

BUPA HOSPITAL COVERS

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EVERYTHING YOU  
NEED AT A GLANCE

## RETAIL HOSPITAL COVERS AT A GLANCE

This guide is for the use of hospital staff and providers only and does not contain all product information. Please also note this guide is subject to change without notice.

	ACTIVE SAVER (PACKAGED)	ADVANTAGE HOSPITAL - CO-PAYMENT OPTION
	ON SALE PRODUCT	ON SALE PRODUCT
<b>HOSPITAL COVER</b>	<p>For the services listed below only: Full cover for hospital accommodation and theatre fees in Members First and Network hospitals. Full cover for hospital accommodation in public hospitals.</p> <ul style="list-style-type: none"> <li>• Accidents sustained after joining</li> <li>• Knee arthroscopy and meniscectomy procedures</li> <li>• Appendicitis</li> <li>• Removal of tonsils and adenoids</li> <li>• Dental surgery</li> <li>• Minor gynaecological surgery (not including laparoscopy)</li> </ul> <p>All other services recognised by Medicare receive restricted/default shared room benefits.</p>	<p>Full cover for hospital accommodation and theatre fees at most Members First and Network hospitals except for restricted/excluded services. Full cover for hospital accommodation for public hospitals, except for excluded services.</p>
<b>EXCESS</b>	N/A	N/A
<b>CO-PAYMENT</b>	<p>\$100 a day (including same day and public admissions), up to a maximum of \$500 per hospital stay.</p> <p>The co-payment does not apply on admissions for services with a restricted benefit.</p>	<p>\$50 a day (including same day and public admissions), up to a maximum of \$250 per hospital stay.</p> <p>The co-payment does not apply to any dependent children covered on the membership.</p> <p>The co-payment is not applicable to psychiatric and rehabilitation day programs in private hospitals only. The co-payment will apply for psychiatric and rehabilitation day programs in a public hospital.</p>
<b>RESTRICTED BENEFITS</b> (Default benefits apply)	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• All services other than the services listed above and exclusions pay share room benefits</li> <li>• Surgical podiatry procedures</li> <li>• Follow up cosmetic surgery which is recognised by Medicare</li> <li>• Restricted services receive share room benefits</li> </ul>	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• Surgical podiatry procedures</li> <li>• Follow up cosmetic surgery which is recognised by Medicare</li> <li>• Restricted services receive share room benefits</li> </ul>
<b>EXCLUSIONS</b> (No benefits apply)	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>• Cosmetic surgery that is not clinically required</li> </ul>	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>• Cosmetic surgery that is not clinically required</li> </ul>
<b>WAITING PERIODS</b>	<ul style="list-style-type: none"> <li>• 2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>• 1 year pre-existing</li> <li>• 1 year pregnancy related services (including childbirth)</li> <li>• No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>• 1 year dental surgery</li> </ul>	<ul style="list-style-type: none"> <li>• 2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>• 1 year pre-existing</li> <li>• 1 year pregnancy related services (including childbirth)</li> <li>• No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>• 1 year dental surgery</li> </ul>

Bupa Medical Gap Scheme benefits apply to in-patient or same day patients only.

Excess applies to in-patients only.

Please note there is a small number of Members First and Network hospitals that may charge a fixed daily fee for some services. This fixed daily fee is capped at a maximum number of days per stay.

Surgically implanted prostheses are paid up to the benefit published on the Government's Prostheses List.

## RETAIL HOSPITAL COVERS AT A GLANCE

	ADVANTAGE HOSPITAL - EXCESS OPTIONS	BUDGET HOSPITAL
	ON SALE PRODUCT	ON SALE PRODUCT
HOSPITAL COVER	Full cover for hospital accommodation and theatre fees at most Members First and Network hospitals except for restricted/excluded services. Full cover for hospital accommodation for public hospitals, except for excluded services.	Full cover for hospital accommodation and theatre fees at most Members First and Network hospitals except for restricted/excluded services. Full cover for hospital accommodation for public hospitals, except for excluded services.
EXCESS	<p>\$250, \$500 or \$1000 per hospital admission (including same day and public admissions).</p> <p>Capped each calendar year at once per adult.</p> <p>The excess does not apply to any dependent children covered on the membership.</p> <p>The excess is not applicable to psychiatric and rehabilitation day programs in private hospitals only. The excess will apply for psychiatric and rehabilitation day programs in a public hospital.</p>	<p>\$250, \$500 or \$1000 per hospital admission (including same day and public admissions).</p> <p>Capped each calendar year at once per person, twice per couples or family membership.</p> <p>The excess is not applicable to psychiatric and rehabilitation day programs in private hospitals only. The excess will apply for psychiatric and rehabilitation day programs in a public hospital.</p>
CO-PAYMENT	N/A	N/A
RESTRICTED BENEFITS (Default benefits apply)	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• Surgical podiatry procedures</li> <li>• Follow up cosmetic surgery which is recognised by Medicare</li> <li>• Restricted services receive share room benefits</li> </ul>	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• Surgical podiatry procedures</li> <li>• Follow up cosmetic surgery which is recognised by Medicare</li> <li>• Restricted services receive share room benefits</li> </ul>
EXCLUSIONS (No benefits apply)	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>• Cosmetic surgery that is not clinically required</li> </ul>	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• Cardiac and cardiac-related services</li> <li>• Pregnancy related services (including childbirth)</li> <li>• Assisted reproductive services e.g. IVF</li> <li>• Cataract and eye lens procedures</li> <li>• All joint replacements including arthroplasty revisions and resurfacing procedures</li> <li>• Dialysis for chronic renal failure*</li> <li>• Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>• Cosmetic surgery that is not clinically required</li> </ul> <p>*Dialysis is an exclusion if the member joined on or after 1 April 2006</p>
WAITING PERIODS	<ul style="list-style-type: none"> <li>• 2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>• 1 year pre-existing</li> <li>• 1 year pregnancy related services (including childbirth)</li> <li>• No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>• 1 year dental surgery</li> </ul>	<ul style="list-style-type: none"> <li>• 2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>• 1 year pre-existing</li> <li>• No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>• 1 year dental surgery</li> </ul>

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Excess applies to in-patients only.

