



nib health funds limited ABN 83 000 124 381 Fund Rules

Overseas Students Health Cover

5 July 2021

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L SCHEDULE OVERSEAS

L1 Overseas

The L Schedule Overseas includes the following Schedules:

- LS International Students Health Insurance

LS1 Table Name or Group of Table Names

This table includes the following Products:

- (a) LS4 nib OSHC Core
- (b) LS6 nib OSHC Premium
- (c) LS9 nib OSHC Top Cover
- (d) LS11 nib OSHC Ultimate

LS2 General Conditions

LS2.1 Interpretation and Definitions

In this Schedule:

1. Words and phrases commencing with capital letters are defined in Rule LS2.1 (Interpretations and Definitions).
2. Unless otherwise specified, the definitions in Rule LS2.1 (Interpretations and Definitions) apply throughout the Schedule.
3. The definitions in Rule LS2.1 (Interpretation and Definitions) apply only to Schedule LS.
4. Where a word or phrase is defined, its other grammatical forms have a corresponding meaning.
5. Where not defined, words and expressions are intended to have their ordinary meaning.
6. Headings are for convenience only and do not affect interpretation.
7. The singular includes the plural and vice versa.
8. A reference to any legislation or a provision of legislation includes all amendments, consolidations or replacements and all regulations or instruments issued under it.
9. A reference to the word 'include' in any form is not a word of limitation.

Definitions

“**Accident**” means an event leading to bodily injury caused solely and directly by violent, accidental, external and visible means and resulting solely, directly and independently of any other cause.

“**Act**” means the *Private Health Insurance Act 2007* and any regulations or rules made pursuant to that Act.

“**ADA Schedule**” means the Schedule of Dental Services published by the Australian Dental Association Incorporated, as updated from time to time;

“**Admitted Patient**” or “**In-Patient**” means a person who is formally admitted to a Hospital for the purposes of Hospital Treatment.

“**Adult**” has the meaning given in the *Private Health Insurance Act 2007* and means a person who is not a dependant child.

“**Ambulance Services**” means the charge for transport provided by or under an arrangement with an approved State or Territory ambulance service when determined by a treating doctor as medically necessary for admission to hospital or for Emergency Treatment as outlined within the schedules.

“**Annual Limits**” means the maximum amount of Benefits payable for a specific good or service in a Calendar Year, as set out in the Schedules.

“**Antenatal Services**” means Benefits are paid on Antenatal classes provided by a hospital, registered midwife or physiotherapist in private practice.

“**Assisted Reproductive Services**” means services provided by an infertility specialist and include but are not limited to In Vitro Fertilisation (IVF), Zygote Intrafallopian Transfer (ZIFT), Gamete Intrafallopian Transfer (GIFT), Cryopreserved Embryo Transfer, Intracytoplasmic Sperm Injection (ICSI) and Ovum Microsurgery.

“**Benefit**” means an amount of money payable from the Fund to or on behalf of an OSHC Insured Person in respect of approved expenses incurred by an OSHC Insured Person for Treatment, in accordance with the Schedule.

“**Bridging Visa**” has the meaning given by subsection 5(1) of the *Migration Act 1958*.

“**Calendar Year**” means the period from 1 January to 31 December.

“**Chiropractic**” means General Treatment that is:
approved by nib; and
provided during a Consultation by a Provider who is recognised by nib as a chiropractor.

“**Claim**” means a claim for the payment of Benefits which complies with this Schedule

“**Claimable Hospital Expenses**” means expenses incurred for Hospital Treatment in respect of which a Benefit is payable.

“**Compensation**” means an entitlement or a potential entitlement to receive compensation or damages (including a payment in settlement of the claim for compensation or damages) in respect of any Condition.

“**Condition**” includes any illness, injury, ailment, disease or disorder for which Treatment is sought.

“**Consultation**” means an attendance on an OSHC Insured Person by a Provider in a manner approved by nib.

“**Contract rate**” means the rate negotiated by nib with nib Agreement Private Hospitals

“Cosmetic Surgery” means surgery performed to improve the appearance, rather than for medical reasons.

“Couples Policy” means an OSHC Policy where the OSHC Insured Persons are the OSHC Policy Holder and their Partner (both Adults).

“Deed” means the written agreement between nib and the Commonwealth of Australia allowing for the provision of Overseas Student Cover.

“Default Benefits” means the minimum Benefit payable under a Hospital Product for a particular Hospital Treatment in a Hospital that is not a nib Agreement Private Hospital under *the Private Health Insurance Act 2007*.

“Dental Practitioner” means a person registered or licensed to practice as a dental practitioner under a law of a State or Territory that provides for the registration or licensing of dental practitioners or dentists.

“Dental Treatment and Dental Service” means General Treatment that is:

- (a) approved by nib; and
- (b) provided during a Consultation by a Provider who is recognised by nib as a Dental Practitioner (a person registered or licensed to practice as a dental practitioner under a law of a State or Territory that provides for the registration or licensing of dental practitioners or dentists).

Only items recognized by the Australian Dental Association are covered. Teeth whitening, and other purely cosmetic treatments are not covered. nib will require the dental item numbers before providing an estimate of the Benefits to be paid.

“Dependant” means a person who is:

- (a) spouse or de facto partner of an Overseas Student; or
- (b) child or step-child of an Overseas Student who is unmarried and has not turned 18.

“Dietary advice” means General Treatment that is:

- (a) approved by nib; and
- (b) provided during a Consultation by a Provider who is recognised by nib as a Nutritionist or Dietician.

“Eligible Non Medical Providers” means allied health professionals, dentists and dental specialists who are:

- (a) Registered according to State or Territory law or, absent such law, be members of a professional association with uniform national registration requirements; and
- (b) Registered with Medicare Australia to provide these services.

“Emergency Treatment” means the treatment of any of the following conditions:

- (a) risk of serious morbidity or mortality and requiring urgent assessment and resuscitation; or
- (b) suspected acute organ or system failure; or
- (c) an illness or injury where the viability of function of a body part or organ is acutely threatened; or
- (d) a drug overdose, toxic substance or toxin effect; or
- (e) psychiatric disturbance whereby the health of the patient or other people is at immediate risk; or
- (f) severe pain where the viability or function of a body part or organ is suspected to be acutely threatened; or
- (g) acute haemorrhaging and requiring urgent assessment and treatment; or
- (h) a condition that requires immediate admission to avoid imminent morbidity or mortality.

“Ex-gratia Payment” means an amount of money payable from the Fund to or on behalf of an OSHC Insured Person, out of goodwill as a discretionary payment in respect of expenses incurred by an OSHC Insured Person for Treatment that is not in accordance with the Rules.

“Extra OSHC” means the level of cover determined and offered by the Insurer in addition to OSHC;

“Family Policy” means an OSHC Policy where the OSHC Insured Persons are:

- (a) the OSHC Policy Holder and their Partner (both Adults) and one or more of their Dependants listed in the student visa; or
- (b) the OSHC Policy Holder (an Adult) and one or more of their Dependants listed in the student visa.

“Gazetted Rates” means, in relation to hospital treatment, the rates for treatment provided in a Public Hospital to an ineligible patient as determined or recommended by the Department of Health in the State or Territory in which the treatment is provided.

“General Product” means a Product for General Treatment.

“General Treatment” means Treatment (including the provision of goods or services):

- (a) that is intended to manage or prevent a Condition; and
- (b) is not Hospital Treatment.

“Health Insurance Act” means the *Health Insurance Act 1973* (Cth).

“Hospital” means a facility for which a declaration under section 121-5(6) of the Act is in force.

“Hospital Treatment” means hospital treatment as defined in Section 121-5 of the Act.

“Improper Discrimination” has the meaning given in the Private Health Insurance Act.

“Medical Practitioner” is as defined in the *Health Insurance Act 1973*.

“Medically Necessary” means Treatment that a Medical Practitioner or Eligible Non Medical Providers, exercising prudent clinical judgment, would provide to an OSHC Insured Person for the purpose of evaluating, diagnosing or treating a Condition and are:

- (a) in accordance with the generally accepted standards of medical practice;
- (b) clinically appropriate in terms of type, frequency, extent, site and duration, and considered effective for the OSHC Insured Person’s Condition;
- (c) not primarily for the convenience of the OSHC Insured Person or Medical Practitioner or Eligible Non Medical Provider; and
- (d) not more costly than an alternative service at least as likely to produce equivalent therapeutic or diagnostic results.

“Medicare Benefits Schedule” means the schedule set by the Commonwealth Government for the purpose of paying Medicare Benefits.

“Medicare Benefits Schedule Fee” means the amount set under the Medicare Benefits Schedule.

“MIMS” means the Monthly Index of Medical Specialties. It is an independent supplier of medical information to health professionals.

“Minister” means the Federal Minister for the Commonwealth Department of Health.

“nib Agreement Private Hospital” means a Hospital with which nib has negotiated a hospital purchaser provider agreement.

“nib First Choice” is the name and branding of the nib Preferred Provider network.

“nib International Visitors First Choice” is the name and branding of the nib Preferred Provider network for international visitors.

“nib Preferred Provider” means a Provider appointed by nib as a nib First Choice or nib International Visitors First Choice provider under an agreement with nib.

“Occupational Therapy” means General Treatment that is:

- (a) approved by nib; and
- (b) provided during a Consultation with a Provider who is recognised by nib to provide occupational therapy treatment.

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“Optometrist” means a person registered or licensed as an optometrist or optician under relevant State or Territory laws.

“OSHC” means Overseas Student Health Cover under which nib offers to an Overseas Student, their Partner and Dependants the Benefits set out in this Schedule.

“OSHC Insured Person” means any person (including Adults and Dependant Children) insured by nib under an OSHC Policy.

“OSHC Policy” means a policy of private health insurance between an OSHC Policy Holder and nib in accordance with this Schedule.

“OSHC Policy Holder” means a person in whose name an application for an OSHC Policy with nib has been accepted.

“OSHC Product” means a defined group of Benefits which are payable to an OSHC Insured Person, subject to relevant Rules, for approved expenses incurred by an OSHC Insured Person as set out in this Schedule.

“Osteopathy” means General Treatment that is:

- (a) approved by nib; and
- (b) provided during a Consultation by a Provider who is recognised by nib as an osteopath.

“Out of Pocket Expenses” are charges and fees not covered by nib. For example, Out of Pocket Expenses may be incurred when there is a gap between the Benefit that nib will pay, and amount charged by the Provider. Also, nib will not pay some personal and take home items like toiletries, newspapers and long-distance and mobile phone calls provided in hospital. These are billed to Patients by the hospital. An OSHC Insured Person is advised to ask the hospital and their doctors what their potential out-of-pocket expenses will be.

“Out-Patient” means a person who receives treatment outside of an admission to a Hospital, including treatment at Hospital premises, in a medical practitioner’s consulting rooms or at another designated health facility such as a community health centre or polyclinic.

“Overseas Student” has the same meaning as in Rule 18 of the Health Insurance Business Rules, that is:

- (a) a person who is the holder of a Student Visa; or
- (a) a person who:
 - i is an applicant for a Student Visa; and
 - ii is the holder of a Bridging Visa; and
 - iii was, immediately before being granted the Bridging Visa, the holder of a Student Visa.

“Partner” for the purposes of OSHC means a person who lives with another person in a marital or defacto relationship and is listed on the Student Visa

“PBS” means the Pharmaceutical Benefits Scheme.

“Pharmaceutical Benefits Scheme patient contribution” means the scheme under which the Federal Government heavily subsidises the cost of medicines. The PBS patient contribution is the amount an OSHC Insured Person has to contribute for a PBS prescription before nib will pay a benefit.

“Pharmaceutical Benefits” means Benefits that are payable for drugs when the drug is:

- (a) only available on prescription, and
- (b) dispensed by either a registered pharmacy in private practice or a doctor, and
- (c) listed on the Australian Register of Therapeutic Goods (ARTG), and
- (d) published within the MIMS Schedule as S4 or S8.

but does not include Benefits for:

- (a) drugs that are available over-the-counter, even when prescribed.

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“Physiotherapy” means General Treatment that is:

- (a) approved by nib; and
- (b) provided during a Consultation with a Provider who is recognised by nib as a physiotherapist.

“Podiatry” means General Treatment that is:

- (a) approved by nib; and
- (b) provided during a Consultation with a Provider who is recognised by nib as a podiatrist.

“Policy Category” means Single Policy, Couples Policy or Family Policy.

“Postnatal Services” means Benefits are payable for home visits by either a registered midwife or lactation consultants. Treatment must be:

- (a) approved by nib; and
- (b) provided during a Consultation with a Provider who is recognised by nib as either a hospital, registered midwife, lactation consultant or physiotherapist in private practice.

“Pre-existing Condition” means a condition, the signs or symptoms of which, in the opinion of a medical practitioner appointed by nib, and who has examined relevant information (including information supplied by the OSHC Insured Person’s medical practitioner) were exhibited by the OSHC Insured Person at any time during the 6 months ending on the day on which the Overseas Student or the Dependant of the Overseas Student arrived in Australia and prior to:

- (a) the commencement of the OSHC Insured Person’s Policy; or
- (b) in the case of upgrading from one Hospital Product to another Hospital Product providing higher Benefits for Hospital Treatment (other than a Hospital Product created or revised in response to an increase in hospital charges), at the time the Policyholder for the Policy commenced paying Premiums for the upgraded Hospital Product.

“Premium” means an amount of money an OSHC Policy Holder is required to pay to nib in respect of a specified period of cover for an OSHC Product under an OSHC Policy.

“Premium Rate” means the rate of Premiums for an OSHC Product set out in the K Schedule as amended from time to time accordance with these Rules.

“Previous OSHC Cover” means the previous OSHC cover in respect of which Premiums were paid by or on behalf of the OSHC Insured Person to the other private health insurer.

“Private Hospital” means a Hospital which is not administered by the State or Territory Government.

“Private Patient” means a Patient classified as such in accordance with Rule LS2.17.1 (Patient Classifications).

“Professional Attention” means:

- (a) medical or surgical treatment by or under the supervision of a medical practitioner; or
- (b) obstetric treatment by or under the supervision of a medical practitioner or a registered nurse with obstetric qualifications; or
- (c) Dental Treatment by or under the supervision of a Dental Practitioner.

