

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

Other Included Services – examples of the other types of procedures covered on AAMI Health Insurance Everyday Hospital (waiting periods apply, see below):

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| ✓ Appendix Removal | ✓ Gastroscopies | ✓ Psychiatric Treatment (MBP only)* |
| ✓ Back surgery | ✓ Grommets in Ears | ✓ Rehabilitation |
| ✓ Brain surgery | ✓ Gynaecological Services | ✓ Stroke treatment |
| ✓ Cancer surgery & in-hospital cancer treatment (approved under the Pharmaceutical Benefits Scheme) | ✓ Heart related procedures & surgery | ✓ Tonsils & Adenoids Removal |
| ✓ Colonoscopies | ✓ Hernia Repair | ✓ All other Medicare recognised services that are not listed as exclusions |
| ✓ Dental Surgery | ✓ Joint Investigations | |
| | ✓ Joint Reconstructions | |
| | ✓ Palliative Care | |

Services covered unless related to an excluded service.

***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 customer 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.

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**
- 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**
- Accidental injury **1 day**
- Ambulance services **1 day**

Waiting periods apply where you are not currently covered for the included services listed above, including where you switch from an existing policy.

Exclusions

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

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

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

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 procedures included on AAMI Health Insurance Everyday Hospital cover (out-of-pocket expenses may apply to these services*):

- ✓ Medical treatments not requiring surgery, investigative procedures and surgeries that are covered by AAMI Health Insurance Everyday Hospital
- ✓ Day surgery
- ✓ Overnight accommodation (private room where available)
- ✓ 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
- ✓ Special care unit accommodation (e.g. intensive care)
- ✓ Ward-drugs and sundry medical supplies (e.g. bandages, painkillers)
- ✓ Nursing care
- ✓ Patient meals

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

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 us.

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. The excess level for families is capped at twice your chosen excess level (e.g. a \$500 excess is capped at \$1,000 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:

\$500
per person per calendar year

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 the 'gap' for their in-hospital fees.
- Always call us first if you need to go to hospital on **13 22 44**.