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## RETAIL HOSPITAL COVERS AT A GLANCE

	CHOICES (PACKAGED)	FAMILY ESSENTIALS
	ON SALE PRODUCT	ON SALE PRODUCT
HOSPITAL COVER	<p>For the services listed below only: Full cover for hospital accommodation and theatre fees in Members First and Network hospitals. Full cover for hospital accommodation in public hospitals.</p> <ul style="list-style-type: none"> <li>• Accidents sustained after joining</li> <li>• Ankle arthroscopy and ankle ligament repair</li> <li>• Knee arthroscopy and meniscectomy</li> <li>• Shoulder arthroscopy and selected minor shoulder procedures</li> <li>• Appendicitis</li> <li>• Removal of tonsils and adenoids</li> <li>• Dental surgery</li> </ul> <p>All other services recognised by Medicare receive restricted/default shared room benefits (except exclusions).</p>	<p><b>Adults:</b> Full cover for hospital accommodation and theatre fees for <i>accidents sustained after joining in shared rooms</i> in Members First and Network Hospitals. For all other services in all private hospitals, basic/default shared room benefits apply. In Public hospitals, full cover for hospital accommodation <i>in a shared room</i> for all services.</p> <p><b>Children:</b> Full cover for hospital accommodation and theatre fees for all services <i>in shared rooms</i> in Members First and Network Hospitals except for restricted/excluded services. Full cover for hospital accommodation <i>in a shared room</i> in Public hospitals.</p>
EXCESS	<p>\$250 per hospital admission (including same day and public admissions).</p> <p>Capped each calendar year at once per person, twice per couples membership.</p> <p>The excess does not apply on admissions for services with a restricted benefit.</p>	N/A
CO-PAYMENT	N/A	N/A
RESTRICTED BENEFITS (Default benefits apply)	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• All services other than the services listed above and exclusions pay share room benefits</li> <li>• Surgical podiatry procedures</li> <li>• Follow up cosmetic surgery which is recognised by Medicare</li> <li>• Restricted services receive share room benefits</li> </ul>	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• Surgical podiatry procedures</li> <li>• Follow up cosmetic surgery which is recognised by Medicare</li> <li>• Restricted services receive share room benefits</li> </ul>
EXCLUSIONS (No benefits apply)	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• Cardiac and cardiac-related services</li> <li>• Pregnancy related services (including childbirth)</li> <li>• Assisted reproductive services e.g. IVF</li> <li>• Cataract and eye lens procedures</li> <li>• All joint replacements including arthroplasty, revisions and resurfacing procedures</li> <li>• Dialysis for chronic renal failure</li> <li>• Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>• Cosmetic surgery that is not clinically required</li> </ul>	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>• Cosmetic surgery that is not clinically required</li> </ul>
WAITING PERIODS	<ul style="list-style-type: none"> <li>• 2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>• 1 year pre-existing</li> <li>• No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>• 1 year dental surgery</li> </ul>	<ul style="list-style-type: none"> <li>• 2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>• 1 year pre-existing</li> <li>• 1 year pregnancy related services (including childbirth)</li> <li>• No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>• 1 year dental surgery</li> </ul>

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## RETAIL HOSPITAL COVERS AT A GLANCE

	FAMILY FIRST (PACKAGED)	HEALTHSMART DIAMOND (PACKAGED)	HEALTHSMART GOLD (PACKAGED)
	OFF SALE PRODUCT	OFF SALE PRODUCT	OFF SALE PRODUCT
<b>HOSPITAL COVER</b>	Full cover for hospital accommodation and theatre fees at most Members First and Network hospitals except for restricted/excluded services. Full cover for hospital accommodation for public hospitals, except for excluded services.	Full cover for hospital accommodation and theatre fees at most Members First and Network hospitals except for restricted/excluded services. Full cover for hospital accommodation for public hospitals, except for excluded services.	Full cover for hospital accommodation and theatre fees at most Members First and Network hospitals except for restricted/excluded services. Full cover for hospital accommodation for public hospitals, except for excluded services.
<b>EXCESS</b>	<p>\$250, \$500, or \$1000 per hospital admission (including same day and public admissions).</p> <p>Capped each calendar year at once per person, twice per membership.</p> <p>The excess does not apply for any child dependants aged 20 years and under covered on the membership.</p> <p>The excess is not applicable to psychiatric and rehabilitation day programs in private hospitals only. The excess will apply for psychiatric and rehabilitation day programs in a public hospital.</p>	<p>\$250, \$500, or \$1000 per hospital admission (including same day and public admissions).</p> <p>Capped each calendar year at once per person, twice per couple or family membership.</p> <p>The excess is not applicable to psychiatric and rehabilitation day programs in private hospitals only. The excess will apply for psychiatric and rehabilitation day programs in a public hospital.</p>	<p>\$250, \$500, or \$1000 per hospital admission (including same day and public admissions).</p> <p>Capped each calendar year at once per person, twice per couple or family membership.</p> <p>The excess is not applicable to psychiatric and rehabilitation day programs in private hospitals only. The excess will apply for psychiatric and rehabilitation day programs in a public hospital.</p>
<b>CO-PAYMENT</b>	<p>\$50 a day (including same day and public admissions), up to a maximum of \$250 per hospital stay.</p> <p>The co-payment is not applicable to psychiatric and rehabilitation day programs in private hospitals only. The co-payment will apply for psychiatric and rehabilitation day programs in a public hospital.</p>	<p>\$50 a day (including same day and public admissions), up to a maximum of \$250 per hospital stay.</p> <p>The co-payment is not applicable to psychiatric and rehabilitation day programs in private hospitals only. The co-payment will apply for psychiatric and rehabilitation day programs in a public hospital.</p>	N/A
<b>RESTRICTED BENEFITS</b> (Default benefits apply)	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• Surgical podiatry procedures</li> <li>• Follow up cosmetic surgery which is recognised by Medicare</li> <li>• Restricted services receive share room benefits</li> </ul>	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• Surgical podiatry procedures</li> <li>• Follow up cosmetic surgery which is recognised by Medicare</li> <li>• Restricted services receive share room benefits</li> </ul>	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• Surgical podiatry procedures</li> <li>• Follow up cosmetic surgery which is recognised by Medicare</li> <li>• Restricted services receive share room benefits</li> </ul>
<b>EXCLUSIONS</b> (No benefits apply)	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>• Cosmetic surgery that is not clinically required</li> </ul>	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>• Cosmetic surgery that is not clinically required</li> </ul>	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>• Cosmetic surgery that is not clinically required</li> </ul>
<b>WAITING PERIODS</b>	<ul style="list-style-type: none"> <li>• 2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>• 1 year pre-existing</li> <li>• 1 year pregnancy related services (including childbirth)</li> <li>• No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>• 1 year dental surgery</li> </ul>	<ul style="list-style-type: none"> <li>• 2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>• 1 year pre-existing</li> <li>• 1 year pregnancy related services (including childbirth)</li> <li>• No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>• 1 year dental surgery</li> </ul>	<ul style="list-style-type: none"> <li>• 2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>• 1 year pre-existing</li> <li>• 1 year pregnancy related services (including childbirth)</li> <li>• No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>• 1 year dental surgery</li> </ul>

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## RETAIL HOSPITAL COVERS AT A GLANCE

