

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 procedures covered on AAMI Health Insurance Premium Hospital (waiting periods apply, see below):

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|---|--------------------------------------|--|
| ✓ Appendix removal | ✓ Gastroscopies | ✓ Palliative care |
| ✓ Assisted reproductive services | ✓ Grommets in ear | ✓ Pregnancy & birth related services |
| ✓ Back surgery | ✓ Gynaecological services | ✓ Psychiatric treatment (BLP - MBP^ applies) |
| ✓ Brain surgery | ✓ Heart related procedures & surgery | ✓ Rehabilitation |
| ✓ Cancer surgery & in-hospital cancer treatment (approved under the Pharmaceutical Benefits Scheme) | ✓ Hernia repair | ✓ Renal dialysis |
| ✓ Colonoscopies | ✓ Infertility investigations | ✓ Stroke treatment |
| ✓ Dental surgery | ✓ Joint investigations | ✓ Tonsils & adenoids removal |
| ✓ Eye treatment & surgery | ✓ Joint reconstructions | ✓ All other Medicare recognised services that are not listed as Exclusions |
| | ✓ Joint replacements | |
| | ✓ Obesity & weight loss surgery | |

Services covered unless related to an excluded service.

[^]**Benefit Limitation Period - Minimum Benefits Payable (BLP - MBP)** means that unless you're transferring from a Complying Health Insurance Product (see Policy Booklet), there will be significant out-of-pocket costs if you go to hospital for this treatment in the first 12 months of your policy. After serving the 2 month Waiting Period, your benefit will be limited to "Minimum Benefits Payable" for the following 10 months. After this period of time you are entitled to the full benefit claimable for the treatment.

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 and 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**
 - 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:

- ✗ Cosmetic surgery
- ✗ Procedures not covered by Medicare

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 Premium 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 Premium Hospital
- ✓ 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

*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 \$250 excess is capped at \$500 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:

\$250
per person per calendar year

\$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**.