“Provider” means:

- (a) Hospitals;
- (b) registered medical practitioners; and
- (c) General Treatment providers that:
 - i are registered or hold a licence under relevant State or Territory legislation to provide the General Treatment sought;
 - ii are professionally qualified, or a member of a professional body recognised by nib;
 - iii are in private practice; and
 - iv satisfy any other criteria reasonably required by nib for nib to pay Benefits for General Treatment provided by the provider.

“Psychiatric Care Patient” means a Patient classified as such and admitted in a Public or Private Hospital.

“Public Hospital” means a hospital in respect of which there is in force a statement under subsection 121-5(8) of the Act that the hospital is a Public Hospital.

“Rehabilitation Patient” means a Patient classified as such in accordance with Rule LS2.17.3 (Rehabilitation Patients).

“Single Policy” means an OSHC Policy where the only OSHC Insured Person is the OSHC Policy Holder.

“Special Care Unit” means a unit of a Hospital approved by nib for the purpose of providing special care, and includes facilities such as intensive care units, critical care units, coronary care units and high dependency nursing care units.

“Speech Therapy” means General Treatment that is:

- (a) approved by nib; and
- (b) provided during a Consultation with a Provider who is recognised by nib as a speech therapist.

“Student Visa” has the meaning given by subsection 5(1) of the Migration Act 1958.

“Treatment” means:

- (a) in respect of Hospital Products: Hospital Treatment, Professional Attention and any other item in respect of which Benefits are payable from a Hospital Product; and
- (b) in respect of General Products: services and items for General Treatment for which Benefits are payable under these Rules.

“Waiting Period” means a period of time during which an OSHC Policy Holder must continuously hold an OSHC Policy for a particular Product before an OSHC Insured Person under that OSHC Policy has an entitlement to receive a Benefit under that Product.

LS2.2 Eligibility for OSHC Policy

LS2.2.1 Consent to disclose personal information

All OSHC Policy Holders:

- (a) authorise nib to request and receive personal information from a Provider or any other person in respect of a Claim made under all OSHC Policies; and
- (b) warrant that in relation to all OSHC Policies they have obtained the consent of all OSHC Insured Persons under that policy to the authority provided by all OSHC Policy Holders in paragraph (a) above.

LS2.2.2 Generally

Any Overseas Student, their Partner and/or Dependants (as listed on the Student Visa) are eligible to be an OSHC Insured Person. An Overseas Student must take out an OSHC Policy in the following manner:

- (a) If a Student Visa has been granted for the Overseas Student only then the Overseas Student must take out a single OSHC Policy.
- (b) If a Student Visa has been granted for the Overseas Student and a Partner, then the Overseas Student must take out a couples OSHC Policy listing the Partner as per the visa granted.
- (c) If a Student Visa has been granted for the Overseas Student, a Partner and any Dependants then the Student must take out a family OSHC Policy listing the Partner and all Dependants as per the visa granted.

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- (d) If a Student Visa has been granted for the Overseas Student and any Dependants then the Student must take out a family OSHC Policy listing all Dependants as per the visa granted.

LS2.2.3 Dual Policies

A person who is an OSHC Insured Person under a health insurance product offered by nib or another private health insurer is not eligible to contribute to, or Claim under, another OSHC or OVHC product offered by nib.

A person who is an OSHC Insured Person who also holds a Complying Health Insurance Product (CHIP) under the Act is not entitled to a benefit for a Claim on both products. Where a service is covered by the OSHC product and the CHIP, it is only claimable on one or the other product.

LS2.2.4 Adding Newborns

nib must be notified by the Policyholder (or Partner with authority) to add a child to the OSHC Policy.

Immediate Cover is provided under an OSHC Policy for newborns if an Adult under the OSHC Policy notifies nib of the birth and requests the newborn become an OSHC Insured Person under the OSHC Policy effective from their date of birth:

- (a) within 60 days after the newborn dependant's birth; and
- (b) the OSHC Policy holder upgrades to a Family Policy.

The newborn dependant is eligible for the level of cover that applied to the longest serving parent at the time of adding the newborn to the OSHC Policy. Where a child is added to the OSHC Policy outside of this period normal Waiting Periods shall apply.

LS2.3 OSHC Policy Applications

LS2.3.1 Application for OSHC Policies

- (a) Applications for OSHC Policies will be in the format required by nib from time to time.
- (b) Applications for OSHC Policies must be accompanied by any proof of details reasonably required by nib from time to time.

LS2.3.2 Payment of Premium with Application

An application for an OSHC Policy will be accepted by nib only where the Premium for the relevant OSHC Policy has been paid in accordance with the Deed, unless otherwise agreed by nib.

LS2.3.3 Refusal of Applications

- (a) Subject to this Schedule and the Private Health Insurance Act, nib may in its discretion refuse an application to join nib as an OSHC Insured Person.
- (b) If nib refuses an application, nib will provide a reason for the refusal to the applicant.

LS2.4 Duration of OSHC Policy

nib will issue an OSHC Policy for the proposed duration of the Student Visa that the Overseas Student intends to apply for, as advised to nib by that Overseas Student. Where an Overseas Student transfers from another insurer, nib will issue the OSHC Policy for the remaining duration of the Student Visa.

LS2.5 Commencement of the OSHC Policy

Subject to nib's acceptance of an application, an OSHC Policy commences:

- (a) on the date that nib confirms that the OSHC Policy has been accepted;
- (b) when the start date of the OSHC Policy has passed;
- (c) the status is active; and
- (d) the OSHC Policy is financial.

The application may be received and confirmed prior to the OSHC Policy becoming active. This can be no more than 24 months from date of notification.

LS2.5.1 Re joining Lapsed Policies

If the OSHC Policy with nib has lapsed, the OSHC Insured Person will be required to re-join from the current date and re serve all waiting periods applicable. It is a Student Visa requirement that evidence of continuous OSHC cover for the proposed duration of the Student Visa be provided to the Department of Home Affairs. nib may in its discretion permit backdating of cover provided reasonable documentation is provided as requested by nib.

LS2.6 Transfers

LS2.6.1 Transfers from another Private Health Insurer

A transfer from another private health insurer is allowed:

- (a) if the OSHC Policy has not lapsed; or
- (b) if the OSHC Policy with another health fund has lapsed, the OSHC Insured Person is required to join nib OSHC from the current date, subject to nib's discretion to backdate a policy referred to below. All wait periods must be served. If the OSHC Insured Person has not finished serving waiting periods with the previous Insurer then the balance of the relevant waiting period must be served with nib.
nib may in its discretion permit backdating of cover provided reasonable documentation is provided as requested by nib.

LS2.6.2 Benefits Paid under Previous Cover may be taken into Account

Where an OSHC Insured Person:

- (a) transfers from another private health insurer to nib; or
- (b) transfers to a different nib Product,

any Benefits that have been paid in the current Calendar Year under the Previous Cover may be taken into account in calculating Annual Limits and determining the Benefits payable under the new Product for the remainder of that Calendar Year.

An OSHC Insured Person who transfers (previous Cover) to another OSHC Policy (new Cover) or transfers from another Australian insurer to nib must serve all Waiting Periods which apply to the new Cover and did not apply to the previous Cover, together with the balance of any Waiting Periods which apply to both the previous Cover and the new Cover but were not served under the previous Cover.

If an OSHC Insured Person has not finished serving the 12 month waiting period for Pre-Existing

Conditions with the previous Insurer then it will continue to be served with nib until the full duration of 12 months has been served.

During any Waiting Period applicable to the new Cover, Benefits are payable at the lower of:

- (a) the level of Benefits payable under the previous Cover; or
- (b) the level of Benefits payable under the new Cover.

LS2.6.3 Transfers to Another Private Health Insurer

If an OSHC Insured Person transfers to a policy of private health insurance with another private health insurer, nib will provide the OSHC Insured Person with a transfer certificate in accordance with the Private Health Insurance Act.

LS2.6.4 Transfers to a different nib Product

If an OSHC Insured Person transfers from one nib OSHC Policy to another, there must be no gap in cover to receive continuity.

LS2.7 Cancellation of OSHC Policy

LS2.7.1 Cancellation of Policies

Unless otherwise permitted by nib, and in accordance with the Deed, any cancellation of an OSHC Policy:

- (a) must be authorised by the OSHC Policy Holder;
- (b) must be in the occurrence with other arrangements specified by nib

nib may permit retrospective effect of the cancellation of an OSHC Policy, provided reasonable documentation is provided as requested by nib to support any such request.

LS2.7.2 Circumstances in which Policies must be Cancelled

An OSHC Policy Holder must cancel their OSHC Policy on attaining permanent residency.

LS2.8 Refund of Premiums

LS2.8.1 Circumstances in which Premiums may be Refunded

It is a condition of your Student Visa that you must maintain a current OSHC Policy while you are studying in Australia.

An OSHC Insured Person can apply for a pro-rata refund of Premium for the unexpired portion of the OSHC Policy where the following circumstances occur:

nib will refund Premiums if:

- (a) an Overseas Student has not come to Australia to take up studies and an application is made to nib;
- (b) an Overseas Student has paid the Premiums on the basis of an extended stay but the extension of authorised stay was not granted by the Department of Home Affairs and an application has been made to nib;

- (c) an Overseas Student is obliged to cease studies and leave Australia before the end of a period of approved stay for reasons beyond the control of the Overseas Student and an application has been made for a refund of an amount equal to the balance of cover for which premiums have been paid;
- (d) an Overseas Student has been granted permanent residence in Australia or an Australian visa (other than a Student Visa), and an application has been made for a refund of an amount equal to the balance of cover for which premiums have been paid from the date that permanent residence or other visa was granted;
- (e) a Dependant or an Overseas Student can prove to nib that they were not resident in Australia for a continuous period of 3 months or more but whilst holding a valid Student Visa; or
- (f) an Overseas Student can provide proof of OSHC provided by another private health insurer which includes the period covered by nib.

An Overseas Student is required to provide proof of circumstances with their refund request.

If your refund request is approved, nib will pay the refund amount into your Australian bank account or original credit card. nib will not make payments to foreign bank accounts. If you are intending to leave Australia and request a refund, it is important that you do not close your Australian bank account until after your refund request has been paid by nib.

Refunds are calculated on a daily pro-rata basis with no minimum period. There is no minimum period if the OSHC Policy is cancelled prior to arrival in Australia. Any bank or transfer costs associated with a refund will be borne by the OSHC Policy Holder and deducted from the premium refund

LS2.9 Termination of OSHC Policy

- (a) nib may terminate an OSHC Policy if an OSHC Policy is in arrears when the paid to date is less than the visa expiry date in accordance with Rule LS2.15 (Arrears in Premiums)
- (b) nib will provide any OSHC Policy Holder that is subject to a transfer and termination under Rule LS2.6 (Transfers) reasonable prior notice of the transfer and termination.
- (c) nib may choose to close Products. This may result in the termination of the OSHC Insured Person's Product which means the OSHC Insured Person will be offered an alternative Product.

LS2.10 Improper Advantage or Unacceptable Behaviour

nib may, by notice in writing to the OSHC Policy Holder, terminate an OSHC Policy where, in the opinion of nib:

- (a) an OSHC Insured Person covered by the OSHC Policy has obtained or attempted to obtain an advantage, monetary or otherwise, and whether for the OSHC Insured Person or for any other person, to which the OSHC Insured Person is not entitled under these Rules; or
- (b) an OSHC Insured Person has engaged in inappropriate behaviour including abuse of employees or customers of nib; or
- (c) an OSHC Insured Person has made a false declaration during the application or made a false claim for Benefits; or
- (d) the OSHC Policy is required to be terminated by law, including to comply with any sanction laws with which nib is required to comply.

Upon termination nib may inform the Department of Home Affairs and the employer, sponsor or agent.

LS2.10.1 Customer Card

An OSHC Insured Person must not knowingly allow any person who is not covered by the nib OSHC Policy to use their OSHC customer card to obtain any Treatment or Benefit to which that other person is not entitled under these rules.

nib may terminate an OSHC Policy in the event of any fraudulent misuse of the nib OSHC customer card which may result in notification to the Department of Home Affairs.

nib will not be responsible for any loss suffered or incurred by an OSHC Insured Person for use of their Benefits as a result of misuse of their customer card.

All OSHC Insured Person's must keep their nib OSHC membership card secure and notify nib immediately if it is lost or stolen.

LS2.10.2 Notification to the Department of Home Affairs

Where an Overseas Student has given their permission to do so, nib agrees to provide the Department of Home Affairs with the name and contact details of any Overseas Student, if that Overseas Student receives a premium refund for whatever reason or has cancelled their OSHC Policy.

LS2.11 Suspension of OSHC Policy

LS2.11.1 Right to Suspend

An OSHC Policy Holder may apply to suspend their OSHC Policy in the following circumstances:

- (a) for a minimum of 3 months and a maximum of 2 years.
- (b) any other circumstances and for the period that nib may approve from time to time.

LS2.11.2 nib's Discretion

nib may accept or refuse an application for suspension of a OSHC Policy in its absolute discretion.

LS2.11.3 Premiums Must be Paid up to Date of Suspension

- (a) An OSHC Policy may not be suspended unless all Premiums have been paid up to the date of the commencement of the suspension.
- (b) If an OSHC Policy is paid in advance of the suspension date, then the unused portion of the Premiums are re-credited to the policy from the date the policy resumes. This may result in the date paid to being recalculated. The OSHC Policy Holder may be eligible to apply for a refund.

LS2.11.4 Documentation

An OSHC Policy Holder who applies to suspend an OSHC Policy must provide all relevant documentation in support of their application reasonably required by nib.

LS2.11.5 Effect of Suspension

During the suspension of an OSHC Policy:

- (a) any OSHC Insured Person covered by the OSHC Policy is not entitled to payment of Benefits for services provided during the suspension.

LS2.11.6 Effect of Suspension on Waiting Periods

A period during which an OSHC Policy is suspended is not included for the purposes of completing any Waiting Periods that are to be served by an OSHC Policy Holder before the OSHC Policy Holder is eligible to receive Benefits.