	HOSPITAL COVER WITH EXCESS (INCLUDES EXCESS LEVEL 5)	HOSPITAL COVER WITH EXCESS BONUS	HOSPITAL COVER WITH EXCESS BONUS PLUS
	OFF SALE PRODUCT	OFF SALE PRODUCT	OFF SALE PRODUCT
HOSPITAL COVER	Full cover for hospital accommodation and theatre fees at most Members First and Network hospitals except for restricted/excluded services. Full cover for hospital accommodation for public hospitals, except for excluded services.	Full cover for hospital accommodation and theatre fees at most Members First and Network hospitals except for restricted/excluded services. Full cover for hospital accommodation for public hospitals, except for excluded services.	Full cover for hospital accommodation and theatre fees at most Members First and Network hospitals except for restricted/excluded services. Full cover for hospital accommodation for public hospitals, except for excluded services.
EXCESS	<p>\$400 or \$500 (Level 5) per hospital admission (including same day and public admissions).</p> <p>Capped each calendar year at \$500 for single membership and \$1000 for all other memberships.</p> <p>The excess is not applicable to psychiatric and rehabilitation day programs in private hospitals only. The excess will apply for psychiatric and rehabilitation day programs in a public hospital.</p> <p><b>Baby Care:</b> No excess on hospital admissions for children aged under three.</p>	<p>\$300 per hospital admission (including same day and public admissions).</p> <p>Capped each calendar year at \$500 for single membership and \$1000 for all other memberships.</p> <p>The excess is not applicable to psychiatric and rehabilitation day programs in private hospitals only. The excess will apply for psychiatric and rehabilitation day programs in a public hospital.</p> <p><b>Excess bonus:</b> One excess-free overnight or same-day admission for single or single parent membership and two for a couple or family membership per calendar year. Existing dollar amounts under the previous Excess Bonus scheme may be used towards any additional excess.</p> <p><b>Baby Care:</b> No excess on hospital admissions for children aged under three.</p>	<p>\$200 per hospital admission (including same day and public admissions).</p> <p>Capped each calendar year at \$500 for single membership and \$1000 for all other memberships.</p> <p>The excess is not applicable to psychiatric and rehabilitation day programs in private hospitals only. The excess will apply for psychiatric and rehabilitation day programs in a public hospital.</p> <p><b>Excess bonus:</b> One excess-free overnight or same-day admission for single or single parent membership and two for a family membership per calendar year. Existing dollar amounts under the previous Excess Bonus scheme may be used towards any additional excess.</p> <p><b>Baby Care:</b> No excess on hospital admissions for children aged under three.</p>
CO-PAYMENT	N/A	N/A	N/A
RESTRICTED BENEFITS (Default benefits apply)	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• Surgical podiatry procedures</li> <li>• Follow up cosmetic surgery which is recognised by Medicare</li> <li>• Restricted services receive share room benefits</li> </ul>	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• Surgical podiatry procedures</li> <li>• Follow up cosmetic surgery which is recognised by Medicare</li> <li>• Restricted services receive share room benefits</li> </ul>	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• Surgical podiatry procedures</li> <li>• Follow up cosmetic surgery which is recognised by Medicare</li> <li>• Restricted services receive share room benefits</li> </ul>
EXCLUSIONS (No benefits apply)	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>• Cosmetic surgery that is not clinically required</li> </ul>	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>• Cosmetic surgery that is not clinically required</li> </ul>	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>• Cosmetic surgery that is not clinically required</li> </ul>
WAITING PERIODS	<ul style="list-style-type: none"> <li>• 2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>• 1 year pre-existing</li> <li>• 1 year pregnancy related services (including childbirth)</li> <li>• No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>• 1 year dental surgery</li> </ul>	<ul style="list-style-type: none"> <li>• 2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>• 1 year pre-existing</li> <li>• 1 year pregnancy related services (including childbirth)</li> <li>• No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>• 1 year dental surgery</li> </ul>	<ul style="list-style-type: none"> <li>• 2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>• 1 year pre-existing</li> <li>• 1 year pregnancy related services (including childbirth)</li> <li>• No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>• 1 year dental surgery</li> </ul>

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## RETAIL HOSPITAL COVERS AT A GLANCE

	HOSPITAL ECONOMY COVER	HOSPITAL ECONOMY COVER WITH EXCESS BONUS	HOSPITAL PLUS
	OFF SALE PRODUCT	OFF SALE PRODUCT	OFF SALE PRODUCT
HOSPITAL COVER	Full cover for hospital accommodation and theatre fees at most Members First and Network hospitals except for restricted/excluded services. Full cover for hospital accommodation for public hospitals, except for excluded services.	Full cover for hospital accommodation and theatre fees at most Members First and Network hospitals except for restricted/excluded services. Full cover for hospital accommodation for public hospitals, except for excluded services.	Full cover for hospital accommodation and theatre fees at most Members First and Network hospitals except for restricted/excluded services. Full cover for hospital accommodation for public hospitals, except for excluded services.
EXCESS	<p>\$400 per hospital admission (including same day and public admissions).</p> <p>Capped each calendar year at \$500 for single membership and \$1000 for all other memberships.</p> <p>The excess is not applicable to psychiatric and rehabilitation day programs in private hospitals only. The excess will apply for psychiatric and rehabilitation day programs in a public hospital.</p> <p><b>Excess bonus:</b> Existing dollar amounts under the previous Excess Bonus scheme may be used towards any additional excess.</p>	<p>\$400 per hospital admission (including same day and public admissions).</p> <p>Capped each calendar year at \$500 for single membership and \$1000 for all other memberships.</p> <p>The excess is not applicable to psychiatric and rehabilitation day programs in private hospitals only. The excess will apply for psychiatric and rehabilitation day programs in a public hospital.</p> <p><b>Excess bonus:</b> Existing dollar amounts under the previous Excess Bonus scheme may be used towards any additional excess.</p>	N/A
CO-PAYMENT	<p>\$40 a day (including same day and public admissions), up to a maximum of \$200 per hospital stay.</p> <p>The co-payment is not applicable to psychiatric and rehabilitation day programs in private hospitals only. The co-payment will apply for psychiatric and rehabilitation day programs in a public hospital.</p>	N/A	<p>\$50 a day (including same day and public admissions), up to a maximum of \$250 per hospital stay.</p> <p>The co-payment does not apply to any child dependant covered on the membership.</p> <p>The co-payment is not applicable to psychiatric and rehabilitation day programs in private hospitals only. The co-payment will apply for psychiatric and rehabilitation day programs in a public hospital.</p>
RESTRICTED BENEFITS (Default benefits apply)	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>Surgical podiatry procedures</li> <li>Follow up cosmetic surgery which is recognised by Medicare</li> <li>Restricted services receive share room benefits</li> </ul>	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>Surgical podiatry procedures</li> <li>Follow up cosmetic surgery which is recognised by Medicare</li> <li>Restricted services receive share room benefits</li> </ul>	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>Surgical podiatry procedures</li> <li>Follow up cosmetic surgery which is recognised by Medicare</li> <li>Restricted services receive share room benefits</li> </ul>
EXCLUSIONS (No benefits apply)	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>Cosmetic surgery that is not clinically required</li> </ul>	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>Cosmetic surgery that is not clinically required</li> </ul>	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>Cosmetic surgery that is not clinically required</li> </ul>
WAITING PERIODS	<ul style="list-style-type: none"> <li>2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>1 year pre-existing</li> <li>1 year pregnancy related services</li> <li>No waiting period for accidents sustained after joining (if medical advice sought within 72 hours) (including childbirth)</li> <li>1 year dental surgery</li> </ul>	<ul style="list-style-type: none"> <li>2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>1 year pre-existing</li> <li>1 year pregnancy related services (including childbirth)</li> <li>No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>1 year dental surgery</li> </ul>	<ul style="list-style-type: none"> <li>2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>1 year pre-existing</li> <li>1 year pregnancy related services (including childbirth)</li> <li>No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>1 year dental surgery</li> </ul>

