

Private Health Information Statement - Combined policy

Bupa HI Pty Ltd

http://www.bupa.com.au

134 135

Monthly Premium

\$506.15 #

(before any rebate, loading or discount)

Covers two adults & dependants (3 or more people, only 2 of whom are adults)

Available in South Australia

Closed to new members

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 and other dependants up to and including the age of 20, students up to and including the age of 31, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

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

This policy does not provide accident cover.

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Covered

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>
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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.
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Not Covered

These categories are not covered by this policy.

This policy ✓ includes cover for

✓ Back, neck and spine	✓ Gastrointestinal endoscopy	✓ Pain management
✓ Blood	✓ Gynaecology	✓ Pain management with device
✓ Bone, joint and muscle	✓ Heart and vascular system	✓ Palliative care
✓ Brain and nervous system	✓ Hernia and appendix	✓ Plastic and reconstructive surgery (medically necessary)
✓ Breast surgery (medically necessary)	✓ Implantation of hearing devices	✓ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Insulin pumps	✓ Rehabilitation
✓ Dental surgery	✓ Joint reconstructions	✓ Skin
✓ Diabetes management (excluding insulin pumps)	✓ Kidney and bladder	✓ Sleep studies
✓ Digestive system	✓ Lung and chest	✓ Tonsils, adenoids and grommets
✓ Ear, nose and throat	✓ Male reproductive system	R Hospital psychiatric services
✓ Eye (not cataracts)	✓ Miscarriage and termination of pregnancy	

This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Dialysis for chronic kidney failure	✗ Pregnancy and birth
✗ Cataracts	✗ Joint replacements	✗ Weight loss surgery

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 \$500 per admission. This is limited to a maximum of \$500 per person and \$1000 per policy per year.

Excess payments do not apply to hospital admissions for dependants.

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

Hospital Accommodation

For accommodation we pay up to \$50 per night to a limit of \$150 per person per trip. Benefits are payable per return trip. Eligibility criteria apply. Contact Bupa for more information.

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

Cover for the budget conscious family. For more details on the product contact Bupa.

General Treatment Cover

We have agreements with a network of dental practitioners, chiro, physios & podiatrists across Australia called Members First providers. By using them, in most cases you'll receive up to 60% back, up to your yearly limits. See <http://www.bupa.com.au/find-a-provider>.

This policy  includes General treatment (Extras) cover for

Note, for items marked with an asterisk *: Step down benefits apply after first 10 total services across Chiropractic and Osteopathy. Podiatry does not include Orthotics. Where applicable, benefits may be payable under Health Aids & Appliances. Dentures payable once every 3 years. Periodic oral examination (O12), Scale & Clean (114), Fluoride treatment (121) payable once every 6 months. Pharmacy benefit paid after current PBS patient contribution deducted.			
Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental*	2	\$700 per person	Periodic oral examination - \$20.00 Scale & clean - \$42.50 Fluoride treatment - \$14.50 Surgical tooth extraction - \$66.00
Major dental*	12	\$600 per person (combined limit for major dental & endodontic)	Full crown veneered - \$488.00
Endodontic	12		Filling of one root canal - \$92.00
Orthodontic	12	\$650 per person \$1,300 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge
Optical	2	\$180 per person	Single vision lenses & frames - \$167.00 Multi-focal lenses & frames - \$180.00
Non PBS pharmaceuticals*	2	\$400 per person	Per eligible prescription - \$35.00

Physiotherapy	2	\$450 per person	Initial visit - \$30.50 Subsequent visit - \$22.50
Chiropractic*	2	\$350 per person up to \$700 per policy (combined limit for chiropractic & osteopathy)	Initial visit - \$29.00 Subsequent visit - \$18.00
Podiatry*	2	\$200 per person	Initial visit - \$29.00 Subsequent visit - \$23.00
Psychology	2	\$200 per person	Initial visit - \$92.50 Subsequent visit - \$86.00
Acupuncture	2	\$300 per person (combined limit for acupuncture, remedial massage, chinese medicine & exercise physiology - Sub-limits apply)	Initial visit - \$26.00 Subsequent visit - \$20.00
Remedial massage	2		Initial visit - \$31.00 Subsequent visit - \$24.00
Hearing aids*	12	\$600 per person (combined limit for hearing aids, blood glucose monitors, orthotics (podiatric orthoses) & other services - Sub-limits apply)	Hearing aid - 60% of charge
Blood glucose monitors*	12		Per monitor - 60% of charge
Chinese medicine	2	Combined limit - see Acupuncture	Initial visit - \$20.00 Subsequent visit - \$17.00
Dietetics/dietary advice	2	\$200 per person	Initial visit - \$46.00 Subsequent visit - \$23.00
Exercise physiology	2	Combined limit - see Acupuncture	Initial visit - \$20.00 Subsequent visit - \$17.00
Health management / Healthy lifestyle	6	\$100 per person	Health management - 50% of charge
Orthotics (podiatric orthoses)*	12	Combined limit - see Hearing aids	Orthotics supply & fit - 60% of charge
Osteopathy*	2	Combined limit - see Chiropractic	Initial visit - \$35.50 Subsequent visit - \$22.00
Speech therapy	2	\$200 per person	Initial visit - \$71.00 Subsequent visit - \$48.00

Online Doctors Appointments, 100% of charge up to the yearly service limit of 3 per person, benefits payable for Blue Online Doctor Appointments only, benefits are not payable for services included in the Medicare Benefit Schedule (MBS), refer to blue.bupa.com.au for more details. Mental health includes Psychology, Digital Mental Health, Social Work (psychological therapies), and Counselling (including Indigenous Counselling). Sub-limits apply for Digital Mental Health. Blood glucose monitors, hearing aids, orthotics, and other health aids, are payable under the Health Appliances category up to \$600 per year. Sub-limits and restrictions apply. Blood glucose monitors are payable once per year (sub-limit \$300). Hearing aids are payable once every 3 years (sub-limit \$300). To find out about other health appliances included and relevant sub-limits and restrictions, please contact us.

This policy **X** does not include General treatment (Extras) cover for

X Other treatments - check with your insurer

Other features of this general treatment cover

Enjoy a Top-up Bonus of \$100 every year to help pay out-of-pocket extras expenses payable on your cover.

Ambulance cover

In South Australia this policy provides:

Emergency: with no waiting period, limited to 2 services per year.

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 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 capped at one trip for singles and two trips for couples memberships per calendar year. 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.