

## Private Health Information Statement - Hospital policy

### Bronze Plus Simple Hospital \$250 Excess

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

**Monthly Premium**  
**\$225.90<sup>#</sup>**  
(before any rebate, loading or discount)

**Covers 2 adults (and no-one else)**  
**Available in Northern Territory**

<sup>#</sup> 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

|                                                           |                                            |                                                                                     |
|-----------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------|
| ✓ Blood                                                   | ✓ Eye (not cataracts)                      | ✓ Pain management                                                                   |
| ✓ Bone, joint and muscle                                  | ✓ Gastrointestinal endoscopy               | ✓ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits) |
| ✓ Brain and nervous system                                | ✓ Gynaecology                              | ✓ Skin                                                                              |
| ✓ Breast surgery (medically necessary)                    | ✓ Hernia and appendix                      | ✓ Sleep studies                                                                     |
| ✓ Chemotherapy, radiotherapy and immunotherapy for cancer | ✓ Joint reconstructions                    | ✓ Tonsils, adenoids and grommets                                                    |
| ✓ Dental surgery                                          | ✓ Kidney and bladder                       | R Hospital psychiatric services                                                     |
| ✓ Diabetes management (excluding insulin pumps)           | ✓ Lung and chest                           | R Palliative care                                                                   |
| ✓ Digestive system                                        | ✓ Male reproductive system                 | R Rehabilitation                                                                    |
| ✓ Ear, nose and throat                                    | ✓ Miscarriage and termination of pregnancy |                                                                                     |

This policy ✗ does not include cover for

|                                       |                                   |                                                            |
|---------------------------------------|-----------------------------------|------------------------------------------------------------|
| ✗ Assisted reproductive services      | ✗ Heart and vascular system       | ✗ Pain management with device                              |
| ✗ Back, neck and spine                | ✗ Implantation of hearing devices | ✗ Plastic and reconstructive surgery (medically necessary) |
| ✗ Cataracts                           | ✗ Insulin pumps                   | ✗ Pregnancy and birth                                      |
| ✗ Dialysis for chronic kidney failure | ✗ Joint replacements              | ✗ 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](https://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 \$500 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

#### 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

This policy provides cover for a range of hospital treatments like chemotherapy, radiotherapy and immunotherapy for cancer and more. Includes cover for capped emergency ambulance. For details on the product contact Bupa.

### Ambulance cover

In Northern Territory this policy provides:

**Emergency:** Unlimited with a waiting period of 1 day.

**Call-out fees:** will not be paid.

#### Other features of this ambulance cover

You are covered for the costs associated with uncapped emergency ambulance transport services, 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.