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	HOSPITAL SAVER	HOSPITAL SAVER PLUS
	OFF SALE PRODUCT	OFF SALE PRODUCT
<b>HOSPITAL COVER</b>	Full cover for hospital accommodation and theatre fees at most Members First and Network hospitals except for restricted/excluded services. Full cover for hospital accommodation for public hospitals, except for excluded services.	Full cover for hospital accommodation and theatre fees at most Members First and Network hospitals except for restricted/excluded services. Full cover for hospital accommodation for public hospitals, except for excluded services.
<b>EXCESS</b>	<p>\$500 per hospital admission (including same day and public admissions).</p> <p>Capped each calendar year at \$500 for single membership and \$1000 for all other memberships.</p> <p>The excess does not apply on admissions for services with a restricted benefit.</p>	<p>Hospital Saver Plus has 5 levels to choose from:</p> <ul style="list-style-type: none"> <li>• Nil excess</li> <li>• Level 2 - \$200</li> <li>• Level 3 - \$300</li> <li>• Level 4 - \$400</li> <li>• Level 5 - \$500</li> </ul> <p>The excess is paid per hospital admission (including same day and public admissions).</p> <p>Capped each calendar year at \$500 for single membership and \$1000 for all other memberships.</p> <p>The excess does not apply on admissions for services with a restricted benefit.</p> <p>The excess is not applicable to psychiatric and rehabilitation day programs in private hospitals only. The excess will apply for psychiatric and rehabilitation day programs in a public hospital.</p>
<b>CO-PAYMENT</b>	N/A	N/A
<b>RESTRICTED BENEFITS</b> (Default benefits apply)	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• Cataract and eye lens procedures</li> <li>• Hip and knee replacements including arthroplasty, revisions and resurfacing procedures</li> <li>• Cardiac and cardiac-related services</li> <li>• Pregnancy related services (including childbirth)</li> <li>• Assisted reproductive services e.g. IVF</li> <li>• Psychiatric</li> <li>• Rehabilitation</li> <li>• Surgical podiatry procedures</li> <li>• Follow up cosmetic surgery which is recognised by Medicare</li> <li>• Restricted services receive share room benefits</li> </ul>	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• Cataract and eye lens procedures</li> <li>• Hip and knee replacement including arthroplasty, revisions and resurfacing procedures</li> <li>• Surgical podiatry procedures</li> <li>• Follow up cosmetic surgery which is recognised by Medicare</li> <li>• Restricted services receive share room benefits</li> </ul>
<b>EXCLUSIONS</b> (No benefits apply)	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>• Cosmetic surgery that is not clinically required</li> </ul>	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>• Cosmetic surgery that is not clinically required</li> </ul>
<b>WAITING PERIODS</b>	<ul style="list-style-type: none"> <li>• 2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>• 1 year pre-existing</li> <li>• 1 year pregnancy related services (including childbirth)</li> <li>• No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>• 1 year dental surgery</li> </ul>	<ul style="list-style-type: none"> <li>• 2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>• 1 year pre-existing</li> <li>• 1 year pregnancy related services (including childbirth)</li> <li>• No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>• 1 year dental surgery</li> </ul>

Bupa Medical Gap Scheme benefits apply to in-patient or same day patients only.

Excess applies to in-patients only.

Please note there is a small number of Members First and Network hospitals that may charge a fixed daily fee for some services. This fixed daily fee is capped at a maximum number of days per stay.

Surgically implanted prostheses are paid up to the benefit published on the Government's Prostheses List.

## RETAIL HOSPITAL COVERS AT A GLANCE

	HOSPITAL SELECT PLUS	HOSPITAL SELECT VALUE	HOSPITAL SUPER PLUS
	OFF SALE PRODUCT	OFF SALE PRODUCT	OFF SALE PRODUCT
HOSPITAL COVER	Full cover for hospital accommodation and theatre fees at most Members First and Network hospitals except for restricted/excluded services. Full cover for hospital accommodation for public hospitals, except for excluded services.	Full cover for hospital accommodation and theatre fees at most Members First and Network hospitals except for restricted/excluded services. Full cover for hospital accommodation for public hospitals, except for excluded services.	Full cover for hospital accommodation and theatre fees at most Members First and Network hospitals except for restricted/excluded services. Full cover for hospital accommodation for public hospitals, except for excluded services.
EXCESS	<p>\$250, \$500 or \$1000 per hospital admission (including same day and public admissions).</p> <p>Capped each calendar year at once per person, twice per couples or family membership.</p> <p>The excess is not applicable to psychiatric and rehabilitation day programs in private hospitals only. The excess will apply for psychiatric and rehabilitation day programs in a public hospital.</p>	<p>\$250, \$500 or \$1000 per hospital admission (including same day and public admissions).</p> <p>Capped each calendar year at once per person, twice per couples or family membership.</p> <p>The excess is not applicable to psychiatric and rehabilitation day programs in private hospitals only. The excess will apply for psychiatric and rehabilitation day programs in a public hospital.</p>	N/A
CO-PAYMENT	N/A	N/A	N/A
RESTRICTED BENEFITS (Default benefits apply)	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>Surgical podiatry procedures</li> <li>Follow up cosmetic surgery which is recognised by Medicare</li> <li>Restricted services receive share room benefits</li> </ul>	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>Surgical podiatry procedures</li> <li>Follow up cosmetic surgery which is recognised by Medicare</li> <li>Restricted services receive share room benefits</li> </ul>	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>Surgical podiatry procedures</li> <li>Follow up cosmetic surgery which is recognised by Medicare</li> <li>Restricted services receive share room benefits</li> </ul>
EXCLUSIONS (No benefits apply)	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>Cataract and eye lens procedures</li> <li>All joint replacements including arthroplasty, revisions and resurfacing procedures</li> <li>Dialysis for chronic renal failure*</li> <li>Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>Cosmetic surgery that is not clinically required</li> </ul> <p>*Dialysis is an exclusion if the member joined on or after 1 April 2006</p>	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>Cardiac and cardiac-related services</li> <li>Pregnancy related services (including childbirth)</li> <li>Assisted reproductive services e.g. IVF</li> <li>Cataract and eye lens procedures</li> <li>All joint replacements including arthroplasty, revisions and resurfacing procedures</li> <li>Dialysis for chronic renal failure*</li> <li>Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>Cosmetic surgery that is not clinically required</li> </ul> <p>*Dialysis is an exclusion if the member joined on or after 1 April 2006</p>	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>Cosmetic surgery that is not clinically required</li> </ul>
WAITING PERIODS	<ul style="list-style-type: none"> <li>2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>1 year pre-existing</li> <li>1 year pregnancy related services (including childbirth)</li> <li>No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>1 year dental surgery</li> </ul>	<ul style="list-style-type: none"> <li>2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>1 year pre-existing</li> <li>No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>1 year dental surgery</li> </ul>	<ul style="list-style-type: none"> <li>2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>1 year pre-existing</li> <li>1 year pregnancy related services (including childbirth)</li> <li>No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>1 year dental surgery</li> </ul>

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Excess applies to in-patients only.

