

Your Hospital Cover



Apia Premium Hospital

1800 274 213
apia.com.au/health

In-Hospital treatments and surgery covered by this policy

Accident cover (waiting period 1 day):

Accidental Injury Benefit	Cover for accidental injury after just 1 day on this policy. <ul style="list-style-type: none">✓ Immediate and necessary hospital treatment as an admitted patient required as a result of an Accident.✓ This requires treatment to be sought at a hospital Emergency Department within 24 hours after the Accident to receive benefits in-line with our best level of hospital cover for the next 90 days
Ambulance	Emergency ambulance transport. Refer to the Policy Booklet for more information.

Other Included Services – examples of the other types of procedures covered (waiting periods apply, see below):

- ✓ Back surgery
- ✓ Brain surgery
- ✓ Cancer surgery & in-hospital cancer treatment (approved under the Pharmaceutical Benefits Scheme)
- ✓ Colonoscopies
- ✓ Dental surgery
- ✓ Eye treatment & surgery
- ✓ Gastrosopies
- ✓ Gynaecological services
- ✓ Heart related procedures & surgery
- ✓ Hernia repair
- ✓ Joint investigations
- ✓ Joint reconstructions
- ✓ Joint replacements
- ✓ Obesity & weight loss surgery
- ✓ Palliative care
- ✓ Psychiatric treatment
- ✓ Rehabilitation
- ✓ Renal Dialysis
- ✓ Stroke treatment
- ✓ All other Medicare recognised services that are not listed as Exclusions

Services covered unless related to an excluded service.

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 treatment **2 months***
- 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 to customers not currently covered for these services listed above.

* A two month waiting period applies to Customers who take out this cover. Customers upgrading to this cover may be able to waive the 2 month waiting period for Psychiatric Treatment. The Mental Health Waiver is only available to Customers who have held hospital cover for at least the previous 2 months, have not previously used their waiver with Apia or any other fund, have been admitted to a hospital and are under the care of an Addiction Medicine Specialist or Consultant Psychiatrist.



Exclusions

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

- | | | |
|----------------------------------|--------------------------------------|--------------------------------------|
| ✗ Assisted reproductive services | ✗ Pregnancy & birth related services | ✗ Procedures not covered by Medicare |
| ✗ Infertility investigations | ✗ Cosmetic surgery | ✗ Emergency department visits |

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 Apia Premium Hospital cover (out-of-pocket expenses may apply to these services*):

- | | |
|--|---|
| ✓ Medical treatments not requiring surgery, investigative procedures and surgeries | ✓ Government approved prosthetic devices (e.g. artificial hip joint, pacemaker) |
| ✓ Day surgery | ✓ Allied health services (e.g. physiotherapy, occupational therapy) |
| ✓ Overnight accommodation (private room where available) | ✓ Pharmaceuticals approved by the Pharmaceutical Benefits Scheme required for specific treatment when in hospital |
| ✓ Special care unit accommodation (e.g. intensive and coronary care) | ✓ Ward-drugs and sundry medical supplies (e.g. bandages, painkillers) |
| ✓ Operating theatre fees | ✓ Nursing care |
| ✓ Doctors' surgical fees and in-hospital consultations | ✓ 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. A higher excess means your premiums 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 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 **1800 274 213**.