LS2.11.7 Date of Suspension

If an application for suspension is accepted by nib, the suspension will take effect from the date on which the application is lodged with nib or where nib agrees, such other date nominated in the application.

LS2.11.8 Reactivation of an OSHC Policy

- (a) Suspensions will be resumed on the date the OSHC Policy Holder provides to nib at the point of suspending.
- (b) If the OSHC Policy Holder returns after the date previously given to nib, they will have to provide proof that they were not in the country. At the point of reactivation, the OSHC Policy Holder may apply for a refund.

LS2.12 Payment of Premiums

All Premiums must be paid in advance and for the full duration of the student visa.

LS2.13 Premium Rate Changes

nib may change the Premium for an OSHC Product in line with the Private Health Insurance Act and the Deed.

LS2.14 Premium Discounts

nib may discount an OSHC Policy Holder's Premium to any OSHC Product.

LS2.15 Arrears in Premiums

LS2.15.1 When an OSHC Policy is in Arrears

An OSHC Policy (other than a suspended Policy) is in arrears whenever the date to which Premiums have been paid is earlier than the current date.

LS2.15.2 Termination at the End of a Student's Visa

An OSHC Policy will be automatically terminated when their paid to date equals their visa end date. An OSHC Policy Holder will be notified 6 weeks prior to the end of their student visa.

LS2.15.3 Suspension of Benefits

If an OSHC Policy is in arrears in accordance with Rule LS2.15.1 (When an OSHC Policy is in Arrears), an OSHC Insured Person covered by the OSHC Policy is not entitled to payment of Benefits for services provided during the period in which the OSHC Policy is in arrears.

LS2.16 Benefits

LS2.16.1 Approved Goods and Services

Benefits are only payable for goods and services permitted under the OSHC product and in accordance with the Deed.

LS2.16.2 Treatment by Providers

Benefits are only payable where Treatment is provided by a Provider.

Where specified in the Schedule, Benefits are payable according to Treatment provided by a nib Preferred Provider or other Provider.

LS2.16.3 Ambulance Services

Ambulance Benefits are only payable for an ambulance service within Australia that is:

- (a) provided by a State or Territory Ambulance Service where the OSHC Insured Person is not covered by a State Government Ambulance Scheme; and
- (b) defined by the relevant service provider as emergency ambulance transport; or
- (c) where an ambulance is called to attend an emergency but on arriving is no longer required this charge will also be covered; or
- (d) defined by a treating doctor as Medically Necessary transport.

LS2.16.4 Services Provided by Family Members

Benefits are not payable for services other than wholesale material costs involved in the provision of the service rendered by a Provider to:

- (a) the Provider's Partner, dependants, family members or business partner; or
- (b) Partner, dependants or family members of the Provider's business partner.

LS2.16.5 False or Misleading Claims

Benefits are not payable if any application or claim submitted to nib contains false or misleading information.

LS2.17 Hospital Treatment

LS2.17.1 Patient Classifications

Benefits for accommodation in Private Hospitals are payable according to the classification of the patient.

Patients are classified in accordance with the guidelines issued by the Minister. The classifications are:

- (a) Surgical;
- (b) Advanced Surgical;
- (c) Obstetric;
- (d) Other (Medical);
- (e) Psychiatric Care, and

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- (f) Rehabilitation (as per LS2.17.4 Rehabilitation Patients).

nib may permit further sub-classifications of patients where not inconsistent with the Minister's Guidelines.

LS2.17.2 Surgical and Advanced Surgical Patients

Subject to this Schedule, the Benefits payable for Surgical and Advanced Surgical classifications apply:

- (a) from the date of admission, where the operative procedure is performed on the first or second day of admission; or
- (b) from the date of the procedure, where the operative procedure is performed on the third day of admission or later.

LS2.17.3 Obstetric Patients

The Obstetric classification applies only where childbirth occurs following the mother's admission to a Hospital.

- (a) Where labour resulting in childbirth commenced before admission, the Obstetric classification applies from the date of admission.

Where labour commenced after admission, the Obstetric classification applies from the earliest of:

- (a) the date on which labour commenced, or
- (b) the date on which an obstetric procedure took place, or
- (c) any other date that nib may in its absolute discretion specify.

nib has the discretion to pay Benefits additional to those provided in Rule LS2.17.3(a) and (b).

LS2.17.4 Rehabilitation Patients

Benefits for Rehabilitation patients are payable subject to the following conditions:

- (a) Treatment must be supported by a Rehabilitation Certificate; and
- (b) a further Rehabilitation Certificate is required:
- (c) for each period specified in any certificate where Treatment as a Rehabilitation patient beyond 30 days is provided, and
- (d) for any subsequent readmission as a Rehabilitation patient that does not constitute Continuous Hospitalisation.

For the purposes of this Schedule, a Rehabilitation Certificate means a certificate in a form approved by nib that the patient is in need of a special rehabilitation program to recover from an Acute Catastrophic Illness or Injury.

LS2.17.5 Psychiatric Care Patients

Benefits for Psychiatric Care Patients are payable subject to the following conditions:

- (a) Treatment must be supported by a Psychiatric Care Certificate;
- (b) A further Psychiatric Care Certificate is required:

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- (c) for each period specified in any certificate where Treatment as a Psychiatric Care Patient beyond 30 days is provided, and
- (d) for any subsequent readmission as a Psychiatric Care Patient that does not constitute Continuous Hospitalisation; and
- (e) For the purposes of this Schedule, a Psychiatric Care Certificate means a certificate in a form approved by nib that the patient is in need of a special program of acute psychiatric care.

LS2.17.6 Counting of Days

The day on which a person became an Admitted Patient and the day of discharge are counted as one day for the purpose of assessing Benefits payable.

After 35 days of continuous hospitalisation (readmission within 7 days or less to the same or another hospital, is also classed as continuous), a certificate from the doctor is required to confirm the need for continued acute hospital care. If this certificate is not issued, benefits payable will be reduced to the Nursing Home Type Patient Benefit and Out-of-Pocket Expenses will apply.

LS2.17.7 Multiple Treatments

Subject to this Schedule and the payment of benefits for associated treatments for complications, associated unplanned treatments and common and support treatments (as these terms are defined in the *Private Health Insurance Act 2007*), where a patient undergoes more than one type of Hospital Treatment during a Hospital Admission, nib will only cover accommodation, theatre fees and procedures related to the covered Treatment performed as part of that Admission. If one or some Hospital Treatments are excluded, no Benefits will be paid toward any part of the costs associated with the excluded Treatment.

LS2.17.8 Subsequent Procedures

Where a patient undergoes a subsequent operative procedure during the same period of hospitalisation:

- (a) where the procedure results in the patient having a higher classification, the patient's classification increases from the date of the procedure; and
- (b) where the procedure would otherwise have resulted in the patient moving to a lower classification, the patient's classification is unchanged until day 15.

LS2.17.9 Special Care Units

The higher Benefits for patients of Special Care Units are payable only for periods during which the patient occupies a bed in a facility approved by nib for this purpose

LS2.17.10 Continuous Hospitalisation

Where a Patient is discharged, and within 7 days is admitted to the same or a different Hospital for the same or a related Condition, the two admissions are regarded as forming one period of Continuous Hospitalisation.

Where the Hospitals are different, Benefits at the Advanced Surgical, Surgical or Obstetric levels are payable in respect of the later admission only if an appropriate procedure is rendered following that admission.

LS2.17.11 Medical Purchaser Provider Agreements and Hospital Purchaser Provider Agreements

nib may enter into an agreement with:

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- (a) a medical practitioner or group of medical practitioners; or
- (b) a Hospital or group of Hospitals,

under which any of the following items, or any combination of the following items, are to remain fixed throughout the term of the agreement:

- (a) the total charge for any Treatment (excluding paramedical services);
- (b) the Benefit payable by nib; and
- (c) any out of pocket expenses payable by the OSHC Insured Person.

LS2.17.12 Pharmaceuticals Provided in Hospital

Unless otherwise stipulated in these rules Pharmaceutical Benefits for PBS and non-PBS medications, high cost and EDL (Exceptional Drugs List) drugs are payable where:

- (a) it is included on the hospital invoice; and
- (b) administered to the patient during their stay in hospital; or
- (c) provided to the OSHC Insured Person on discharge from hospital;
- (d) High cost and EDL drugs will be paid in line with the Hospital contract or where it is approved by nib.

No Benefits are payable for:

- (a) drugs issued for the sole purpose of use at home. These drugs are to be assessed under out of hospital pharmaceutical.

Any agreement under a hospital purchaser provider agreement may override this Rule (LS2.17.11).

LS2.17.13 Pharmaceuticals Provided out of Hospital

Unless otherwise stipulated in these rules Pharmaceutical Benefits for a PBS medication are payable where:

- (a) It is prescribed by a medical practitioner; and
- (b) It is listed on the Australian Government's Pharmaceutical Benefits Scheme (PBS).

Benefits are not payable for non-PBS pharmaceuticals.

High cost and EDL drugs will be paid where it is approved by nib only.

Refer to LS4.6 Pharmaceutical Benefits for benefit limits.

LS2.17.14 Out-Patient Continuing Treatment Following Hospitalisation

Benefits will be paid for Out-Patient continuing treatment following hospitalisation for services that are:

- (a) covered by the Medicare Benefit Schedule (MBS)
- (b) home nursing such as wound care or intravenous antibiotics
- (c) resulting from an early discharge from Hospital

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Benefits are not payable for:

- (a) personal care such as bathing and housekeeping
- (b) services provided by allied health providers such as physiotherapy

All treatment must be documented and approved by the treating doctor prior to discharge from Hospital. This must be reviewed and approved by nib prior to Benefits being paid.

LS2.18 General and Extras Treatment

LS2.18.1 General

The following general conditions apply to all Benefits:

- (a) all Benefits are limited to one visit per day per OSHC Insured Person to the Provider of the treatment;
- (b) where a Provider provides different treatments during the one visit, the Benefit is paid for the treatment that attracts the highest benefit;
- (c) no Benefits are payable for group or class based services except for antenatal classes; group physiotherapy and group exercise physiology (where covered);
- (d) unless otherwise stated, Annual Limits are calculated on a Calendar Year basis for each OSHC Insured Person on the OSHC Policy.
- (e) no Benefits for Extras services are payable for Treatments provided to an OSHC Insured Person while a patient in a Hospital.

LS2.18.2 General Treatments for Dental Services

General Treatments benefits for Dental Services will be provided only in respect of procedures or services set out in the ADA Schedule and which are itemised in the schedule of dental benefits set out in a relevant Schedules (the item numbers used being those provided by the Australian Dental Association). Benefits are payable only in respect of approved procedures or services performed by a registered dentist or dental technician in private practice or employed by a registered health insurer.

LS2.19 Other

LS2.19.1 Ex Gratia Payments

nib may pay Benefits on an ex gratia basis in its discretion.

LS2.19.2 Treatment Outside Australia

No Benefits are payable for treatment (including goods) provided outside Australia.

LS2.20 Waiting Periods

Waiting periods apply to Hospital services, Medical services and General Treatment (Extras) services.

LS2.20.1 Independence of Waiting Periods

Where more than one Waiting Period applies to a Benefit, each Waiting Period is served independently of and concurrently with any other.

LS2.20.2 Waiting Periods – Hospital Products

nib is not required to pay a benefit for treatment rendered in the following waiting periods calculated from the date of joining the fund or the date of arrival in Australia (whichever occurs later in time):

- (a) 12 months where the treatment is for Pre-Existing Conditions, except for Emergency Treatment or where paragraph LS2.20.2(c) below applies.
- (b) 12 months where the treatment is for pregnancy and birth related services (including Assisted Reproductive Treatment services).
- (c) 2 months where the treatment is for pre-existing psychiatric treatments as an In-Patient or Outpatient, except for Emergency Treatment.
- (d) 12 months for treatments relating to an existing disability or secondary condition relating to the Pre-existing Condition.

LS2.20.4 Waiting Periods – General (Extras) Products

Ambulance	Nil
General Treatments (Extras)	Nil
Outpatient Pharmacy	Nil

LS2.20.4 Payment of Benefits

Benefits are only payable for Treatment provided after the expiration of the relevant Waiting Period.

LS2.20.5 Pre-existing Conditions

nib may refuse to pay or reduce Benefits in respect of a Pre-Existing Condition that is the subject of Treatment within the first 12 months of a Policy for any Product.

This Exclusion does not apply where a medical practitioner certifies, and we agree, that you require Emergency Treatment, or treatment for a life threatening illness in Australia.

If the OSHC Insured Person transfers from another overseas student health insurer to the same level of cover with nib, nib may recognise the waiting periods already served with the other insurer and waive the waiting period at nib's discretion. Refer to LS2.6 (Transfers).

LS2.20.6 Waiting Periods Newborn Dependants

Immediate cover is provided under an OSHC Policy for newborn dependants with effect from their date of birth provided the OSHC Policy Holder notifies nib of the birth and requests the newborn dependant become an OSHC Insured Person under the OSHC Policy in accordance with the process contained in Item 2.2.3 (Adding a Newborn).