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## RETAIL HOSPITAL COVERS AT A GLANCE

	HOSPITAL VALUE	HEALTHSMART (PACKAGED)	PREMIUM HOSPITAL	PUBLIC OR BASIC HOSPITAL
	OFF SALE PRODUCT	OFF SALE PRODUCT	OFF SALE PRODUCT	OFF SALE PRODUCT
HOSPITAL COVER	Full cover for hospital accommodation and theatre fees at most Members First and Network hospitals except for restricted/excluded services. Full cover for hospital accommodation for public hospitals, except for excluded services.	Full cover for hospital accommodation and theatre fees at most Members First and Network hospitals except for restricted/excluded services. Full cover for hospital accommodation for public hospitals, except for excluded services.	Full cover for hospital accommodation and theatre fees at most Members First and Network hospitals except for restricted/excluded services. Full cover for hospital accommodation for public hospitals, except for excluded services.	Full cover for hospital accommodation at public hospitals in a shared ward, except for excluded services. Default accommodation benefits only in all private hospitals.
EXCESS	\$250, \$500 or \$1000 per hospital admission (including same day and public admissions). Capped each calendar year at once per adult. The excess does not apply to any child dependant covered on the membership. The excess is not applicable to psychiatric and rehabilitation day programs in private hospitals only. The excess will apply for psychiatric and rehabilitation day programs in a public hospital.	\$250, \$500, or \$1000 per hospital admission (including same day and public admissions). Capped each calendar year at once per person, twice per couples membership. The excess is not applicable to psychiatric and rehabilitation day programs in private hospitals only. The excess will apply for psychiatric and rehabilitation day programs in a public hospital.	N/A	N/A
CO-PAYMENT	N/A	N/A	N/A	N/A
RESTRICTED BENEFITS (Default benefits apply)	For the duration of this cover: <ul style="list-style-type: none"> <li>Surgical podiatry procedures</li> <li>Follow up cosmetic surgery which is recognised by Medicare</li> <li>Restricted services receive share room benefits</li> </ul>	For the duration of this cover: <ul style="list-style-type: none"> <li>Surgical podiatry procedures</li> <li>Follow up cosmetic surgery which is recognised by Medicare</li> <li>Restricted services receive share room benefits</li> </ul>	For the duration of this cover: <ul style="list-style-type: none"> <li>Surgical podiatry procedures</li> <li>Follow up cosmetic surgery which is recognised by Medicare</li> <li>Restricted services receive share room benefits</li> </ul>	For the duration of this cover: <ul style="list-style-type: none"> <li>All services when in private hospitals</li> <li>Surgical podiatry procedures</li> <li>Follow up cosmetic surgery which is recognised by Medicare</li> <li>Restricted services receive share room benefits</li> </ul>
EXCLUSIONS (No benefits apply)	For the duration of this cover: <ul style="list-style-type: none"> <li>Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>Cosmetic surgery that is not clinically required</li> </ul>	For the duration of this cover: <ul style="list-style-type: none"> <li>Pregnancy related services (including childbirth)</li> <li>Assisted reproductive services e.g. IVF</li> <li>Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>Cosmetic surgery that is not clinically required</li> </ul>	For the duration of this cover: <ul style="list-style-type: none"> <li>Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>Cosmetic surgery that is not clinically required</li> </ul>	For the duration of this cover: <ul style="list-style-type: none"> <li>Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>Cosmetic surgery that is not clinically required</li> </ul>
WAITING PERIODS	<ul style="list-style-type: none"> <li>2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>1 year pre-existing</li> <li>1 year pregnancy related services (including childbirth)</li> <li>No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>1 year dental surgery</li> </ul>	<ul style="list-style-type: none"> <li>2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>1 year pre-existing</li> <li>No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>1 year dental surgery</li> </ul>	<ul style="list-style-type: none"> <li>2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>1 year pre-existing</li> <li>1 year pregnancy related services (including childbirth)</li> <li>No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>1 year dental surgery</li> </ul>	<ul style="list-style-type: none"> <li>2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>1 year pre-existing</li> <li>1 year pregnancy related services (including childbirth)</li> <li>No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>1 year dental surgery</li> </ul>

Bupa Medical Gap Scheme benefits apply to in-patient or same day patients only.

Excess applies to in-patients only.

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## RETAIL HOSPITAL COVERS AT A GLANCE

	SINGLES CHOICE SAVER (PACKAGED)	STANDARD HOSPITAL
	OFF SALE PRODUCT	ON SALE PRODUCT
<b>HOSPITAL COVER</b>	<p>For the services listed below only: Full cover for hospital accommodation and theatre fees in Members First and Network hospitals. Full cover for hospital accommodation in public hospitals.</p> <ul style="list-style-type: none"> <li>• Accidents sustained after joining</li> <li>• Knee arthroscopy and meniscectomy procedures</li> <li>• Appendicitis</li> <li>• Removal of tonsils and adenoids</li> <li>• Dental surgery</li> <li>• Minor gynaecological surgery (not including laparoscopy)</li> </ul> <p>All other services recognised by Medicare receive restricted/default shared room benefits.</p>	<p>Full cover for hospital accommodation and theatre fees at most Members First and Network hospitals except for restricted/excluded services. Full cover for hospital accommodation for public hospitals, except for excluded services.</p>
<b>EXCESS</b>	N/A	<p>\$250, \$500 or \$1000 per hospital admission (including same day and public admissions).</p> <p>Capped each calendar year at once per adult.</p> <p>The excess does not apply to any dependent children covered on the membership admitted to hospital on or after 29 October 2011.</p> <p>The excess is not applicable to psychiatric and rehabilitation day programs in private hospitals only. The excess will apply for psychiatric and rehabilitation day programs in a public hospital.</p>
<b>CO-PAYMENT</b>	N/A	N/A
<b>RESTRICTED BENEFITS</b> (Default benefits apply)	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• All services other than the services listed above and exclusions pay share room benefits</li> <li>• Surgical podiatry procedures</li> <li>• Follow up cosmetic surgery which is recognised by Medicare</li> <li>• Restricted services receive share room benefits</li> </ul>	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• Surgical podiatry procedures</li> <li>• Follow up cosmetic surgery which is recognised by Medicare</li> <li>• Restricted services receive share room benefits</li> </ul>
<b>EXCLUSIONS</b> (No benefits apply)	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>• Cosmetic surgery that is not clinically required</li> </ul>	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• Cataract and eye lens procedures</li> <li>• All joint replacements including arthroplasty, revisions and resurfacing procedures</li> <li>• Dialysis for chronic renal failure*</li> <li>• Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>• Cosmetic surgery that is not clinically required</li> </ul> <p>*Dialysis is an exclusion if the member joined on or after 1 April 2006</p>
<b>WAITING PERIODS</b>	<ul style="list-style-type: none"> <li>• 2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>• 1 year pre-existing</li> <li>• 1 year pregnancy related services (including childbirth)</li> <li>• No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>• 1 year dental surgery</li> </ul>	<ul style="list-style-type: none"> <li>• 2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>• 1 year pre-existing</li> <li>• 1 year pregnancy related services (including childbirth)</li> <li>• No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>• 1 year dental surgery</li> </ul>

Bupa Medical Gap Scheme benefits apply to in-patient or same day patients only.

