

Private Health Information Statement - Combined policy

HealthSmart 80 \$750 Excess - Gold

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

Monthly Premium
\$332.50[#]
 (before any rebate, loading or discount)

Covers only one person
 Available in Tasmania
 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**

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

Co-payments: Every time you go to hospital you will have to pay:

- \$50 per day for a shared room for overnight admissions - up to \$250 per hospital stay
- \$50 per day for a private room for overnight admissions - up to \$250 per hospital stay
- \$50 for day surgery (no overnight stay)

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 (obstetrics)
- 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

Comprehensive Hospital cover to help protect you or your family. For more details on the product contact Bupa.

General Treatment Cover

We have agreements with a network of dental practitioners, chiros, physios & podiatrists across Australia called Members First providers. By using them, in most cases you'll receive up to 80% 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 *: Podiatry does not include Orthotics. Where applicable, benefits may be payable under Health Aids & Appliances. Dentures payable once every 3 years. Periodic oral examination (012), 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 | \$1,000 per policy (no limit on preventative dental) | Periodic oral examination - \$25.00 Scale & clean - \$53.50 Fluoride treatment - \$16.00 Surgical tooth extraction - \$93.90 |
| Major dental* | 12 | \$800 per service up to \$2,000 per policy (combined limit for major dental & endodontic - Sub-limits apply) | Full crown veneered - \$775.00 |
| Endodontic | 12 | | Filling of one root canal - \$150.00 |
| Orthodontic | 12 | \$1,250 per policy \$2,500 lifetime limit | Braces for upper & lower teeth, including removal plus fitting of retainer - 60% of charge |
| Optical | 2 | \$250 per policy | Single vision lenses & frames - \$146.00 Multi-focal lenses & frames - \$219.00 |
| Non PBS pharmaceuticals* | 2 | \$600 per policy | Per eligible prescription - \$50.00 |
| Physiotherapy | 2 | \$500 per service up to \$2,000 per policy (combined limit for physiotherapy, chiropractic, podiatry, psychology, ante-natal/post-natal classes, dietetics/dietary advice, eye therapy (orthoptics), | Initial visit - \$33.00 Subsequent visit - \$26.00 |

| | | | |
|---------------------------------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Chiropractic | 2 | occupational therapy, osteopathy, speech therapy & other services - Sub-limits apply) | Initial visit - \$35.00 Subsequent visit - \$25.00 |
| Podiatry | 2 | | Initial visit - \$24.50 Subsequent visit - \$22.00 |
| Psychology | 2 | | Initial visit - \$62.50 Subsequent visit - \$57.00 |
| Acupuncture | 2 | \$300 per service up to \$500 per policy (combined limit for acupuncture, remedial massage, chinese medicine & exercise physiology - Sub-limits apply) | Initial visit - \$30.00 Subsequent visit - \$26.00 |
| Remedial massage | 2 | | Initial visit - \$33.00 Subsequent visit - \$30.00 |
| Hearing aids | 12 | \$1,000 per policy 2 appliance(s) every 3 years | Hearing aid - \$1,000.00 |
| Blood glucose monitors* | 12 | \$1,000 per policy (combined limit for blood glucose monitors, orthotics (podiatric orthoses) & other services - Sub-limits apply) | Per monitor - \$150.00 |
| Ante-natal/Post-natal classes | 2 | Combined limit - see Physiotherapy | Initial visit - \$24.10 Subsequent visit - \$24.10 |
| Chinese medicine | 2 | Combined limit - see Acupuncture | Initial visit - \$18.05 Subsequent visit - \$18.05 |
| Dietetics/dietary advice | 2 | Combined limit - see Physiotherapy | Initial visit - \$56.00 Subsequent visit - \$31.00 |
| Exercise physiology | 2 | Combined limit - see Acupuncture | Initial visit - \$21.05 Subsequent visit - \$18.05 |
| Eye therapy (orthoptics) | 2 | Combined limit - see Physiotherapy | Initial visit - \$27.55 Subsequent visit - \$26.45 |
| Health management / Healthy lifestyle | 6 | \$100 per policy | Health management - 50% of charge |
| Occupational therapy | 2 | Combined limit - see Physiotherapy | Initial visit - \$71.50 Subsequent visit - \$46.00 |
| Orthotics (podiatric orthoses)* | 12 | Combined limit - see Blood glucose monitors | Orthotics supply & fit - \$90.30 |
| Osteopathy | 2 | Combined limit - see Physiotherapy | Initial visit - \$35.00 Subsequent visit - \$28.00 |
| Speech therapy | 2 | Combined limit - see Physiotherapy | Initial visit - \$55.00 Subsequent visit - \$32.00 |

Online Doctors Appointments, 100% of charge up to the yearly service limit of 3 per person, benefits payable for Blua 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. Ante/Post-natal consultations and courses including lactation consultations, with a Bupa recognised provider in private practice. Mental health includes Psychology, Digital Mental Health, Social Work (psychological therapies), and Counselling (including Indigenous Counselling). Sub-limits may apply. Blood glucose monitors, orthotics, and other health aids are payable under the Health Appliances category up to \$1000 per year. Sub-limits and restrictions apply. Blood glucose monitors are payable once per year. 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

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 residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - https://www.health.tas.gov.au/ambulance/fees_and_accounts.

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.