LS2.21 Exclusions

Exclusions and Limitations – All Products

- (a) Unless expressly provided for in these Rules, Benefits are not payable:

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- (b) for Claims which relate to services rendered while a Policy is in arrears or suspended;
- (c) for Claims which relate to services rendered outside Australia or for items purchased or hired from overseas;
- (d) for treatment rendered outside of Australia, whether or not in connection with a course of study and including treatment necessary en route to or from Australia;
- (e) for treatment arranged in advance of an Overseas Student's or a Dependant of the Overseas
- (f) Student's arriving in Australia;
- (g) for transportation of an Overseas Student or a Dependant of the Overseas Student into or out of Australia in any circumstance;
- (h) for treatment not considered to be Medically Necessary and where the treatment does not have a Medicare Benefits Schedule item number; does not meet Medicare eligibility criteria or has not been approved by the Medical services Advisory Committee.
- (i) services and treatment which are covered by compensation or damages, entitlements or payments of any kind;
- (j) for In-patient and Out-patient medical services where the OSHC Insured person is entitled to a benefit from Medicare;
- (k) for Claims which relate to Treatment rendered by a provider who has not supplied a provider number on their receipt;
- (l) for expenses relating to proprietary (over the counter) medicines or drugs, purchased without a prescription, issued by a medical practitioner and not on the PBS and medicines, purchased in bulk lasting beyond the period of insurance (stockpiling). (Must be on general or restricted schedule – not on repatriation schedule);
- (m) where an application form or a claim form submitted to nib contains fraudulent, false, or misleading information;
- (n) for services rendered in a nursing home;
- (o) where moneys are payable from another source;
- (p) where the Treatment is otherwise excluded by the operation of a Rule;
- (q) for luxury room charges;
- (r) for respite care as an Out-patient;
- (s) for take home items;
- (t) for experimental and/or treatment not covered by Medicare;
- (u) for autologous blood collection and storage and egg storage;
- (v) for expenses relating to a Pre-Existing Condition;
- (w) for expenses incurred within Waiting Periods;
- (x) for expenses recoverable from another insurer, including but not limited to claims under motor insurance, sport insurance or public liability policies or under a compulsory workers compensation policy;

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- (y) for expenses for medical examinations, x-rays, inoculations or vaccinations and other treatments required for the purpose of:
- (z) obtaining, renewing or extending a visa for entry into Australia;
- (aa) obtaining permanent residency status in Australia; or
- (bb) travelling outside Australia;
- (cc) for any expense, or that part of an expense, exceeding the Annual Limits specified in the Policy Certificate and Schedule of Benefits;
- (dd) for elective cosmetic expenses relating to elective cosmetic treatments deemed not Medically Necessary;
- (ee) for treatment referred by or provided by a Partner or family member of the Insured;
- (ff) for same day services.

LS2.22 Compensation Damages and Provisional Payment of Claims

LS2.22.1 Interpretation

In this section:

- (a) A reference to a claim (other than a Claim for Benefits) includes a reference to a demand or action;
- (b) A reference to an injury includes a Condition (including an ailment or injury) for which Benefits would or may otherwise be payable by nib for expenses incurred in its Treatment; and

A reference to an OSHC Insured Person receiving Compensation includes:

- (a) Compensation paid to another person at the direction of the OSHC Insured Person; and
- (b) Compensation paid to another OSHC Insured Person on the same OSHC Policy in connection with an injury suffered by the OSHC Insured Person.

LS2.22.2 OSHC Insured Person's Obligations if Entitled to Compensation

Subject to the following, an OSHC Insured Person who has, or may have, a right to receive Compensation in relation to an injury, must:

- (a) inform nib as soon as the OSHC Insured Person knows or suspects that such a right exists;
- (b) inform nib of any decision of the OSHC Insured Person to claim for Compensation;
- (c) include in any claim for Compensation the full amount of all expenses for which Benefits are, or would otherwise be, payable;
- (d) take all reasonable steps to pursue the claim for Compensation to nib's reasonable satisfaction;
- (e) keep nib informed of and updated as to the progress of the claim for Compensation;
- (f) inform nib immediately upon the determination or settlement of the claim for Compensation; and
- (g) repay nib any Benefits paid in respect of the injury.

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LS2.22.3 Entitlement to Benefits

Subject to these Rules, Benefits are not payable for expenses incurred (including after the OSHC Insured Person has received any Compensation) in relation to an injury where the OSHC Insured Person has received, or may be entitled to receive, Compensation in respect of that injury.

Benefits are not payable if the OSHC Insured Person is already covered by a third party, including but not limited to:

- (a) Workers Compensation;
- (b) Public Liability Insurance;
- (c) General Insurance;
- (d) Other Health Insurance.

LS2.22.4 nib's Right to Withhold Payment of Benefits

Where nib reasonably forms the view that an OSHC Insured Person has or may have a right to make a claim for Compensation in respect of an injury, but that right has not been established, nib may withhold payment of Benefits for expenses incurred in relation to that injury.

LS2.22.5 Provisional Payment of Benefits

- (a) Where a claim for Compensation in respect of an injury is in the process of being made, or has been made and remains unfinalised, nib may in its absolute discretion make a provisional payment of Benefits in respect of expenses incurred in relation to the injury.
- (b) In exercising its discretion, nib may consider factors such as unemployment or financial hardship or any other factors that it considers relevant.

LS2.22.6 Payment of Benefits

nib may, in its absolute discretion, pay Benefits where:

expenses have been incurred as a result of:

- (a) a complication arising from an injury that was the subject of a claim for Compensation; or
- (b) the provision of service or item for Treatment of an injury that was the subject of a claim for Compensation; and
- (c) that claim has been the subject of a determination or settlement; and
- (d) there is sufficient medical evidence that those expenses could not have been reasonably anticipated at the time of the determination or settlement.

LS2.23 Claims

LS2.23.1 Requirements for Claims

Claims for Benefits must

- (a) be made in the manner approved by nib; and

- (b) be supported by accounts and/or receipts on the Provider's letterhead or showing the Provider's official stamp, and showing the following information:
- i the Provider's name, provider number and address;
 - ii the Patient's full name and address;
 - iii the date of service;
 - iv the item number/numbers where applicable and description of the service;
 - v the amount(s) charged; and
 - vi any other information that nib may reasonably request.

LS2.23.2 Time Limits on Claims

- (a) Benefits are not payable where a Claim is lodged more than 2 years after the date on which the service is provided.
- (b) nib may waive this rule in its discretion.

LS2.23.3 Claims become property of nib

Unless otherwise agreed by nib, all documents submitted in connection with a Claim become the property of nib.

LS2.23.4 Method of Payment of Benefits

nib may pay Benefits by electronic funds transfer in accordance with arrangements it determines from time to time.

LS3 Premium

Premium for OSHC Products are as set out in Schedule K.

LS4 nib OSHC Core

LS4.1 Eligibility

This Table is open to the following Policy Categories subject to the conditions contained in LS2.2.1 (Generally):

- (a) Single Policy; which must be the main holder of a student visa; and
- (b) Couples Policy; and
- (c) Family Policy.

LS4.2 General Conditions

No benefits are payable for General Conditions (Extras).

LS4.3 Hospital Treatment Payments

LS4.3.1 Hospital Treatment Benefits

Other than as expressly provided in these Rules, Hospital Treatment Benefits shall be payable as follows to an admitted OSHC Insured person:

In a nib Agreement Private Hospital 100% of:

- (a) the contract rate for hospital accommodation, theatre fees, labour ward, intensive care, coronary care;
- (b) the contract rate of paramedical services for physiotherapy, exceptional drugs and prescriptions per the individual nib Agreement Private Hospital contract.

In a Public Hospital, Hospital Treatment Benefits shall be payable equivalent to the "Gazetted Rate" determined by the State and Territory Health Authorities for:

- (a) overnight and day only hospital accommodation (all costs including: all theatre, intensive care, labour wards, ward drugs);
- (b) emergency department fees that leads to an admission or is certified by a treating doctor as Emergency Treatment;
- (c) Admitted Patient care and post-operative services that are a continuation of care associated with an early discharge from hospital.

In a Private Hospital that has not entered into a provider agreement with nib:

- (a) not less than the basic Default Benefits;

No Benefits are payable for scripted or EDL drugs and disposables in Hospital.

LS4.3.2. Infertility Treatment

No benefits are payable for:

- (a) Assisted reproductive services including IVF and GIFT
- (b) Infertility investigations and secondary conditions related to infertility treatments

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LS4.4 Surgically Implanted Prostheses

100% of the benefit covered for approved surgically implanted prosthetic devices as determined by the Federal Government.

LS4.5 Medical Services Payments

Benefits for medical services provided to the OSHC Insured Person while admitted in a Hospital as a patient shall be as follows:

- (a) 100% of the Medicare Benefits Schedule Fee for that medical service.

Benefits for medical services provided to the OSHC Insured Person as an outpatient shall be as follows:

- (a) 100% of the Medicare Benefits Schedule Fee for that medical service for General Practitioner consultations.
- (b) 85% of the Medicare Benefit Schedule Fee for Out-patient specialist services including pathology, radiology, specialists and specialist services.
- (c) For Public Hospital accident and emergency and outpatient medical and post-operative services: the rate determined by State and Territory health authorities for services charged to a patient who is not an Australian resident.

LS4.6 Pharmaceutical Benefits

In-hospital

Pharmaceutical Benefits for PBS and non-PBS medications are payable at 100% of cost where:

- (a) it is included on the hospital invoice; and
- (b) administered to the patient during their stay in hospital; or
- (c) provided to the OSHC Insured Person on discharge from hospital.

High cost and EDL drugs will also be paid in line with the Hospital contract or where it is approved by nib at nib's discretion.

No Benefits are payable for drugs issued for the sole purpose of use at home. These drugs are to be assessed under out-of hospital pharmaceutical as per below.

Out-of hospital

Pharmaceutical Benefits for expenses exceeding the equivalent of the current Pharmaceutical Benefits Scheme patient contribution for general beneficiaries are payable up to \$50 per pharmaceutical item with a maximum benefit of \$300 per Calendar Year per Single OSHC Policy and \$600 per Couple and Family OSHC Policy.

Benefits are payable for drugs when the drug is:

- (a) Prescribed by a medical practitioner; and
- (b) Listed on the Australian Government's Pharmaceutical Benefits Scheme (PBS).

Benefits are not payable for non-PBS pharmaceuticals.

High cost and EDL drugs will also be paid where it is approved by nib at nib's discretion.

LS4.7 Nursing Home Type Patients

A Nursing Home Type Benefit is a benefit set by the Federal Government for a Patient who is in hospital, but not in need of acute hospital care, while awaiting a nursing home placement.

Where an OSHC Insured Person is classified as a Nursing Home Type Patient they will be required to contribute a daily co-payment towards the cost of their hospital stay (co-payments are also determined by the Federal Government).

LS4.8 Ambulance

Ambulance Benefits are only payable for an ambulance service within Australia that is:

- (a) provided by a State or Territory Ambulance Service where the OSHC Insured Person is not covered by a State Government Ambulance Scheme; and
- (b) defined by the relevant service provider as emergency ambulance transport; or
- (c) where an ambulance is called to attend an emergency but on arriving is no longer required this charge will also be covered; or
- (d) defined by a treating doctor as Medically Necessary transport.

LS6 nib OSHC Premium

LS6.1 Eligibility

This Table is open to the following Policy Categories subject to the conditions contained in LS2.2.1 (Generally):

- (a) Single Policy;
- (b) Couple Policy;
- (c) Family Policy.

LS6.2 General Conditions

The following conditions apply to all General Treatment benefits for this Table:

- (a) Unless otherwise stated Benefits are only paid for consultations or treatment.
- (b) Benefits in Schedule M are payable according to whether Treatment is provided by a nib Preferred Provider or other Provider. Where the OSHC Insured Person is resident more than 20 kilometres from a nib Preferred Provider, the same Benefits will apply as if Treated by a nib Preferred Provider.

LS6.3 Hospital Treatment Payments

LS6.3.1 Hospital Treatment Benefits

Other than as expressly provided in these Rules, Hospital Treatment Benefits shall be payable as follows to an OSHC Insured Person who is a patient:

- (a) Public Hospital – (Admitted Patient in shared ward) hospital accommodation, same day services, accident and emergency and outpatient medical and post-operative services – 100% of the cost raised by the Public Hospital
- (b) in a nib Agreement Private Hospital – 100% of all insurable costs raised by a contracted hospital with a minimum of shared ward accommodation;
- (c) in a non-Agreement Private Hospital – 100% of all insurable costs raised by a non agreement
- (d) Private Hospital with a minimum of shared ward accommodation;

LS6.3.2 Infertility Treatment

Assisted Reproductive Treatment services including IVF is payable at 100%.

LS6.4 Surgically Implanted Prostheses

100% of the Benefit covered for approved surgically implanted prosthetic devices as determined by the Federal Government.

LS6.5 Medical Services Payments

Benefits for medical services provided to the OSHC Insured Person while in a Hospital shall be as follows:

- (a) 100% of the Cost for the medical services.

Benefits for medical services provided to the OSHC Insured Person while not in a Hospital shall be as follows:

- (b) 100% of the Cost for the medical services.

LS6.6 Pharmaceutical Benefits

In-hospital

Pharmaceutical Benefits for PBS and non-PBS medications are payable at 100% of cost where:

- (a) it is included on the hospital invoice; and
- (b) administered to the patient during their stay in hospital; or
- (c) provided to the OSHC Insured Person on discharge from hospital.

High cost and EDL drugs will also be paid in line with the Hospital contract or where it is approved by nib at nib's discretion.

No Benefits are payable for:

- (a) drugs issued for the sole purpose of use at home. These drugs are to be assessed under out-of hospital pharmaceutical.

Out-of hospital

Pharmaceutical Benefits are payable at 100% of cost.

Benefits are payable for drugs when the drug is:

- (a) Prescribed by a medical practitioner; and
- (b) Listed on the Australian Government's Pharmaceutical Benefits Scheme (PBS and non-PBS)

High cost and EDL drugs will also be paid in line with the Hospital contract or where it is approved by nib at nib's discretion.

LS6.7 Nursing Home Type Patients

A Nursing Home Type Benefit is a benefit set by the Federal Government for a Patient who is in hospital, but not in need of acute hospital care, while awaiting a nursing home placement.

Where an OSHC Insured Person is classified as a Nursing Home Type Patient they will be required to contribute a daily co-payment towards the cost of their hospital stay (co-payments are also determined by the Federal Government).

LS6.8 Ambulance

Ambulance Benefits are only payable for an ambulance service within Australia that is:

- (a) provided by a State or Territory Ambulance Service where the OSHC Insured Person is not covered by a State Government Ambulance Scheme; and
- (b) defined by the relevant service provider as emergency ambulance transport; or

(c) where an ambulance is called to attend an emergency but on arriving is no longer required this charge will also be covered; or

(d) defined by a treating doctor as Medically Necessary transport.

LS6.9 Non Surgically implanted Prostheses and Appliances

As specified in Schedule M (Other) Benefits are only payable for Non Surgically Implanted Prostheses and Appliances, known as Artificial Aids, prescribed by a medical practitioner.

