

Private Health Information Statement - Hospital policy

Corporate Basic Plus Hospital \$750 Excess

Bupa HI Pty Ltd
<http://www.bupa.com.au>
 134 135

Monthly Premium
\$256.90[#]
 (before any rebate, loading or discount)

Covers two adults & dependants, including non-student dependants (3 or more people, only 2 of whom are adults)
Available in Western Australia

[#] You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading, an age-based discount or an insurer discount. Check with your insurer for details.

This policy covers children, students up to and including the age of 31 and non-students up to and including the age of 31, as well as persons with a disability who qualify as a child, student or non-student in these age ranges.

Employees/Members of organisations with arrangements with this health insurer

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides accident cover and benefits for travel or accommodation (outside of hospital) - check with your insurer for details.

✓ Covered

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>

R Restricted

Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

✗ Not Covered

These categories are not covered by this policy.

This policy ✓ includes cover for

✓ Dental surgery	✓ Joint reconstructions	R Palliative care
✓ Gastrointestinal endoscopy	✓ Miscarriage and termination of pregnancy	R Rehabilitation
✓ Gynaecology	✓ Tonsils, adenoids and grommets	
✓ Hernia and appendix	R Hospital psychiatric services	

This policy ✗ does not include cover for

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

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on privatehealth.gov.au for which hospitals have arrangements with your insurer – <https://privatehealth.gov.au/dynamic/agreementhospitals>.

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

[The following payments may also apply for hospital admissions](#)

Excess: You will have to pay an excess of \$750 per admission. This is limited to a maximum of \$750 per person and \$1500 per policy per year.

Excess payments do not apply to hospital admissions for accidents.

Co-payments: No co-payments

[The following waiting periods for hospital admissions apply to new or upgrading members](#)

Waiting periods:

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 2 months for all other treatments

Gap Cover

This provider offers '[known gap](#)' or '[no gap](#)' cover for medical bills for this product.

The [Medical Costs Finder](#) lets you find out more about the cost of specialist medical services.

Other features of this hospital cover

This policy provides cover for selected range of treatments. It includes the Accident Inclusion feature, uncapped emergency ambulance, and more. For details, see the Important Information Guide.

Ambulance cover

In Western Australia this policy provides:

Emergency: Unlimited with a waiting period of 1 day.

Call-out fees: will be paid for each attendance, including emergency treatment without transport to hospital.

Other features of this ambulance cover

You are covered for the uncapped costs associated with emergency ambulance transport services (via air or road) including on-the-spot emergency attendances where the service is provided by a Bupa recognised ambulance service. The following ambulance services are recognised by Bupa: ACT Ambulance Service, Ambulance Service of NSW, Ambulance Victoria, Queensland Ambulance Service, South Australia Ambulance Service, St John Ambulance NT, St John Ambulance WA, and Ambulance Tasmania. If you are eligible to claim from another source, a benefit won't be paid by Bupa.

For further information about this policy see

<http://www.bupa.com.au/health-insurance/cover/ambulance>

Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.