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## RETAIL HOSPITAL COVERS AT A GLANCE

	START N SAVE	TOP HOSPITAL COVER	ULTIMATE HEALTH COVER (PACKAGED)
	OFF SALE PRODUCT	ON SALE PRODUCT	ON SALE PRODUCT
HOSPITAL COVER	Full cover for hospital accommodation and theatre fees at most Members First and Network hospitals except for restricted/excluded services. Full cover for hospital accommodation for public hospitals, except for excluded services.	Full cover for hospital accommodation and theatre fees at most Members First and Network hospitals except for restricted/excluded services. Full cover for hospital accommodation for public hospitals, except for excluded services.	Full cover for hospital accommodation and theatre fees at Members First, and Network hospitals except for restricted/excluded services. Full cover for hospital accommodation for public hospitals, except for excluded services.  In addition this product covers you for laser eye procedures used to adjust the eyeball to correct sight (excludes laser procedures involving lens implants).
EXCESS	\$500 per hospital admission (including same day and public admissions). Capped each calendar year at \$500 for single membership and \$1000 for all other memberships.  The excess is not applicable to psychiatric and rehabilitation day programs in private hospitals only. The excess will apply for psychiatric and rehabilitation day programs in a public hospital.  Excess bonus: Existing dollar amounts under the previous Excess Bonus scheme may be used towards any additional excess.	N/A	N/A
CO-PAYMENT	\$50 a day (including same day and public admissions), up to a maximum of \$250 per hospital stay.  The co-payment is not applicable to psychiatric and rehabilitation day programs in private hospitals only. The co-payment will apply for psychiatric and rehabilitation day programs in a public hospital.	N/A	N/A
RESTRICTED BENEFITS (Default benefits apply)	For the duration of this cover: <ul style="list-style-type: none"> <li>• Surgical podiatry procedures</li> <li>• Follow up cosmetic surgery which is recognised by Medicare</li> <li>• Restricted services receive share room benefits</li> </ul>	For the duration of this cover: <ul style="list-style-type: none"> <li>• Surgical podiatry procedures</li> <li>• Follow up cosmetic surgery which is recognised by Medicare</li> <li>• Restricted services receive share room benefits</li> </ul>	For the duration of this cover: <ul style="list-style-type: none"> <li>• Surgical podiatry procedures</li> <li>• Follow up cosmetic surgery which is recognised by Medicare</li> <li>• Restricted services receive share room benefits</li> </ul>
EXCLUSIONS (No benefits apply)	For the duration of this cover: <ul style="list-style-type: none"> <li>• Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>• Cosmetic surgery that is not clinically required</li> </ul>	For the duration of this cover: <ul style="list-style-type: none"> <li>• Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>• Cosmetic surgery that is not clinically required</li> </ul>	For the duration of this cover: <ul style="list-style-type: none"> <li>• Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>• Cosmetic surgery that is not clinically required</li> </ul>
WAITING PERIODS	<ul style="list-style-type: none"> <li>• 2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>• 1 year pre-existing</li> <li>• 1 year pregnancy related services (including childbirth)</li> <li>• No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>• 1 year dental surgery</li> </ul>	<ul style="list-style-type: none"> <li>• 2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>• 1 year pre-existing</li> <li>• 1 year pregnancy related services (including childbirth)</li> <li>• No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>• 1 year dental surgery</li> </ul>	<ul style="list-style-type: none"> <li>• 2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>• 1 year pre-existing</li> <li>• 1 year pregnancy related services (including childbirth)</li> <li>• 1 year adult health check</li> <li>• 3 year laser eye correction (excludes lens implant for eye correction)</li> <li>• No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>• 1 year dental surgery</li> </ul>

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Excess applies to in-patients only.

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## RETAIL HOSPITAL COVERS AT A GLANCE

	YOUNG SINGLES/COUPLES CHOICE (PACKAGED)	YOUNG SINGLES SAVER (PACKAGED)
	ON SALE PRODUCT	ON SALE PRODUCT
HOSPITAL COVER	Full cover for hospital accommodation and theatre fees in most Members First and Network hospitals except for restricted/excluded services. Full cover for hospital accommodation for public hospitals, except for excluded services.	For the services listed below only: Full cover for hospital accommodation and theatre fees in Members First and Network hospitals. Full cover for hospital accommodation in public hospitals. <ul style="list-style-type: none"> <li>• Accidents after joining</li> <li>• Knee arthroscopy and meniscectomy procedures</li> <li>• Appendicitis</li> <li>• Removal of tonsils and adenoids</li> <li>• Dental surgery</li> <li>• Minor gynaecological surgery (not including laparoscopy)</li> </ul> All other services recognised by Medicare receive restricted/default shared room benefits.
EXCESS	N/A	N/A
CO-PAYMENT	\$50 a day (including same day and public admissions), up to a maximum of \$250 per hospital stay. The co-payment does not apply on admissions for services with a restricted benefit.	\$50 a day (including same day and public admissions), up to a maximum of \$250 per hospital stay. The co-payment does not apply on admissions for services with a restricted benefit.
RESTRICTED BENEFITS (Default benefits apply)	For the duration of this cover: <ul style="list-style-type: none"> <li>• Psychiatric</li> <li>• Rehabilitation</li> <li>• Surgical podiatry procedures</li> <li>• Follow up cosmetic surgery which is recognised by Medicare</li> <li>• Restricted services receive share room benefits</li> </ul>	For the duration of this cover: <ul style="list-style-type: none"> <li>• All services other than the services listed above and exclusions pay share room benefits</li> <li>• Surgical podiatry procedures</li> <li>• Follow up cosmetic surgery which is recognised by Medicare</li> <li>• Restricted services receive share room benefits</li> </ul>
EXCLUSIONS (No benefits apply)	For the duration of this cover: <ul style="list-style-type: none"> <li>• Cardiac and cardiac-related services</li> <li>• Pregnancy related services (including childbirth)</li> <li>• Assisted reproductive services e.g. IVF</li> <li>• Cataract and eye lens procedures</li> <li>• Hip and knee replacements including arthroplasty, revisions and resurfacing procedures</li> <li>• Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>• Cosmetic surgery that is not clinically required</li> </ul>	For the duration of this cover: <ul style="list-style-type: none"> <li>• Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>• Cosmetic surgery that is not clinically required</li> </ul>
WAITING PERIODS	<ul style="list-style-type: none"> <li>• 2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>• 1 year pre-existing</li> <li>• No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>• 1 year dental surgery</li> </ul>	<ul style="list-style-type: none"> <li>• 2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>• 1 year pre-existing</li> <li>• 1 year pregnancy related services (including childbirth)</li> <li>• No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>• 1 year dental surgery</li> </ul>

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Excess applies to in-patients only.