Benefits are paid at 100% of the cost with no Annual Limits.

Benefits are not payable for a patient treated in Public Hospital.

LS6.10 Physiotherapy

The Benefits for Physiotherapy (including group physiotherapy) and/or Exercise Physiology are as follows:

(a) Benefits are paid at 100% of the cost of each visit with no Annual Limit.

LS6.11 Chiropractic

The Benefits for Chiropractic including x-rays are as follows:

(a) Benefits are paid at 100% of the cost of each visit with no Annual Limit.

LS6.12 Osteopathy

The Benefits for Osteopathy are as follows:

(a) Benefits are paid at 100% of the cost of each visit with no Annual Limit.

LS6.13 Dental

Where the Treatment is provided by a nib Preferred Provider or as otherwise specified, Dental Benefits are paid at 100% of the cost of each visit up to the Annual Limit and lifetime limit for each OSHC Insured Person. Benefits apply as set out in Schedule M.

Where the treatment is provided by a non nib Preferred Provider, Benefits are payable as per the Default rate Schedule set out in Schedule M. An OSHC Insured Person may experience an Out of Pocket Experience as a result of attending a non nib Preferred Provider.

Dental Benefits are payable:

(a) Subject to dental treatment limits for each OSHC Insured Person on certain items specified in Schedule M (Other); and

Subject to the following:

(a) General Dental (services are preventative, prophylactic and bleaching, diagnostic, restorative, basic extractions and general services) - Benefits are up to an Annual Limit of \$5,000;

(b) Major Dental (services are oral surgery, prosthodontics, implants and prosthetics, endodontia, periodontia) - Benefits are up to an Annual Limit of \$5,000.;

Orthodontia is included in the major dental limit and attracts a one off payment of \$3,500 for the duration of the policy, including if the policy is renewed or recommenced. A treatment plan is required from the provider prior to the work commencing to determine whether Benefits will be paid.

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LS6.14 Optical

Optical Benefits are payable:

- (a) For the items and to the limits specified in *Schedule M*, and

Subject to the following additional limits:

- (a) The maximum Annual Limit of \$500 per OSHC Insured Person
- (b) Benefits for repairs to spectacles are only payable where a temple joint, arm, or a screw in an arm is replaced or a broken frame is repaired.

Optical Benefits are not payable:

- (a) For replacing a lens as part of the repair of spectacles;
- (b) For sunglasses or for tinting, coating or hardening of lenses.

LS6.15 Dietary

Benefits are paid at 100% of the cost of each visit with no Annual Limit.

No Benefits are payable for membership in diet clubs/programs.

LS6.16 Home Nursing and Home Care

Benefits are paid at 100% of the cost of each visit with no Annual Limit.

LS6.17 Psychology and Counselling

Benefits are paid at 100% of the cost of each visit with no Annual Limit.

No Benefits are payable for:

- (a) Tests and assessments; or
- (b) Couple or group sessions

LS6.18 Occupational Therapy

The Benefits are paid at 100% of the cost of each visit with no Annual Limit.

LS6.19 Podiatry

Benefits are paid at 100% of the cost of each visit with no Annual Limit.

LS6.20 Speech Therapy

The Benefits are paid at 100% of the cost of each visit with no Annual Limit.

No speech therapy Benefits are payable for treatment rendered in a Public Hospital.

LS6.21 Hearing Aids

Benefits for Hearing Aids are limited to 2 appliances every 5 years and are paid at 100% of the cost. Benefits will also be paid for one repair for each OSHC Insured Person each Calendar Year.

LS6.22 Orthotics

Benefits are paid at 100% of the cost of each visit with no Annual Limit subject to the following:

- (a) Orthotic appliance and orthopedic shoes/boots must be custom made.
- (b) Service limit of 2 complete appliances per year applies.

Benefits are not payable for:

- (a) Sporthotics or over the counter orthotics that are not made to measure.

LS6.23 Antenatal and Postnatal Services

Antenatal and postnatal services are paid at 100% of the costs with no Annual Limit.

LS6.24 Orthoptic therapy

Benefits are paid at 100% of the cost of each visit with no Annual Limit.

LS9 OSHC Top Cover

LS9.1 Eligibility

This Table is open to the following Policy Categories subject to the conditions contained in LS2.2.1:

- (a) Single Policy;
- (b) Couples Policy;
- (c) Family Policy

LS9.2 General Conditions

The following conditions apply to all Benefits for this Table:

- (a) Benefits for treatments for Physiotherapy and Exercise Physiology, Chiropractic and Osteopathy are subject to a combined Annual Limit of \$300 for each OSHC Insured Person per Calendar Year;
- (b) unless otherwise stated Benefits are only paid for Consultations or Treatment;
- (c) Benefits in Schedule M are payable according to whether Treatment is provided by a nib Preferred Provider or other Provider. Where the OSHC Insured Person is resident more than 20 kilometres from a nib Preferred Provider, the same Benefits will apply as if Treated by a nib Preferred Provider.

LS9.3 Hospital Treatment Payments

LS9.3.1 Hospital Treatment Benefits

Other than as expressly provided in these Rules, Hospital Treatment Benefits shall be payable as follows to an admitted OSHC Insured Person:

In a nib Agreement Private Hospital 100% of:

- (a) the contract rate for hospital accommodation, theatre fees, labour ward, intensive care, coronary care
- (b) the contract rate of paramedical services for physiotherapy, exceptional drugs and prescriptions per the individual nib Agreement Private Hospital contract

In a Public Hospital, Hospital Treatment Benefits shall be payable equivalent to the "Gazetted Rate" determined by the State and Territory Health Authorities for:

- (a) overnight and day only hospital accommodation (all costs including: all theatre, intensive care, labour wards, ward drugs)
- (b) emergency department fees which leads to an admission or is certified by a treating doctor as Emergency Treatment.
- (c) Admitted Patient care and post-operative services that are a continuation of care associated with an early discharge from hospital.

In a Private Hospital that has not entered into a provider agreement with nib:

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- (a) not less than the basic Default Benefits.

No Benefits are payable for scripted or EDL drugs and disposables in a Private hospital that has not entered into a provider agreement.

LS9.3.2 Infertility Treatment

Assisted Reproductive Treatments are payable as per LS9.3.1 (Hospital Treatment Benefits) and LS9.5 (Medical Services Payments).

LS9.4 Surgically Implanted Prostheses

The benefit for approved surgically implanted prosthetic devices is payable at 100% of the benefit as determined by the Federal Government.

LS9.5 Medical Services Payments

Benefits for medical services provided to the OSHC Insured Person while in a Hospital shall be payable as follows:

- (a) 100% of the Cost for the medical services in Public Hospital & nib Agreement Private Hospitals;
- (b) 100% of the Medicare Benefit Schedule (MBS) for non agreement Private Hospitals.

Benefits for medical services provided to the OSHC Insured Person while not in a Hospital shall be payable as follows:

- (a) 100% of the Cost for medical services.

LS9.6 Pharmaceutical Benefits

In-hospital

Pharmaceutical Benefits for PBS and non-PBS medications are payable at 100% of cost where:

- (a) it is included on the hospital invoice; and
- (b) administered to the patient during their stay in hospital; or
- (c) provided to the OSHC Insured Person on discharge from hospital

High cost and EDL drugs will also be paid in line with the Hospital contract or where it is approved by nib at nib's discretion.

No Benefits are payable for:

- (a) drugs issued for the sole purpose of use at home. These drugs are to be assessed under out-of-hospital pharmaceutical.

Out-of hospital

Pharmaceutical benefits are payable at 100% of cost.

Benefits are payable for drugs when the drug is:

- (b) Prescribed by a medical practitioner; and

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- (c) Listed on the Australian Government's Pharmaceutical Benefits Scheme (PBS and non-PBS). High cost and EDL drugs will also be paid in line with the Hospital contract or where it is approved by nib at nib's discretion.

LS9.7 Nursing Home Type Patients

A Nursing Home Type Benefit is a benefit set by the Federal Government for a Patient who is in hospital, but not in need of acute hospital care, while awaiting a nursing home placement.

Where an OSHC Insured Person is classified as a Nursing Home Type Patient they will be required to contribute a daily co-payment towards the cost of their hospital stay (co-payments are also determined by the Federal Government).

LS9.8 Ambulance

Ambulance Benefits are only payable for an ambulance service within Australia that is:

- (a) provided by a State or Territory Ambulance Service where the OSHC Insured Person is not covered by a State Government Ambulance Scheme; and
- (b) defined by the relevant service provider as emergency ambulance transport; or
- (c) where an ambulance is called to attend an emergency but on arriving is no longer required this charge will also be covered; or
- (d) defined by a treating doctor as Medically Necessary transport.

LS9.9 Non Surgically implanted Prostheses and Appliances

No Benefits are payable for Non Surgically Implanted Prostheses and Appliances.

LS9.10 Physiotherapy and Exercise Physiology

Subject to the limits contained in Schedule LS9.2 (General Conditions), the Benefits for Physiotherapy (including group physiotherapy) and/or Exercise Physiology are payable as follows:

- (a) Benefits are paid at 100% of the cost of each visit up to the combined Annual Limit of \$300 per OSHC Insured Person (combined with Chiropractic and Osteopathy)

LS9.11 Chiropractic

Subject to the limits contained in Schedule LS9.2 (General Conditions), the Benefits for Chiropractic including x-rays are payable as follows:

- (a) Benefits are paid at 100% of the cost of each visit up to the combined Annual Limit of \$300 per OSHC Insured Person (combined with Physiotherapy and Exercise Physiology and Osteopathy).

LS9.12 Osteopathy

Subject to the limits contained in Schedule LS9.2 (General Conditions), the Benefits for Osteopathy are payable as follows:

- (a) Benefits are paid at 100% of the cost of each visit up to the combined Annual Limit of \$300 per OSHC Insured Person (combined with Physiotherapy and Exercise Physiology and Chiropractic).

LS9.13 Dental

Where the Treatment is provided by a nib Preferred Provider, or as otherwise specified, Dental Benefits are paid at 100% of the cost of each visit up to the Annual Limit and lifetime limit for each OSHC Insured Person. Benefits apply as set out in Schedule M.

Where the treatment is provided by a non nib Preferred Provider, Benefits are payable as per the Default rate Schedule set out in Schedule M. An OSHC Insured Person may experience an Out of Pocket experience as a result of attending a non Preferred Provider.

Dental Benefits are payable:

- (a) Subject to dental treatment limits for each OSHC Insured Person on certain items specified in Schedule M (Other); and

Subject to the following:

- (a) General Dental (services are preventative, prophylactic and bleaching, diagnostic, restorative, basic extractions and general services) – Benefits are paid up to an Annual Limit of \$1,000
- (b) Major Dental (services are oral surgery, endodontia, periodontia). No benefit payable for implants, dentures, direct or indirect veneers or orthodontia. Benefits are paid up to an Annual Limit of \$2,500.00

LS9.14 Optical

Optical Benefits are payable:

for the items and to the limits specified in *Schedule M*, and

subject to the following additional limits:

- (a) the maximum Annual Limit of \$500 per OSHC Insured Person per Calendar Year;
- (b) Benefits for repairs to spectacles are only payable where a temple joint, arm, or a screw in an arm is replaced or a broken frame is repaired.

Optical Benefits are not payable:

- (a) for replacing a lens as part of the repair of spectacles;
- (b) for sunglasses or for tinting, coating or hardening of lenses.

LS9.15 Dietary

No Benefits are payable for Dietary.

LS9.16 Home Nursing

No Benefits are payable for Home Nursing.

LS9.17 Psychology and Counselling

No Benefits are payable for Psychology and Counselling.

LS9.18 Occupational Therapy

No Benefits are payable for Occupational Therapy

LS9.19 Podiatry

No Benefits are payable for Podiatry.

LS9.20 Speech Therapy

No Benefits are payable for Speech Therapy.

LS9.21 Hearing Aids

No Benefits are payable for Hearing Aids.

LS9.22 Orthotics

No Benefits are payable for Orthotics.

LS9.23 Antenatal and Postnatal Services

No Benefits are payable for Antenatal and Postnatal Services.

LS9.24 Orthoptic therapy

No Benefits are payable for Orthoptic Therapy.

LS11 nib OSHC Ultimate

LS11.1 Eligibility

This Table is open to the following Policy Categories subject to the conditions contained in LS2.2.1 (Generally):

- (a) Single Policy; which must be the main holder of a student visa; and
- (b) Couples Policy; and
- (c) Family Policy.

LS11.2 General Conditions

The following conditions apply to all General Treatment benefits for this Table:

- (a) Unless otherwise stated Benefits are only paid for consultations or treatment.

LS11.3 Hospital Treatment Payments

LS11.3.1 Hospital Treatment Benefits

Other than as expressly provided in these Rules, Hospital Treatment Benefits shall be payable as follows to an admitted OSHC Insured person:

In a nib Agreement Private Hospital 100% of:

- (a) the contract rate for hospital accommodation, theatre fees, labour ward, intensive care, coronary care;
- (b) the contract rate of paramedical services for physiotherapy, exceptional drugs and prescriptions per the individual nib Agreement Private Hospital contract.

In a Public Hospital, Hospital Treatment Benefits shall be payable equivalent to the "Gazetted Rate" determined by the State and Territory Health Authorities for:

- (a) overnight and day only hospital accommodation (all costs including: all theatre, intensive care, labour wards, ward drugs);
- (b) emergency department fees that leads to an admission or is certified by a treating doctor as Emergency Treatment;
- (c) Admitted Patient care and post-operative services that are a continuation of care associated with an early discharge from hospital.

In a Private Hospital that has not entered into a provider agreement with nib:

- (a) not less than the basic Default Benefits;

No Benefits are payable for scripted or EDL drugs and disposables in Hospital.

LS11.3.2. Infertility Treatment

No benefits are payable for:

- (a) Assisted reproductive services including IVF and GIFT
- (b) Infertility investigations and secondary conditions related to infertility treatments

LS11.4 Surgically Implanted Prostheses

100% of the benefit covered for approved surgically implanted prosthetic devices as determined by the Federal Government.

