SUNCORP Your Hospital Cover

Suncorp Health Insurance Bronze Hospital

Included Hospital Services

- ✔ Blood
- ✔ Bone, joint and muscle
- ✔ Brain and nervous system
- ✔ Breast surgery (medically necessary)
- ✔ Chemotherapy, radiotherapy and immunotherapy for cancer
- ✔ Dental surgery[1]
- ✔ Diabetes management (excluding insulin pumps)
- ✔ Digestive system
- ✔ Ear, nose and throat
- ✔ Eye (not cataracts)
- ✔ Gastrointestinal endoscopy
- ✔ Gynaecology
- ✔ Hernia and appendix[2]
- ✔ Hospital psychiatric services (MBP only[3])
- ✔ Joint reconstructions
- ✔ Kidney and bladder
- ✔ Lung and chest
- ✔ Male reproductive system
- ✔ Miscarriage and termination of pregnancy
- ✔ Pain management
- ✔ Palliative care (MBP only[3])
- ✔ Podiatric surgery (provided by a registered podiatric surgeon)[4]
- ✔ Rehabilitation (MBP only[3])
- ✔ Skin
- ✔ Tonsils, adenoids and grommets

[1] This product does not cover benefits for dentists' fees in hospital. However, other hospital costs related to dental surgery (anaesthetist fees, hospital fees) will be covered in line with the benefits provided by the policy. Dentists' fees in hospital are covered when an extras product is held.
[2] 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).
[3] Minimum Benefits Payable (MBP) means that we will pay the minimum amount of benefits that we are required to pay under the Private Health Insurance Act, to or on behalf of a member for hospital treatment under a Hospital cover. If you're attending a Private Hospital for these services, there will be significant out-of-pocket costs. If a treatment important to you is listed as MBP, we recommend you consider a higher level of cover.
[4] 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.

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[5].

1 DAY
Waiting Period
Accidental Injury Benefit and emergency ambulance cover

[5] Excludes residents of QLD and TAS who have ambulance services provided by their State ambulance schemes.

Excluded Hospital Services

- ✖ Assisted reproductive services
- ✖ Back, neck and spine
- ✖ Cataracts
- ✖ Cosmetic surgery
- ✖ Dialysis for chronic kidney failure
- ✖ Heart and vascular system
- ✖ Implantation of hearing devices
- ✖ Insulin pumps
- ✖ Joint replacements
- ✖ Pain management with device
- ✖ Plastic and reconstructive surgery (medically necessary)
- ✖ Pregnancy and birth
- ✖ Sleep studies
- ✖ Weight loss surgery
- ✖ Procedures not covered by Medicare

Standard Waiting Periods

- **1 day** - Accidental injury benefit
- **1 day** - Ambulance
- **2 months**[6] - 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

[6] Members who hold this product may be able to waive the 2 month waiting period for hospital psychiatric services when upgrading to a product with a higher hospital psychiatric services benefit. 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 us or any other fund, have been admitted to a hospital and are under the care of an Addiction Medicine Specialist or Consultant Psychiatrist.

Suncorp Health Insurance is issued by nib health funds limited ABN 83 000 124 381 (nib), a registered private health insurer, and is marketed by Platform CoVentures Pty Ltd ABN 82 626 829 623 (PC), a Suncorp Group company. PC is an authorised agent of nib and receives commission from nib. In this document, "we", "us" and "our" means nib. The information contained in this document is current as at 1 October 2026 and is intended as a summary only. This document should be read in conjunction with the Policy Booklet and Fund Rules. Rules and benefits may change from time to time.

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SUNCORP Your Hospital Cover

Suncorp Health Insurance Bronze Hospital

We 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 our MediGap Scheme to eliminate or reduce the 'gap' for their in-hospital fees.

Always call us first if you need to go to hospital on **13 11 55**

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 us, or a public hospital, we will pay towards the cost of the following things that relate to Included Hospital Services on Suncorp Health Insurance Bronze Hospital cover (out-of-pocket expenses may apply to these services[7]):

- ✔ Selected medical admissions relating directly to included services on Suncorp Health Insurance Bronze Hospital cover
- ✔ Medical treatments not requiring surgery, investigative procedures and surgeries
- ✔ Day surgery
- ✔ Overnight accommodation
- ✔ 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[8]
- ✔ Associated treatment for complications and associated unplanned treatment[9]

7 Refer to the Policy Booklet for more information on out-of-pocket expenses.
8 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.
9 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.

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 us, 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 us. **A higher excess means your premiums with us 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 per person per calendar year and is payable directly to the hospital prior to your admission. The excess for couples, single parents and families is capped at twice the chosen level of excess in any 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:

$500 | $750

per person
per calendar year

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