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## CORPORATE HOSPITAL COVERS AT A GLANCE

This guide is for the use of hospital staff and providers only and does not contain all product information. Please also note this guide is subject to change without notice.

	CORPORATE HOSPITAL COVER	CORPORATE HOSPITAL INTERMEDIATE
	ON SALE PRODUCT	ON SALE PRODUCT
HOSPITAL COVER	Full cover for hospital accommodation and theatre fees at Members First, Network and public hospitals.	Full cover for hospital accommodation and theatre fees at Members First, Network and public hospitals (except for services that are restricted).
EXCESS	<ul style="list-style-type: none"> <li>• Level 1 – Nil Excess</li> <li>• Level 2 – Up to \$250 per year for single memberships, up to 2 x \$250 per year for family or single parent memberships. The excess does not apply to any child dependant covered on the membership.</li> </ul> <p>The excess is not applicable to psychiatric and rehabilitation day programs in private hospitals only. The excess will apply for psychiatric and rehabilitation day programs in a public hospital.</p>	<ul style="list-style-type: none"> <li>• Level 1 – Nil Excess</li> <li>• Level 2 – Up to \$250 or</li> <li>• Level 3 – Up to \$500 per hospital admission (including same day)</li> </ul> <p>Capped at \$500 for single or \$1000 for family or single parent memberships per year. The excess does not apply to any child dependant covered on the membership.</p> <p>The excess does not apply on admissions for services with a Restricted Benefit.</p> <p>The excess is not applicable to psychiatric and rehabilitation day programs in private hospitals only. The excess will apply for psychiatric and rehabilitation day programs in a public hospital.</p>
EXCESS BONUS (Excess Waiver)	N/A	Level 2 ONLY – One free excess for overnight or same day admissions per calendar year for single and single parent memberships; two free excesses for overnight or same day admissions per calendar year for family memberships.
CO-PAYMENT	N/A	N/A
RESTRICTED BENEFITS (Default benefits apply)	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• Surgical podiatry procedures</li> <li>• Follow up cosmetic surgery which is recognised by Medicare</li> <li>• Restricted services receive share room benefits</li> </ul>	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• Hip/Knee Replacement including revisions and resurfacing procedures</li> <li>• Cataract and eye lens procedures</li> <li>• Surgical podiatry procedures</li> <li>• Follow up cosmetic surgery which is recognised by Medicare</li> <li>• Restricted services receive share room benefits</li> </ul>
EXCLUSIONS (No benefits apply)	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>• Cosmetic surgery that is not clinically required</li> </ul>	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>• Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>• Cosmetic surgery that is not clinically required</li> </ul>
WAITING PERIODS	<ul style="list-style-type: none"> <li>• 2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>• 1 year pre-existing</li> <li>• 1 year pregnancy related services (including childbirth)</li> <li>• No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>• 1 year dental surgery</li> </ul>	<ul style="list-style-type: none"> <li>• 2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>• 1 year pre-existing</li> <li>• 1 year pregnancy related services (including childbirth)</li> <li>• No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>• 1 year dental surgery</li> </ul>

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Excess applies to in-patients only.

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## CORPORATE HOSPITAL COVERS AT A GLANCE

	CORPORATE HOSPITAL SAVER	CORPORATE HOSPITAL TOP
	ON SALE PRODUCT	ON SALE PRODUCT
HOSPITAL COVER	Full cover for hospital accommodation and theatre fees at Members First, Network and public hospitals (except for services that are restricted or excluded).	Full cover for hospital accommodation and theatre fees at most Members First and Network hospitals and all public hospitals.
EXCESS	<ul style="list-style-type: none"> <li>• Level 1 - Nil Excess</li> <li>• Level 2 - Up to \$250 or</li> <li>• Level 3 - Up to \$500 per hospital admission (including same day)</li> </ul> Capped at \$500 for single or \$1000 for family or single parent memberships per year.	<ul style="list-style-type: none"> <li>• Level 1 - Nil Excess</li> <li>• Level 2 - Up to \$250 or</li> <li>• Level 3 - Up to \$500 per hospital admission (including same day)</li> </ul> Capped at \$500 for single or \$1000 for family or single parent memberships per year. The excess does not apply to any child dependant covered on the membership. The excess is not applicable to psychiatric and rehabilitation day programs in private hospitals only. The excess will apply for psychiatric and rehabilitation day programs in a public hospital.
EXCESS BONUS (Excess Waiver)	Level 2 ONLY - One free excess for overnight or same day admissions per calendar year for single and single parent memberships; two free excesses for overnight or same day admissions per calendar year for family memberships.	Level 2 ONLY - One free excess for overnight or same day admissions per calendar year for single and single parent memberships; two free excesses for overnight or same day admissions per calendar year for family memberships.  <b>Baby Care:</b> No excess on hospital admissions for children under age 3.
CO-PAYMENT	N/A	N/A
RESTRICTED BENEFITS (Default benefits apply)	For the duration of this cover: <ul style="list-style-type: none"> <li>• Psychiatric</li> <li>• Rehabilitation</li> <li>• Surgical podiatry procedures</li> <li>• Follow up cosmetic surgery which is recognised by Medicare</li> <li>• Restricted services receive share room benefits</li> </ul>	For the duration of this cover: <ul style="list-style-type: none"> <li>• Surgical podiatry procedures</li> <li>• Follow up cosmetic surgery which is recognised by Medicare</li> <li>• Restricted services receive share room benefits</li> </ul>
EXCLUSIONS (No benefits apply)	For the duration of this cover: <ul style="list-style-type: none"> <li>• Cardiac and cardiac-related services</li> <li>• Pregnancy related services (including childbirth)</li> <li>• Assisted reproductive services e.g. IVF</li> <li>• Cataract and eye lens procedures</li> <li>• Hip/Knee replacements including revisions and resurfacing procedures</li> <li>• Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>• Cosmetic surgery that is not clinically required</li> </ul>	For the duration of this cover: <ul style="list-style-type: none"> <li>• Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>• Cosmetic surgery that is not clinically required</li> </ul>
WAITING PERIODS	<ul style="list-style-type: none"> <li>• 2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>• 1 year pre-existing</li> <li>• 1 year pregnancy related services (including childbirth)</li> <li>• No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>• 1 year dental surgery</li> </ul>	<ul style="list-style-type: none"> <li>• 2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>• 1 year pre-existing</li> <li>• 1 year pregnancy related services (including childbirth)</li> <li>• No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>• 1 year dental surgery</li> </ul>

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## CORPORATE HOSPITAL COVERS AT A GLANCE