LS11.5 Medical Services Payments

Benefits for medical services provided to the OSHC Insured Person while admitted in a Hospital as a patient shall be as follows:

- (a) 100% of the Medicare Benefits Schedule Fee for that medical service.

Benefits for medical services provided to the OSHC Insured Person as an outpatient shall be as follows:

- (a) 100% of the Medicare Benefits Schedule Fee for that medical service for General Practitioner consultations.
- (b) 100% of the Medicare Benefit Schedule Fee for Out-patient specialist services including pathology, radiology, specialists and specialist services.
- (c) For Public Hospital accident and emergency and outpatient medical and post-operative services: the rate determined by State and Territory health authorities for services charged to a patient who is not an Australian resident.

LS11.6 Pharmaceutical Benefits

In-hospital

Pharmaceutical Benefits for PBS and non-PBS medications are payable at 100% of cost where:

- (a) it is included on the hospital invoice; and
- (b) administered to the patient during their stay in hospital; or
- (c) provided to the OSHC Insured Person on discharge from hospital.

High cost and EDL drugs will also be paid in line with the Hospital contract or where it is approved by nib at nib's discretion.

No Benefits are payable for drugs issued for the sole purpose of use at home. These drugs are to be assessed under out of hospital pharmaceutical as per below.

Out-of hospital

Pharmaceutical Benefits for expenses exceeding the equivalent of the current Pharmaceutical Benefits Scheme patient contribution for general beneficiaries are payable up to \$50 per pharmaceutical item with a maximum benefit of \$300 per Calendar Year per Single OSHC Policy and \$600 per Couple and Family OSHC Policy.

Benefits are payable for drugs when the drug is:

- (a) Prescribed by a medical practitioner; and
- (b) Listed on the Australian Government's Pharmaceutical Benefits Scheme (PBS).

Benefits are not payable for non-PBS pharmaceuticals.

High cost and EDL drugs will also be paid where it is approved by nib at nib's discretion.

LS11.7 Nursing Home Type Patients

A Nursing Home Type Benefit is a benefit set by the Federal Government for a Patient who is in hospital, but not in need of acute hospital care, while awaiting a nursing home placement.

Where an OSHC Insured Person is classified as a Nursing Home Type Patient they will be required to contribute a daily co-payment towards the cost of their hospital stay (co-payments are also determined by the Federal Government).

LS11.8 Ambulance

Ambulance Benefits are only payable for an ambulance service within Australia that is:

- (e) provided by a State or Territory Ambulance Service where the OSHC Insured Person is not covered by a State Government Ambulance Scheme; and
- (f) defined by the relevant service provider as emergency ambulance transport; or
- (g) where an ambulance is called to attend an emergency but on arriving is no longer required this charge will also be covered; or
- (h) defined by a treating doctor as Medically Necessary transport.

LS11.9 Immunisations and Allergy Vaccines

Subject to the below, the Benefits for Immunisations and Allergy Vaccines are:

- (a) 50% of cost up to a maximum Calendar Year limit of \$100 for a Single Policy \$100 per OSHC Insured Person up to a maximum Calendar Year limit of \$200 for a Couple or Family Policy
- (b) If the immunisation is listed on the National Immunisation Program Schedule a benefit is payable for the immunization. These include:
 - i. Diphtheria, Haemophilus influenza type B (Hib), Hepatitis A, Hepatitis B, Human Papillomavirus (HPV), Influenza (Flu), Measles, Meningococcal Disease, Mumps, Pertussis (Whooping Cough), Pneumococcal Disease, Poliomyelitis (Polio), Rotavirus, Rubella (German Measles), Tetanus (Lockjaw), Varicella (Chickenpox).

The waiting period for Immunisations and Allergy Vaccines is 2 months.

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SCHEDULE K CONTRIBUTION RATE

Effective 5 July 2021

Schedule	Product	Scale	Duration	Yearly Base Rate 2021
LS4	nib OSHC Core	Single	1 year	515.00
			2 year	1,049.36
			3 year	1,618.08
			4 year	2,418.28
			5 year	3,279.50
		Couple	1 year	3,063.75
			2 year	6,761.70
			3 year	10,094.13
			4 year	16,651.48
			5 year	22,467.10
		Family	1 year	5,364.25
			2 year	13,115.06
			3 year	20,962.95
			4 year	33,432.68
			5 year	43,537.35
LS6	nib OSHC Premium	Single		5,353.86
		Couple, Family		10,707.72
LS9	nib OSHC Top	Single		5,236.79
		Couple, Family		10,473.58
LS11	nib OSHC Ultimate	Single	1 year	540.00
			2 year	1,100.47
			3 year	1,697.98
			4 year	2,532.44
			5 year	3,450.44
		Couple	1 year	3,219.67
			2 year	7,105.81
			3 year	10,607.85
			4 year	17,498.91
			5 year	23,610.48
		Family	1 year	5,637.24
			2 year	13,782.49
			3 year	22,029.77
			4 year	35,134.10
			5 year	45,752.97

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SCHEDULE M OTHER

Dental

In the Table set out below:

- (a) the Benefits apply to Schedules LS6 OSHC Premium and LS9 OSHC Top;
- i the Benefits payable for the Services for each Schedule shall be no greater than:
 - ii those Benefit amounts set out below. Where no Benefit for a Service is specified for a Schedule, no Benefit for that Service is payable;
 - iii subject to the Annual Limits and conditions set out in that Schedule;
 - iv subject to Treatment by a nib Preferred Provider or as otherwise set out;

Benefits in Schedule M are payable according to whether Treatment is provided by a nib Preferred Provider or other Provider. Where the OSHC Insured Person is resident more than 20 kilometres from a nib Preferred Provider, the same Benefit will apply as if Treated by a nib Preferred Provider.

Item Description	Item Number	LS6 OSHC Premium Preferred Provider	LS6 OSHC Premium Other Provider	LS9 OSHC Top Cover Preferred Provider	LS9 OSHC Top Cover Other Provider
Collection of specimen for pathology examination	044	No Benefit	No Benefit	No Benefit	No Benefit
Saliva screening test	047	No Benefit	No Benefit	No Benefit	No Benefit
Bacteriological screening test	048	No Benefit	No Benefit	No Benefit	No Benefit
Biopsy of tissue	051	100%	\$130	100%	\$130
Histopathological examination of tissue	052	No Benefit	No Benefit	No Benefit	No Benefit
Cytological investigation	053	No Benefit	No Benefit	No Benefit	No Benefit
Oral Mucosal screening	054	100%	100%	100%	100%
Blood sample	055	100%	\$47	100%	\$47
Haematological examination	056	100%	\$30	100%	\$30
Comprehensive head and neck cancer examination and risk assessment	059	No Benefit	No Benefit	No Benefit	No Benefit
Pulp testing – per appointment	061	No Benefit	No Benefit	No Benefit	No Benefit
Diagnostic model – per model	071	100%	\$61	100%	\$61
Photographic records – intraoral- per appointment	072	100%	\$29	100%	\$29
Photographic records – extraoral - per appointment	073	100%	\$24	100%	\$24
Diagnostic wax-up	074	100%	\$90	100%	\$90
Diagnostic modelling	075	No Benefit	No Benefit	No Benefit	No Benefit
Cephalometric analysis – excluding radiographs	081	100%	\$46	100%	\$46
Tooth-jaw size prediction analysis	082	100%	\$37	100%	\$37
Tomographic analysis	083	No Benefit	No Benefit	No Benefit	No Benefit

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Item Description	Item Number	LS6 OSHC Premium Preferred Provider	LS6 OSHC Premium Other Provider	LS9 OSHC Top Cover Preferred Provider	LS9 OSHC Top Cover Other Provider
Electromyographic recording	085	100%	\$37	100%	\$37
Electromyographic analysis	086	100%	\$27	100%	\$27
Cone beam volumetric tomogram analysis and/or interpretation – small field of view (less than one complete dental arch)	087	No Benefit	No Benefit	No Benefit	No Benefit
Cone beam volumetric tomogram analysis and/or interpretation – maxillary or mandibular dentition (single arch)	088	No Benefit	No Benefit	No Benefit	No Benefit
Cone beam volumetric tomogram analysis and/or interpretation – maxillary and mandibular dentition (both arches)	089	No Benefit	No Benefit	No Benefit	No Benefit
Cone Beam volumetric tomography analysis and/or interpretation – temporomandibular joints only	090	No Benefit	No Benefit	No Benefit	No Benefit
Cone beam volumetric tomography analysis and/or interpretation – orofacial structures	091	No Benefit	No Benefit	No Benefit	No Benefit
Removal of plaque and/or stain	111	100%	\$47	100%	\$47
Recontouring and polishing of pre-existing restoration(s) per appointment	113	100%	\$30	100%	\$30
Removal of calculus – first appointment	114	100%	\$95	100%	\$95
Removal of calculus – subsequent appointment	115	100%	\$97	100%	\$97
Enamel micro-abrasion – per tooth	116	100%	\$62	100%	\$62
Bleaching, internal – per tooth	117	100%	\$129	100%	\$129
Bleaching, external – per tooth	118	No Benefit	No Benefit	No Benefit	No Benefit
Bleaching, home application – per arch	119	No Benefit	No Benefit	No Benefit	No Benefit
Topical application of remineralisation and/or cariostatic agents, one treatment	121	100%	\$32	100%	\$32
Topical remineralisation and/or cariostatic agents, home application – per arch	122	No Benefit	No Benefit	No Benefit	No Benefit
Concentrated remineralisation and/or cariostatic agents, application – single tooth	123	100%	\$29	100%	\$29
Dietary analysis and advice	131	No Benefit	No Benefit	No Benefit	No Benefit
Oral hygiene instruction	141	No Benefit	No Benefit	No Benefit	No Benefit
Tobacco counselling	142	No Benefit	No Benefit	No Benefit	No Benefit
Provision of a mouthguard – indirect	151	100%	\$146	100%	\$146
Bi-maxillary mouthguard – indirect	153	100%	\$160	100%	\$160
Fissure and/or tooth surface sealing - per tooth	161	100%	\$54	100%	\$54
Desensitising procedure – per appointment	165	100%	\$37	100%	\$37
Odontoplasty – per tooth	171	100%	\$30	100%	\$30
Treatment of acute periodontal infection – per appointment	213	100%	\$77	100%	\$77
Clinical periodontal analysis and recording	221	100%	\$51	100%	\$51
Periodontal debridement - per tooth	222	100%	\$47	100%	\$47
Non-surgical treatment of peri-implant disease – per implant	223	No Benefit	No Benefit	No Benefit	No Benefit
Gingivectomy – per tooth	231	100%	\$99	100%	\$99
Periodontal flap surgery – per tooth	232	100%	\$183	100%	\$183
Surgical treatment of peri-implant disease – per implant	233	100%	\$450	100%	\$450
Application of biologically active material	234	100%	\$100	100%	\$100
Gingival graft – per tooth or implant or extraction socket	235	100%	\$442	100%	\$442
Guided tissue regeneration – per tooth or implant	236	100%	\$343	100%	\$343

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Item Description	Item Number	LS6 OSHC Premium Preferred Provider	LS6 OSHC Premium Other Provider	LS9 OSHC Top Cover Preferred Provider	LS9 OSHC Top Cover Other Provider
Guided tissue regeneration – membrane removal	237	100%	\$176	100%	\$176
Periodontal flap surgery for crown lengthening – per tooth	238	100%	\$269	100%	\$269
Root resection – per root	241	100%	\$186	100%	\$186
Osseous surgery – per tooth or implant	242	100%	\$222	100%	\$222
Osseous graft – per tooth or implant	243	100%	\$315	100%	\$315
Osseous graft – block	244	100%	\$170	100%	\$170
Periodontal surgery involving one tooth	245	100%	\$81	100%	\$81
Maxillary sinus augmentation - Trans-alveolar technique – per sinus	246	100%	\$300	100%	\$300
Maxillary sinus augmentation - Lateral wall approach – per sinus	247	100%	\$750	100%	\$750
Active non surgical periodontal therapy- per quadrant	250	100%	\$232	100%	\$232
Supportive periodontal therapy- per appointment	251	100%	\$191	100%	\$191
Removal of a tooth or part(s) thereof	311	100%	\$164	100%	\$164
Sectional removal of a tooth or part(s) thereof	314	100%	\$213	100%	\$213
Surgical removal of a tooth or tooth fragment not requiring removal of bone or tooth division	322	100%	\$246	100%	\$246
Surgical removal of a tooth or tooth fragment requiring removal of bone	323	100%	\$283	100%	\$283
Surgical removal of a tooth or tooth fragment requiring both removal of bone and tooth division	324	100%	\$353	100%	\$353
Alveolectomy – per segment	331	100%	\$146	100%	\$146
Ostectomy – per jaw	332	100%	\$90	100%	\$90
Reduction of fibrous tuberosity	337	100%	\$121	100%	\$121
Reduction of flabby ridge – per segment	338	100%	\$300	100%	\$300
Removal of hyperplastic tissue	341	100%	\$134	100%	\$134
Repositioning of muscle attachment	343	100%	\$51	100%	\$51
Vestibuloplasty	344	100%	\$51	100%	\$51
Skin or mucosal graft	345	100%	\$66	100%	\$66
Repair of skin and subcutaneous tissue or mucous membrane	351	100%	\$180	100%	\$180
Fracture of maxilla or mandible – not requiring fixation	352	100%	\$180	100%	\$180
Fracture of maxilla or mandible – with wiring of teeth or intraoral fixation	353	100%	\$250	100%	\$250
Fracture of maxilla or mandible – with external fixation	354	100%	\$420	100%	\$420
Fracture of zygoma	355	100%	\$420	100%	\$420
Fracture of the maxilla or mandible requiring open reduction	359	100%	\$450	100%	\$450
Mandible – relocation following dislocation	361	100%	\$70	100%	\$70
Mandible – relocation requiring open operation	363	100%	\$140	100%	\$140
Osteotomy – maxilla	365	100%	\$720	100%	\$720
Osteotomy – mandible	366	100%	\$720	100%	\$720
Removal of tumour, cyst or scar – cutaneous, subcutaneous or in mucous membrane	371	100%	\$228	100%	\$228
Removal of tumour, cyst or scar involving muscle, bone or other deep tissue	373	100%	\$289	100%	\$289
Surgery to salivary duct	375	100%	\$165	100%	\$165
Surgery to salivary gland	376	100%	\$165	100%	\$165
Removal or repair of soft tissue (not elsewhere defined)	377	100%	\$114	100%	\$114

