

Private Health Information Statement - Combined policy

Singles Choice Saver - Basic Plus		
Bupa HI Pty Ltd http://www.bupa.com.au 134 135	Monthly Premium \$241.05 # (before any rebate, loading or discount)	Covers only one person 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.

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	✓ Miscarriage and termination of pregnancy	R Palliative care
✓ Gynaecology	✓ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits)	R Rehabilitation
✓ Hernia and appendix	✓ Tonsils, adenoids and grommets	
✓ Joint reconstructions	R Hospital psychiatric services	

This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Digestive system	✗ Male reproductive system
✗ Back, neck and spine	✗ Ear, nose and throat	✗ Pain management
✗ Blood	✗ Eye (not cataracts)	✗ Pain management with device
✗ Bone, joint and muscle	✗ Gastrointestinal endoscopy	✗ Plastic and reconstructive surgery (medically necessary)
✗ Brain and nervous system	✗ Heart and vascular system	✗ Pregnancy and birth
✗ Breast surgery (medically necessary)	✗ Implantation of hearing devices	✗ Skin
✗ Cataracts	✗ Insulin pumps	✗ Sleep studies
✗ Chemotherapy, radiotherapy and immunotherapy for cancer	✗ Joint replacements	✗ Weight loss surgery
✗ Diabetes management (excluding insulin pumps)	✗ Kidney and bladder	
✗ Dialysis for chronic kidney failure	✗ 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: No excess

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 limited hospital services to help protect you from the unexpected. For more details on the product contact Bupa.

General Treatment Cover

We have agreements with a network of dental practitioners, chiro's & physios across Australia called Members First providers. By using them, in most cases you'll receive up to 60% back, up to 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. Dentures payable once every 3 years. Periodic oral examination (012), Scale & Clean (114), Fluoride treatment (121) payable once every 6 months. Major Dental, Endodontic and Orthodontic treatment is only covered if resulting from an accident requiring immediate medical attention sustained after joining this cover.			
Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental*	2	\$400 per policy (combined limit for general dental, major dental, endodontic & orthodontic)	Periodic oral examination - \$19.00 Scale & clean - \$40.50 Fluoride treatment - \$15.00 Surgical tooth extraction - \$58.00
Major dental*	12		Full crown veneered - \$425.00
Endodontic	12		Filling of one root canal - \$84.00
Orthodontic*	12		Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge
Optical	2	\$150 per policy	Single vision lenses & frames - \$145.00 Multi-focal lenses & frames - \$150.00
Physiotherapy	2	\$350 per policy (combined limit for physiotherapy, chiropractic, acupuncture & osteopathy)	Initial visit - \$26.00 Subsequent visit - \$18.00
Chiropractic*	2		Initial visit - \$24.00 Subsequent visit - \$16.00
Acupuncture	2		Initial visit - \$21.00 Subsequent visit - \$15.00

Osteopathy*	2	Initial visit - \$29.50 Subsequent visit - \$19.50
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 blua.bupa.com.au for more details.		

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

✗ Blood glucose monitors	✗ Podiatry	✗ Other treatments - check with your insurer
✗ Hearing aids	✗ Psychology	
✗ Non PBS pharmaceuticals	✗ Remedial massage	

Other features of this general treatment cover

The longer you're with Bupa, the more you get back. For selected services, your yearly limit increases each calendar year, up to a set amount.

Ambulance cover

In South Australia this policy provides:

Emergency: with no waiting period, limited to 1 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 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.