

Private Health Information Statement - Hospital policy

Corporate Hospital Cover Advanced Level 3 Silver Plus

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

Monthly Premium
\$220.75 #
 (before any rebate, loading or discount)

Covers only one person
 Available in South 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.

Employees/Members of organisations with arrangements with this health insurer

Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy can only be purchased with certain general treatment policies.

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

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

This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Pregnancy and birth	✗ Weight loss surgery
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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 \$500 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

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

Designed for our corporate clients, provides Hospital cover for most procedures. For more details on the product contact Bupa.

Ambulance cover

In South Australia this policy provides:

Emergency: Unlimited with no waiting period.

Non-emergency: transport with no waiting period, limited to \$5,000 per person per year.

Call-out fees: will not be paid.

Other features of this ambulance cover

You are covered for the uncapped costs associated with emergency ambulance transport services including on-the-spot emergency attendances, and up to \$5000 for non-emergency ambulance per person per calendar year (via air or road), 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.