

Private Health Information Statement - Combined policy

Ultimate Health Cover - Gold

Bupa HI Pty Ltd
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 134 135

Monthly Premium
\$960.30[#]
 (before any rebate, loading or discount)

Covers two adults & dependant(s)
 (3 or more people, only 2 of whom
 are adults)
Available in Queensland

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

This policy does not provide accident cover.

- ✓ 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**

✓ Assisted reproductive services	✓ Eye (not cataracts)	✓ Miscarriage and termination of pregnancy
✓ 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)	✓ Hospital psychiatric services	✓ Podiatric surgery (provided by a registered podiatric surgeon - limited benefits)
✓ Cataracts	✓ Implantation of hearing devices	✓ Pregnancy and birth
✓ Chemotherapy, radiotherapy and immunotherapy for cancer	✓ Insulin pumps	✓ Rehabilitation
✓ Dental surgery	✓ Joint reconstructions	✓ Skin
✓ Diabetes management (excluding insulin pumps)	✓ Joint replacements	✓ Sleep studies
✓ Dialysis for chronic kidney failure	✓ Kidney and bladder	✓ Tonsils, adenoids and grommets
✓ Digestive system	✓ Lung and chest	✓ Weight loss surgery
✓ Ear, nose and throat	✓ Male reproductive system	

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-payment

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
- 12 months for pregnancy and birth
- 2 months for all other treatments

Other features of this hospital cover

You get a Gap Bonus to help pay for medical gaps when admitted to hospital. Plus, access to an advice line to help you navigate the health system. For more, see the Important Information Guide.

General Treatment Cover

We have agreements with a network of dentists, chiros, physios, podiatrists & optical providers across Australia called Members First providers. By using them, in most cases you'll receive 100% 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 *: Home nursing covers selected services. 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	No annual limit (no limit on preventative dental)	Periodic oral examination - \$39.60 Scale & clean - \$76.60 Fluoride treatment - \$34.10 Surgical tooth extraction - \$139.95
Major dental*	12	\$1,600 per person (combined limit for major dental & endodontic)	Full crown veneered - \$1,496.00
Endodontic	12		Filling of one root canal - \$297.00
Orthodontic*	12	\$1,000 per person \$3,200 lifetime limit	Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge
Optical	2	\$300 per person	Single vision lenses & frames - \$267.20 Multi-focal lenses & frames - \$300.00
Non PBS pharmaceuticals*	2	\$1,500 per person	Per eligible prescription - \$75.00
Physiotherapy*	2	\$1,500 per person	Initial visit - \$54.65 Subsequent visit - \$44.00
Chiropractic*	2	\$1,000 per person up to \$1,600 per policy (combined limit for chiropractic & osteopathy)	Initial visit - \$52.80 Subsequent visit - \$34.40
Podiatry	2	\$1,000 per person	Initial visit - \$50.00 Subsequent visit - \$45.00
Psychology	2	\$1,000 per person	Initial visit - \$115.00 Subsequent visit - \$100.00
Acupuncture	2	\$1,000 per person (combined limit for acupuncture, remedial massage, chinese medicine & exercise physiology - Sub-limits apply)	Initial visit - \$43.00 Subsequent visit - \$34.00
Remedial massage	2		Initial visit - \$57.00 Subsequent visit - \$46.00

Hearing aids*	12	\$850 per person 1 appliance(s) every 3 years	Hearing aid - 100% of charge
Blood glucose monitors*	12	\$600 per person 1 appliance(s) every 1 year	Per monitor - 85% of charge
Ante-natal/Post-natal classes	2	\$500 per person	Initial visit - \$22.00 Subsequent visit - \$22.00
Chinese medicine	2	Combined limit - see Acupuncture	Initial visit - \$35.20 Subsequent visit - \$26.40
Dietetics/dietary advice	2	\$1,000 per person	Initial visit - \$64.00 Subsequent visit - \$41.00
Exercise physiology	2	Combined limit - see Acupuncture	Initial visit - \$35.20 Subsequent visit - \$26.40
Eye therapy (orthoptics)	2	\$1,000 per person	Initial visit - \$60.00 Subsequent visit - \$40.00
Health management / Healthy lifestyle	6	\$300 per person	Health management - 50% of charge
Home nursing*	2	\$400 per person	Initial visit - \$44.00 Subsequent visit - \$44.00
Occupational therapy	2	\$1,000 per person	Initial visit - \$66.00 Subsequent visit - \$46.00
Orthotics (podiatric orthoses)*	12	\$1,000 per person (combined limit for orthotics (podiatric orthoses) & other services - Sub-limits apply)	Orthotics supply & fit - \$100.00
Osteopathy	2	Combined limit - see Chiropractic	Initial visit - \$52.80 Subsequent visit - \$34.40
Speech therapy	2	\$1,000 per person	Initial visit - \$100.00 Subsequent visit - \$60.00
Travel 100% up to \$200. Accommodation (per night) \$40 up to \$300. Where applicable, benefits will be paid under your Hospital cover (cannot claim benefits on both hospital and extras for the same trip). Eligibility criteria apply. Counselling and Psychology share a combined limit under Mental Health. Orthotics, and other health aids, are payable under the Health Appliances category up to \$1000 per year. Sub-limits and restrictions apply. 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

Receive up to eight days (seven nights) of Essentials travel insurance annually. Alternatively, use the equivalent value as a discount on the premium for any Bupa Travel Insurance policy (conditions apply). When requiring urgent hospital treatment as the result of an accident, the Accident Benefit can boost extras limits (subject to eligibility criteria).

Ambulance cover

Ambulance cover is provided by the State government for Queensland residents (<https://www.ambulance.qld.gov.au/>). This includes cover whilst interstate.

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.