

Private Health Information Statement - Combined policy

Choices 70 - Basic Plus		
Bupa HI Pty Ltd http://www.bupa.com.au 134 135	Monthly Premium \$156.40 # (before any rebate, loading or discount)	Covers only one person Available in Western 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 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

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

This policy ✗ does not include cover for

✗ Assisted reproductive services	✗ Digestive system	✗ Lung and chest
✗ Back, neck and spine	✗ Ear, nose and throat	✗ Male reproductive system
✗ Blood	✗ Eye (not cataracts)	✗ Miscarriage and termination of pregnancy
✗ Bone, joint and muscle	✗ Gastrointestinal endoscopy	✗ Pain management
✗ Brain and nervous system	✗ Gynaecology	✗ Pain management with device
✗ Breast surgery (medically necessary)	✗ Heart and vascular system	✗ Plastic and reconstructive surgery (medically necessary)
✗ Cataracts	✗ Implantation of hearing devices	✗ Pregnancy and birth
✗ Chemotherapy, radiotherapy and immunotherapy for cancer	✗ Insulin pumps	✗ Skin
✗ Diabetes management (excluding insulin pumps)	✗ Joint replacements	✗ Sleep studies
✗ Dialysis for chronic kidney failure	✗ Kidney and bladder	✗ 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 \$250 per admission. This is limited to a maximum of \$250 per person and \$250 per policy per year.

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

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

Hospital cover for limited services. For more, see the Important Information Guide

General Treatment Cover

We have agreements with a network of dental practitioners, chiros & physios across Australia called Members First providers. By using them providers, in most cases you'll receive up to 70% 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 *: Periodic oral examination (O12), Scale & Clean (114), Fluoride treatment (121) payable once every 6 months. Only certain Major Dental Services are covered under Choices eg. Indirect fillings & restorations, Stainless Steel crowns & Veneers - please contact us to find out what's included. 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	\$600 per policy (combined limit for general dental, major dental & endodontic)	Periodic oral examination - \$25.00 Scale & clean - \$48.50 Fluoride treatment - \$14.50 Surgical tooth extraction - \$116.75
Major dental*	12		Full crown veneered - n/a
Endodontic*	12		Filling of one root canal - n/a
Optical	2	\$300 per policy (combined limit for optical, non pbs pharmaceuticals, physiotherapy, chiropractic, psychology, acupuncture, remedial massage, chinese medicine, exercise physiology & osteopathy)	Single vision lenses & frames - \$169.50 Multi-focal lenses & frames - \$214.00
Non PBS pharmaceuticals*	2		Per eligible prescription - \$50.00
Physiotherapy	2		Initial visit - \$33.10 Subsequent visit - \$26.80
Chiropractic	2		Initial visit - \$35.00 Subsequent visit - \$25.00
Psychology	2		Initial visit - \$102.00 Subsequent visit - \$73.00
Acupuncture	2		Initial visit - \$32.00 Subsequent visit - \$25.00
Remedial massage	2		Initial visit - \$22.00 Subsequent visit - \$20.00

Chinese medicine	2	Initial visit - \$18.40 Subsequent visit - \$18.40
Exercise physiology	2	Initial visit - \$21.45 Subsequent visit - \$18.40
Osteopathy	2	Initial visit - \$32.65 Subsequent visit - \$27.45
Mental health includes Psychology, Digital Mental Health, Social Work (psychological therapies), and Counselling (including Indigenous Counselling). Sub-limits apply for Digital Mental Health.		

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

✗ Blood glucose monitors	✗ Orthodontic	✗ Other treatments - check with your insurer
✗ Hearing aids	✗ Podiatry	

Ambulance cover

In Western 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 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.