we will pay benefits towards:

- ✓ Accommodation (shared ward only)
- ✓ Theatre
- ✓ Labour ward
- ✓ Intensive care
- ✓ Coronary care
- ✓ Government approved surgically implanted prostheses
- ✓ The difference between the Medicare benefit and the Medicare Benefits Schedule Fee for claimable services received in hospital
- ✓ Charges above the Medicare Benefits Schedule Fee for claimable services received in hospital provided by doctors who participate in nib MediGap

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 our Medical Practitioner) except psychiatric, rehabilitation or palliative care services **12 months**
- Pregnancy & birth related services **12 months**
- Psychiatric, rehabilitation or palliative care services (whether pre-existing or not) **2 months**
- Any other conditions requiring hospitalisation that aren't pre-existing **2 months**
- Ambulance services **1 day**

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

Exclusions

You are not covered for:

- ✗ Cosmetic surgery
- ✗ Procedures not covered by Medicare
- ✗ Emergency department visits

Going to hospital?

Call 13 14 63 with the Medicare item number for your procedure to check your benefit entitlements.

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 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. The excess level for families is capped at twice your chosen excess level (e.g. a \$200 excess is capped at \$400 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

\$200

per person per calendar year

\$400

per person per calendar year