Your Hospital Cover

Suncorp Health Insurance Basic Hospital Plus

Included Hospital Services

- Dental surgery
- Gastrointestinal endoscopy
- Gynaecology
- Hernia and appendix
- Hospital psychiatric services (MBP only)
- Joint reconstructions
- Miscarriage and termination of pregnancy
- Palliative care (MBP only)
- Rehabilitation (MBP only)
- 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 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.

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 treatment to be sought at a hospital emergency department or through a medical practitioner within 72 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.

Excluded Hospital Services

- Assisted reproductive services
- Back, neck and spine
- Blood
- Bone, joint and muscle
- Brain and nervous system
- Breast surgery (medically necessary)
- Cataracts
- Chemotherapy, radiotherapy and immunotherapy for cancer
- Cosmetic surgery
- Diabetes management (excluding insulin pumps)
- Dialysis for chronic kidney failure
- Digestive system
- Ear, nose and throat
- Eye (not cataracts)
- Heart and vascular system
- Implantation of hearing devices
- Insulin pumps
- Joint replacements
- Kidney and bladder
- Lung and chest
- Male reproductive system
- Pain management
- Pain management with device
- Plastic and reconstructive surgery (medically necessary)
- Podiatric surgery (provided by a registered podiatric surgeon)
- Pregnancy and birth
- Skin
- Sleep studies
- Weight loss surgery
- Procedures not covered by Medicare

Standard Waiting Periods

■ 1 day - Accidental injury
■ 1 day - Ambulance services
■ 2 months - 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

4 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.com.au/health 13 11 55 - Suncorp Health Insurance Basic Hospital Plus 1/2

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 2020 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.

nib369305_06082020
or call
13 11 55
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 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 Basic Hospital Plus cover (out-of-pocket expenses may apply to these services):

- Selected medical admissions relating directly to included services on Suncorp Health Insurance Basic Hospital Plus cover
- Medical treatments not requiring surgery, investigative procedures and surgeries
- 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
- Common treatments and support treatments
- Associated treatment for complications and associated unplanned treatment

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.

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