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Item Description	Item Number	LS6 OSHC Premium Preferred Provider	LS6 OSHC Premium Other Provider	LS9 OSHC Top Cover Preferred Provider	LS9 OSHC Top Cover Other Provider
Surgical removal of foreign body	378	100%	\$90	100%	\$90
Marsupialization of cyst	379	100%	\$61	100%	\$61
Surgical exposure of unerupted tooth - per tooth	381	100%	\$306	100%	\$306
Surgical exposure and attachment of device for orthodontic traction	382	100%	\$427	100%	\$427
Repositioning of displaced tooth/teeth – per tooth	384	100%	\$159	100%	\$159
Surgical repositioning of unerupted tooth - per tooth	385	100%	\$70	100%	\$70
Splinting of displaced tooth/teeth – per tooth	386	100%	\$127	100%	\$127
Replantation and splinting of a tooth - per tooth	387	100%	\$371	100%	\$371
Transplantation of tooth or tooth bud	388	100%	\$160	100%	\$160
Surgery to isolate and preserve neurovascular tissue	389	100%	\$142	100%	\$142
Frenectomy	391	100%	\$198	100%	\$198
Drainage of abscess	392	100%	\$83	100%	\$83
Surgery involving the maxillary antrum	393	100%	\$527	100%	\$527
Surgery for osteomyelitis	394	100%	\$300	100%	\$300
Repair of nerve trunk	395	100%	\$130	100%	\$130
Control of reactionary or secondary post-operative haemorrhage	399	100%	\$31	100%	\$31
Direct pulp capping	411	100%	\$43	100%	\$43
Incomplete endodontic therapy (tooth not suitable for further treatment)	412	100%	\$142	100%	\$142
Pulpotomy	414	100%	\$103	100%	\$103
Complete chemo-mechanical preparation of root canal – one canal	415	100%	\$259	100%	\$259
Complete chemo-mechanical preparation of root canal – each additional canal	416	100%	\$124	100%	\$124
Root canal obturation – one canal	417	100%	\$273	100%	\$273
Root canal obturation – each additional canal	418	100%	\$116	100%	\$116
Extirpation of pulp or debridement of root canal(s) – emergency or palliative	419	100%	\$175	100%	\$175
Resorbable root canal filling – primary tooth	421	100%	\$153	100%	\$153
Periapical curettage – per root	431	100%	\$218	100%	\$218
Apicectomy – per root	432	100%	\$309	100%	\$309
Exploratory periradicular surgery	433	100%	\$268	100%	\$268
Apical seal – per canal	434	100%	\$336	100%	\$336
Sealing of perforation	436	100%	\$60	100%	\$60
Surgical treatment and repair of external root resorption – per tooth	437	100%	\$65	100%	\$65
Hemisection	438	100%	\$343	100%	\$343
Exploration and/or negotiation of a calcified canal – per canal, per appointment	445	100%	\$103	100%	\$103
Removal of root filling – per canal	451	100%	\$115	100%	\$115
Removal of a cemented root canal post or post crown	452	100%	\$121	100%	\$121
Removal or bypassing fractured endodontic instrument	453	100%	\$120	100%	\$120
Additional visit for irrigation and/or dressing of the root canal system – per tooth	455	100%	\$143	100%	\$143
hObturation of resorption defect or perforation (non-surgical)	457	100%	\$61	100%	\$61
Interim therapeutic root filling – per tooth	458	100%	\$119	100%	\$119

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Item Description	Item Number	LS6 OSHC Premium Preferred Provider	LS6 OSHC Premium Other Provider	LS9 OSHC Top Cover Preferred Provider	LS9 OSHC Top Cover Other Provider
Metallic restoration – one surface – direct	511	100%	\$134	100%	\$134
Metallic restoration – two surfaces – direct	512	100%	\$156	100%	\$156
Metallic restoration – three surfaces – direct	513	100%	\$200	100%	\$200
Metallic restoration – four surfaces – direct	514	100%	\$230	100%	\$230
Metallic restoration – five surfaces – direct	515	100%	\$249	100%	\$249
Adhesive restoration – one surface – anterior tooth – direct	521	100%	\$138	100%	\$138
Adhesive restoration – two surfaces – anterior tooth – direct	522	100%	\$170	100%	\$170
Adhesive restoration – three surfaces – anterior tooth – direct	523	100%	\$191	100%	\$191
Adhesive restoration – four surfaces – anterior tooth – direct	524	100%	\$211	100%	\$211
Adhesive restoration – five surfaces – anterior tooth – direct	525	100%	\$227	100%	\$227
Adhesive restoration - Veneer - anterior tooth - direct	526	100%	\$294	No Benefit	No Benefit
Adhesive restoration – one surface – posterior tooth – direct	531	100%	\$142	100%	\$142
Adhesive restoration – two surfaces – posterior tooth – direct	532	100%	\$179	100%	\$179
Adhesive restoration – three surfaces – posterior tooth – direct	533	100%	\$205	100%	\$205
Adhesive restoration – four surfaces – posterior tooth – direct	534	100%	\$232	100%	\$232
Adhesive restoration – five surfaces – posterior tooth – direct	535	100%	\$254	100%	\$254
Adhesive restoration - Veneer - posterior tooth - direct	536	100%	\$233	No Benefit	No Benefit
Metallic restoration – one surface – indirect	541	100%	\$448	100%	\$448
Metallic restoration – two surfaces – indirect	542	100%	\$570	100%	\$570
Metallic restoration – three surfaces – indirect	543	100%	\$822	100%	\$822
Metallic restoration – four surfaces – indirect	544	100%	\$863	100%	\$863
Metallic restoration – five surfaces – indirect	545	100%	\$1,055	100%	\$1,055
Tooth-coloured restoration – one surface – indirect	551	100%	\$447	100%	\$447
Tooth-coloured restoration – two surfaces – indirect	552	100%	\$706	100%	\$706
Tooth-coloured restoration – three surfaces – indirect	553	100%	\$760	100%	\$760
Tooth-coloured restoration – four surfaces – indirect	554	100%	\$814	100%	\$814
Tooth-coloured restoration – five surfaces – indirect	555	100%	\$868	100%	\$868
Tooth-coloured restoration - veneer - indirect	556	100%	\$964	No Benefit	No Benefit
Adaptation of new restoration to existing removable prosthesis – per tooth	571	100%	\$100	100%	\$100
Provisional (intermediate/temporary) restoration – per tooth	572	100%	\$77	100%	\$77
Metal band	574	100%	\$87	100%	\$87
Pin retention – per pin	575	100%	\$31	100%	\$31
Cusp capping – per cusp	577	100%	\$36	100%	\$36
Restoration of an incisal corner – per corner	578	100%	\$32	100%	\$32
Bonding of tooth fragment	579	100%	\$123	100%	\$123
Crown - metallic - with tooth preparation - preformed	586	100%	\$150	100%	\$150
Crown – metallic – minimal tooth preparation – preformed	587	100%	\$213	100%	\$213
Crown – tooth coloured – preformed	588	100%	\$350	100%	\$350
Removal of indirect restoration	595	100%	\$95	100%	\$95

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Item Description	Item Number	LS6 OSHC Premium Preferred Provider	LS6 OSHC Premium Other Provider	LS9 OSHC Top Cover Preferred Provider	LS9 OSHC Top Cover Other Provider
Recementing of indirect restoration	596	100%	\$92	100%	\$92
Post – direct	597	100%	\$118	100%	\$118
Full crown – acrylic resin – indirect	611	100%	\$488	100%	\$488
Full crown – non-metallic – indirect	613	100%	\$1,452	100%	\$1,452
Full crown – veneered – indirect	615	100%	\$1,461	100%	\$1,461
Full crown – metallic – indirect	618	100%	\$1,300	100%	\$1,300
Post and core for crown – indirect	625	100%	\$321	100%	\$321
Preliminary restoration for crown – direct	627	100%	\$181	100%	\$181
Post and root cap – indirect	629	100%	\$356	100%	\$356
Provisional crown – per tooth	631	100%	\$171	100%	\$171
Provisional bridge pontic – per pontic	632	100%	\$198	100%	\$198
Provisional implant abutment – per abutment	633	100%	\$157	100%	\$157
Provisional implant restoration – per implant abutment	634	100%	\$662	100%	\$662
Bridge pontic – direct – per pontic	642	100%	\$440	100%	\$440
Bridge pontic – indirect – per pontic	643	100%	\$1,011	100%	\$1,011
Semi-fixed attachment	644	100%	\$149	100%	\$149
Precision or magnetic attachment	645	100%	\$254	100%	\$254
Retainer for bonded fixture – indirect – per tooth	649	100%	\$303	100%	\$303
Recementing crown or veneer	651	100%	\$122	100%	\$122
Recementing bridge or splint – per abutment	652	100%	\$122	100%	\$122
Rebonding of bridge or splint where retreatment of bridge surface is required	653	100%	\$114	100%	\$114
Removal of crown	655	100%	\$97	100%	\$97
Removal of bridge or splint	656	100%	\$133	100%	\$133
Repair of crown, bridge or splint – indirect	658	100%	\$126	100%	\$126
Repair of crown, bridge or splint – direct	659	100%	\$137	100%	\$137
Fitting of implant abutment – per abutment	661	100%	\$590	No Benefit	No Benefit
Removal of implant and/or retention device	663	100%	\$299	No Benefit	No Benefit
Fitting of bar for denture – per abutment	664	100%	\$214	No Benefit	No Benefit
Prosthesis with resin base attached to implants – removable – per arch	665	100%	\$100	No Benefit	No Benefit
Prosthesis with metal frame attached to implants – fixed – per arch	666	100%	\$470	No Benefit	No Benefit
Prosthesis with metal frame attached to implants – removable – per arch	667	100%	\$470	No Benefit	No Benefit
Fixture or abutment screw removal and replacement	668	100%	\$132	No Benefit	No Benefit
Removal and reattachment of prosthesis fixed to implant(s) – per implant	669	100%	\$182	No Benefit	No Benefit
Full crown attached to osseointegrated implant – non-metallic – indirect	671	100%	\$1,451	No Benefit	No Benefit
Full crown attached to osseointegrated implant – veneered – indirect	672	100%	\$1,451	No Benefit	No Benefit
Full crown attached to osseointegrated implant – metallic – indirect	673	100%	\$1,130	No Benefit	No Benefit
Diagnostic template	678	100%	\$340	No Benefit	No Benefit
Surgical implant guide	679	100%	\$313	No Benefit	No Benefit
Insertion of first stage of two-stage endosseous implant – per implant	684	100%	\$1,797	No Benefit	No Benefit

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Item Description	Item Number	LS6 OSHC Premium Preferred Provider	LS6 OSHC Premium Other Provider	LS9 OSHC Top Cover Preferred Provider	LS9 OSHC Top Cover Other Provider
Insertion of one-stage endosseous implant – per implant	688	100%	\$2,033	No Benefit	No Benefit
Provisional implant	689	100%	\$433	No Benefit	No Benefit
Provisional retention or anchorage device	690	100%	\$150	No Benefit	No Benefit
Second stage surgery of two-stage endosseous implant – per implant	691	100%	\$515	No Benefit	No Benefit
Complete maxillary denture	711	100%	\$1,098	No Benefit	No Benefit
Complete mandibular denture	712	100%	\$1,140	No Benefit	No Benefit
Provisional complete maxillary denture	713	100%	\$750	No Benefit	No Benefit
Provisional complete mandibular denture	714	100%	\$750	No Benefit	No Benefit
Provisional complete maxillary and mandibular dentures	715	100%	\$1,450	No Benefit	No Benefit
Metal palate or plate	716	100%	\$320	No Benefit	No Benefit
Complete maxillary and mandibular dentures	719	100%	\$1,863	No Benefit	No Benefit
Partial maxillary denture – resin base	721	100%	\$582	No Benefit	No Benefit
Partial mandibular denture – resin base	722	100%	\$582	No Benefit	No Benefit
Provisional partial maxillary denture	723	100%	\$400	No Benefit	No Benefit
Provisional partial mandibular denture	724	100%	\$400	No Benefit	No Benefit
Partial maxillary denture – cast metal framework	727	100%	\$1,110	No Benefit	No Benefit
Partial mandibular denture – cast metal framework	728	100%	\$1,126	No Benefit	No Benefit
A code number for Department of Veterans' Affairs use only	730	No Benefit	No Benefit	No Benefit	No Benefit
Retainer – per tooth	731	100%	\$42	No Benefit	No Benefit
Occlusal rest – per rest	732	100%	\$39	No Benefit	No Benefit
Tooth/teeth (partial denture)	733	100%	\$39	No Benefit	No Benefit
Overlays – per tooth	734	100%	\$56	No Benefit	No Benefit
Precision or magnetic denture attachment	735	100%	\$127	No Benefit	No Benefit
Immediate tooth replacement – per tooth	736	100%	\$43	No Benefit	No Benefit
Resilient lining	737	100%	\$300	No Benefit	No Benefit
Wrought bar	738	100%	\$86	No Benefit	No Benefit
Metal backing – per backing	739	100%	\$66	No Benefit	No Benefit
Adjustment of a denture	741	100%	\$51	No Benefit	No Benefit
Relining – complete denture – processed	743	100%	\$345	No Benefit	No Benefit
Relining – partial denture – processed	744	100%	\$284	No Benefit	No Benefit
Remodelling – complete denture	745	100%	\$397	No Benefit	No Benefit
Remodelling – partial denture	746	100%	\$345	No Benefit	No Benefit
Relining – complete denture – direct	751	100%	\$218	No Benefit	No Benefit
Relining – partial denture – direct	752	100%	\$160	No Benefit	No Benefit
Cleaning and polishing of pre-existing denture	753	100%	\$44	No Benefit	No Benefit
Denture base modification	754	100%	\$111	No Benefit	No Benefit
Reattaching pre-existing clasp to denture	761	100%	\$106	No Benefit	No Benefit
Replacing/adding clasp to denture – per clasp	762	100%	\$120	No Benefit	No Benefit
Repairing broken base of a complete denture	763	100%	\$131	No Benefit	No Benefit

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Item Description	Item Number	LS6 OSHC Premium Preferred Provider	LS6 OSHC Premium Other Provider	LS9 OSHC Top Cover Preferred Provider	LS9 OSHC Top Cover Other Provider
Repairing broken base of a partial denture	764	100%	\$120	No Benefit	No Benefit
Replacing/adding new tooth on denture – per tooth	765	100%	\$121	No Benefit	No Benefit
Reattaching existing tooth on denture – per tooth	766	100%	\$98	No Benefit	No Benefit
Adding tooth to partial denture to replace an extracted or decoronated tooth – per tooth	768	100%	\$145	No Benefit	No Benefit
Repair or addition to metal casting	769	100%	\$149	No Benefit	No Benefit
Tissue conditioning preparatory to impressions – per application	771	100%	\$86	No Benefit	No Benefit
Splint – resin – indirect	772	100%	\$164	No Benefit	No Benefit
Splint – metal – indirect	773	100%	\$443	No Benefit	No Benefit
Obturator	774	100%	\$90	No Benefit	No Benefit
Characterisation of denture base	775	No Benefit	No Benefit	No Benefit	No Benefit
Impression – denture repair/modification	776	100%	\$45	No Benefit	No Benefit
Identification	777	No Benefit	No Benefit	No Benefit	No Benefit
Inlay for denture tooth	778	100%	\$150	No Benefit	No Benefit
Surgical guide for an immediate denture	779	No Benefit	No Benefit	No Benefit	No Benefit
Passive removable appliance – per arch	811	100%	\$476	No Benefit	No Benefit
Active removable appliance – per arch	821	100%	\$632	No Benefit	No Benefit
Functional orthopaedic appliance - custom fabrication	823	100%	\$943	No Benefit	No Benefit
Functional orthopaedic appliance – prefabricated	824	No Benefit	No Benefit	No Benefit	No Benefit
Sequential plastic aligners – per arch	825	100%	\$912	No Benefit	No Benefit
Partial banding – per arch	829	100%	\$940	No Benefit	No Benefit
Full arch banding – per arch	831	100%	\$380	No Benefit	No Benefit
Removal of banding – per arch	833	100%	\$300	No Benefit	No Benefit
Fixed palatal or lingual arch appliance	841	100%	\$320	No Benefit	No Benefit
Partial banding for inter-maxillary elastics (vertical and/or cross elastics)	842	100%	\$1,200	No Benefit	No Benefit
Expansion appliance - fixed - per arch	843	100%	\$882	No Benefit	No Benefit
Passive appliance - fixed	845	100%	\$315	No Benefit	No Benefit
Minor tooth guidance – fixed	846	100%	\$292	No Benefit	No Benefit
Extraoral appliance	851	100%	\$398	No Benefit	No Benefit
Bonding of attachment for application of orthodontic force	862	100%	\$95	No Benefit	No Benefit
Orthodontic adjustment	871	100%	\$125	No Benefit	No Benefit
Re-attachment of passive appliance – fixed	872	No Benefit	No Benefit	No Benefit	No Benefit
Repair of passive appliance – fixed	873	No Benefit	No Benefit	No Benefit	No Benefit
Removal of passive appliance – fixed	874	No Benefit	No Benefit	No Benefit	No Benefit
Repair of removable appliance – resin base	875	100%	\$112	No Benefit	No Benefit
Repair of removable appliance – clasp, spring or tooth	876	100%	\$83	No Benefit	No Benefit
Addition to removable appliance – clasp, spring or tooth	877	100%	\$75	No Benefit	No Benefit
Relining – removable appliance – processed	878	100%	\$118	No Benefit	No Benefit
Complete course of orthodontic treatment	881	100%	\$772	No Benefit	No Benefit
Palliative care	911	100%	\$78	100%	\$78

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Item Description	Item Number	LS6 OSHC Premium Preferred Provider	LS6 OSHC Premium Other Provider	LS9 OSHC Top Cover Preferred Provider	LS9 OSHC Top Cover Other Provider
After-hours callout	915	No Benefit	No Benefit	No Benefit	No Benefit
Travel to provide services	916	No Benefit	No Benefit	No Benefit	No Benefit
Individually made tray – medicament(s)	926	No Benefit	No Benefit	No Benefit	No Benefit
Provision of medication/medicament	927	No Benefit	No Benefit	No Benefit	No Benefit
Intravenous cannulation and establishment of infusion	928	100%	\$83	100%	\$83
Local anaesthesia	941	No Benefit	No Benefit	No Benefit	No Benefit
Sedation – intravenous – per 30 minutes or part thereof	942	No Benefit	No Benefit	No Benefit	No Benefit
Sedation – inhalation – per 30 minutes or part thereof	943	No Benefit	No Benefit	No Benefit	No Benefit
Relaxation therapy	944	No Benefit	No Benefit	No Benefit	No Benefit
Low level laser therapy – per appointment	945	No Benefit	No Benefit	No Benefit	No Benefit
Dental acupuncture – per appointment	948	No Benefit	No Benefit	No Benefit	No Benefit
Treatment under general anaesthesia/sedation	949	No Benefit	No Benefit	No Benefit	No Benefit
Minor occlusal adjustment – per appointment	961	100%	\$46	100%	\$46
Clinical occlusal analysis including muscle and joint palpation	963	100%	\$75	100%	\$75
Registration and mounting of models for occlusal analysis	964	100%	\$111	100%	\$111
Occlusal splint	965	100%	\$491	100%	\$491
Adjustment of pre-existing occlusal splint – per appointment	966	100%	\$71	100%	\$71
Pantographic tracing	967	100%	\$78	100%	\$78
Occlusal adjustment following occlusal analysis – per appointment	968	100%	\$103.	100%	\$103.
Adjunctive physical therapy for temporomandibular joint and associated structures - per appointment	971	No Benefit	No Benefit	No Benefit	No Benefit
Repair/addition – occlusal splint	972	100%	\$149	100%	\$149
Splinting and stabilisation – direct – per tooth	981	100%	\$103	100%	\$103
Enamel stripping – per appointment	982	100%	\$53	100%	\$53
Single arch oral appliance for diagnosed snoring and obstructive snoring and sleep apnoea	983	100%	\$580	100%	\$580
Bi-maxillary oral appliance for diagnosed snoring and obstructive snoring and sleep apnoea	984	100%	\$1,006	100%	\$1,006
Repair/addition – snoring or sleep apnoea device	985	100%	\$200	100%	\$200
Post-operative care not otherwise included	986	No Benefit	No Benefit	No Benefit	No Benefit
Re-contour tissue – per appointment	987	100%	\$80	100%	\$80
Treatment not otherwise included (specify)	990	No Benefit	No Benefit	No Benefit	No Benefit
GST	999	No Benefit	No Benefit	No Benefit	No Benefit

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Optical services

In the table set out below which sets out Benefits for Optical services:

- (a) the Benefits apply to Schedules LS6 OSHC Premium and LS9 OSHC Top.
- (b) the Benefits payable for the Services for each Schedule shall be:
- i those Benefit amounts set out below. Where no Benefit for a Service is specified for a Schedule, no Benefit for that Service is payable;
 - ii subject to the Annual Limits and conditions set out in that Schedule;

Item Number	Description of Service	LS6 OSHC Premium	LS9 OSHC Top Cover
9460	Rigid spherical lens - pair	100%	100%
9461	Rigid Toric Lens - pair	100%	100%
9464	Soft spherical lens (non disposable) - pair	100%	100%
9465	Soft toric lens - pair	100%	100%
9466	Rigid spherical lens - single	100%	100%
9467	Rigid Toric lens - single	100%	100%
9470	Soft spherical lens (non disposable) - single	100%	100%
9471	Soft toric lens	100%	100%
9472	Frames	100%	100%
9475	Bifocal spectacle lens - pair	100%	100%
9476	Multifocal (trifocal or progressive) spectacle lens - pair	100%	100%
9479	Bifocal spectacle lens - single	100%	100%
9480	Multifocal (trifocal or progressive) spectacle lens - single	100%	100%
9481	Extended wear - pair	100%	100%
9482	Other contact lens - single	100%	100%
9483	Repair	100%	100%
9484	Single vision lens - pair	100%	100%
9485	Single vision lens - single	100%	100%
9486	Bifocal contact lens - pair	100%	100%
9487	Bifocal contact lens - single	100%	100%
9489	Frequent replacement/spherical lens – single or pair	100%	100%
9493	Frequent replacement toric lens – single or pair	100%	100%
9873	Orthokeratology contact lens - single	100%	100%
9874	Orthokeratology contact lens - pair	100%	100%
OTEST	Optical testing (where no MBS item number)	Nil	Nil
611	High Index Material (single)	Nil	Nil
612	High Index Material (pair)	Nil	Nil
621	Aspheric Design (single)	Nil	Nil
622	Aspheric Design (pair)	Nil	Nil
631	Lens Tinting (single)	Nil	Nil
632	Lens Tinting (Pair)	Nil	Nil
641	Photochromatic (Glass) (single)	Nil	Nil
642	Photochromatic (Glass) (pair)	Nil	Nil
643	Photochromatic (Plastic) (single)	Nil	Nil
644	Photochromatic (Plastic) (pair)	Nil	Nil
651	Hard Coating (single)	Nil	Nil
652	Hard Coating (pair)	Nil	Nil

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Item Number	Description of Service	LS6 OSHC Premium	LS9 OSHC Top Cover
661	Multi/Anti-reflective Coating (single)	Nil	Nil
662	Multi/Anti-reflective Coating (pair)	Nil	Nil
671	UV Coating (single)	Nil	Nil
672	UV Coating (pair)	Nil	Nil
681	Glass Lens hardening (single)	Nil	Nil
682	Glass lens Hardening (pair)	Nil	Nil
691	Fresnel Lens/Prism (single)	Nil	Nil
692	Fresnel Lens/Prism (pair)	Nil	Nil

Non Surgically Implanted Prostheses and Appliances (Artificial Aids)

In the table set out below which sets out Benefits for Non Surgically Implanted Prostheses and Appliances (Artificial Aids):

- (a) The Benefits apply to Schedules LS6 OSHC Premium and LS9 OSHC Top;
- (b) The Benefits payable for the Services for each Schedule shall be:
 - i Those Benefit amounts set out below;
 - ii Subject to the service limits and conditions set out in that Schedule;
- (c) "service limits" shall mean the number of times during any Calendar Year that a Benefit will be paid for a particular service. All service limits are per person unless otherwise specified below.

Description of aid	Item number	Service limits that apply	LS6 OSHC Premium	LS9 OSHC Top Cover
Abdominal Binders / Hernia Supports	8029	2 per person per Calendar Year	100%	100%
Ankle-Foot Orthosis (Includes Pneumatic Boot)	8005	2 per person per Calendar Year	100%	100%
Artificial Eye	8033	1 per person per Calendar Year	100%	100%
Back Brace	8003	1 per person per Calendar Year	100%	100%
Bilateral external mammary prosthesis after mastectomy	8002	4 per person per Calendar Year	100%	100%
Blood Glucose Monitor	8007	2 per Policy per Calendar Year	100%	100%
Blood Pressure Monitor (sphygmomanometer)	8023	1 per policy every 2 Calendar Years	100%	100%
CoaguChek	8038	1 per policy every 2 Calendar Years	100%	100%
CPAP machine (for sleep disorders)	8015	1 per policy every 2 Calendar Years	100%	100%
CPAP Parts	8037	2 per person per Calendar Year	100%	100%
Erectile Dysfunction Pump	8039	1 per person per Calendar Year	100%	100%
Finger, Hand, Wrist, Arm & Elbow Orthoses and Splints	8036	1 per person per Calendar Year	100%	100%
Hearing aid (monaural)	9299	2 per person per 5 Calendar Years	100%	100%
Hearing aid (binaural)	9302	2 per person per 5 Calendar Years	100%	100%
Hearing aid repair	9300	1 per person per Calendar Year	100%	100%
Hip Orthosis	8022	1 per person per Calendar Year	100%	100%
Hip Protector	8063	1 per person per Calendar Year	100%	100%
Injection Delivery Device	8024	1 per person per Calendar Year	100%	100%

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Description of aid	Item number	Service limits that apply	LS6 OSHC Premium	LS9 OSHC Top Cover
Irlen Lenses	8010	1 pair per person per Calendar Year	100%	100%
Joint Fluid Replacement	8034		100%	100%
Knee Brace	8017	1 per person per Calendar Year	100%	100%
Knee-Ankle Foot Orthosis	8006	2 per person per Calendar Years	100%	100%
Macular degeneration aids	8068	1 per person per 3 Calendar Years	100%	100%
Nebuliser	8008	1 per person every 2 Calendar Years	100%	100%
Needle-less injector (diabetic aid)	8025	1 per policy per Calendar Year	100%	100%
Orthotic appliance	8109	2 per person per Calendar Year	100%	100%
Orthopaedic shoes	9100	2 per person per Calendar Year	100%	100%
Peak Flow Meter	8012	1 per policy per Calendar Year	100%	100%
Post mastectomy bras	8053	2 per person per Calendar Year	100%	100%
Pressure Garments	8019		100%	100%
Rigid neck brace	8054	1 per person per Calendar Year	100%	100%
Shoulder Brace	8035	1 per person per Calendar Year	100%	100%
Spacer	8027	2 per policy per Calendar Year	100%	100%
Speech processor	8067	1 per person per 3 Calendar Years	100%	100%
Surgical Stockings	8011		100%	100%
Tens Machine (pain relieving stimulator)	8016	1 Tens Machine OR 1 Magic Hand per policy every 2 Calendar Years	100%	100%
Unilateral external mammary prosthesis after mastectomy	8001	2 per person per Calendar Year	100%	100%
Walking Frames	8021	1 per person every 3 Calendar Years	100%	100%
Wheelchair / Power Wheelchair	8020	1 per person every 2 Calendar Years	100%	100%
Wigs	8009	2 per person per Calendar Year (due to treatment of	100%	100%

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