	HEALTHLINK ADVANTAGE/ CLASSIC/ESSENTIALS PLUS	HEALTHLINK HOSPITAL	ULTIMATE CORPORATE HEALTH COVER (PACKAGE)
	ON SALE PRODUCT	ON SALE PRODUCT	ON SALE PRODUCT
HOSPITAL COVER	Full cover for hospital accommodation and theatre fees at Members First, Network and public hospitals (except for services that are restricted or excluded). In addition this product covers you for laser eye procedures used to adjust the eyeball to correct sight (excludes laser procedures involving lens implants).	Full cover for hospital accommodation and theatre fees at Members First, Network and public hospitals (except for services that are restricted or excluded).	Full cover for hospital accommodation and theatre fees at Members First, Network and public hospitals. In addition this product covers you for laser eye procedures used to adjust the eyeball to correct sight (excludes laser procedures involving lens implants).
EXCESS	\$0, \$250, \$500, or \$1000 capped at once per person, twice per membership per calendar year.	\$0, \$250, \$500, or \$1000 capped at once per person, twice per membership per calendar year.	N/A
EXCESS BONUS (Excess Waiver)	No excess for dependent children on HealthLink Advantage only.	N/A	N/A
CO-PAYMENT	N/A	N/A	N/A
RESTRICTED BENEFITS (Default benefits apply)	For the first 24 months: <ul style="list-style-type: none"> <li>Hip/Knee Replacement including revisions and resurfacing procedures (except where they are required as a result of an accident which occurs after the cover commenced)</li> <li>Cataract and eye lens procedures</li> <li>Dialysis for chronic renal failure</li> <li>Assisted reproductive services</li> <li>Bone marrow transplants</li> <li>All psychiatric conditions (except eating disorders and post natal depression)</li> <li>Surgical podiatry procedures</li> <li>Follow up cosmetic surgery which is recognised by Medicare</li> <li>Restricted services receive share room benefits</li> </ul>	For the first 24 months: <ul style="list-style-type: none"> <li>Hip/Knee Replacement including revisions and resurfacing procedures (except where they are required as a result of an accident which occurs after the cover commenced)</li> <li>Cataract and eye lens procedures</li> <li>Dialysis for chronic renal failure</li> <li>Assisted reproductive services</li> <li>Bone marrow transplants</li> <li>All psychiatric conditions (except eating disorders and post natal depression)</li> </ul> For the duration of this cover: <ul style="list-style-type: none"> <li>Surgical podiatry procedures</li> <li>Follow up cosmetic surgery which is recognised by Medicare</li> <li>Restricted services receive share room benefits</li> </ul>	For the duration of this cover: <ul style="list-style-type: none"> <li>Surgical podiatry procedures</li> <li>Follow up cosmetic surgery which is recognised by Medicare</li> <li>Restricted services receive share room benefits</li> </ul>
EXCLUSIONS (No benefits apply)	For the duration of this cover: <ul style="list-style-type: none"> <li>Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>Cosmetic surgery that is not clinically required</li> </ul>	For the duration of this cover: <ul style="list-style-type: none"> <li>Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>Cosmetic surgery that is not clinically required</li> </ul>	For the duration of this cover: <ul style="list-style-type: none"> <li>Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>Cosmetic surgery that is not clinically required</li> </ul>
WAITING PERIODS	<ul style="list-style-type: none"> <li>2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>1 year pre-existing</li> <li>1 year pregnancy related services (including childbirth)</li> <li>No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>1 year dental surgery</li> </ul>	<ul style="list-style-type: none"> <li>2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>1 year pre-existing</li> <li>1 year pregnancy related services (including childbirth)</li> <li>No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>1 year dental surgery</li> </ul>	<ul style="list-style-type: none"> <li>2 month initial, palliative care, psychiatric and rehabilitation services</li> <li>1 year pre-existing</li> <li>1 year pregnancy related services (including childbirth)</li> <li>1 year adult health check</li> <li>3 year laser eye correction (excludes lens implant for eye correction)</li> <li>No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>1 year dental surgery</li> </ul>

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Excess applies to in-patients only.

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## VISITORS HOSPITAL COVERS AT A GLANCE

## NON-WORKING VISA

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	ADVANTAGE VISITORS COVER	OVERSEAS STUDENT HEALTH COVER	OVERSEAS VISITORS COVER (HBA/MC)
	ON SALE PRODUCT	ON SALE PRODUCT	OFF SALE PRODUCT
<b>HOSPITAL COVER</b>	Cover for hospital accommodation and theatre fees at Members First, Network and all public hospitals. Note: Limit of \$30,000 per single membership, or \$60,000 per family membership applies per calendar year for non-accident related hospital costs. Unlimited benefits apply for accident related hospital costs.	Full cover for hospital accommodation and theatre fees at most Members First and Network hospitals and all public hospitals	Full cover for hospital accommodation and theatre fees at most Members First and Network hospitals and all public hospitals.
<b>EXCESS</b>	N/A	N/A	N/A
<b>CO-PAYMENT</b>	N/A	N/A	N/A
<b>RESTRICTED BENEFITS</b> (Default benefits apply)	For the duration of this cover: <ul style="list-style-type: none"> <li>Surgical podiatry procedures</li> <li>Follow up cosmetic surgery which is recognised by Medicare</li> <li>Restricted services receive share room benefits</li> </ul>	For the duration of this cover: <ul style="list-style-type: none"> <li>Surgical podiatry procedures</li> <li>Follow up cosmetic surgery which is recognised by Medicare</li> <li>Restricted services receive share room services</li> </ul>	For the period specified: <ul style="list-style-type: none"> <li>12 months – Cardiac and cardiac-related services</li> <li>12 months – Pregnancy related services (including childbirth)</li> <li>2 years – Assisted reproductive services (including IVF)</li> <li>2 years – Cataract and eye lens procedures</li> <li>2 years – Hip and knee replacements including arthroplasty, revisions and resurfacing procedures</li> <li>2 years – Psychiatric</li> <li>2 years – Rehabilitation</li> </ul> For the duration of this cover: <ul style="list-style-type: none"> <li>Surgical podiatry procedures</li> <li>Cosmetic surgery that is clinically required and is recognised by Medicare</li> <li>Follow up cosmetic surgery which is recognised by Medicare</li> <li>Restricted services receive share room benefits</li> </ul>
<b>EXCLUSIONS</b> (No benefits apply)	For the duration of this cover: <ul style="list-style-type: none"> <li>Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>Cosmetic surgery that is not clinically required</li> </ul>	For the duration of this cover <ul style="list-style-type: none"> <li>Assisted reproductive services e.g. IVF</li> <li>Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>Cosmetic surgery that is not clinically required</li> </ul>	For the duration of this cover: <ul style="list-style-type: none"> <li>Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>Cosmetic surgery that is not clinically required</li> </ul>
<b>WAITING PERIODS</b>	<ul style="list-style-type: none"> <li>1 year pre-existing</li> <li>1 year pregnancy related services (including childbirth)</li> <li>No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>1 year dental surgery</li> </ul>	<ul style="list-style-type: none"> <li>2 month pre-existing of a psychiatric nature</li> <li>1 year for all other pre-existing</li> <li>1 year pregnancy related services (including childbirth)</li> <li>No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>1 year dental surgery</li> </ul>	<ul style="list-style-type: none"> <li>1 year pre-existing</li> <li>1 year pregnancy related services (including childbirth)</li> <li>No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>1 year dental surgery</li> </ul>
<b>MEDICAL COVER</b>	Up to 100% of MBS fee (or the Gap Scheme benefit if you're a Gap Scheme provider) for inpatient services. Up to 100% of MBS fee as a hospital out-patient or by a doctor or specialist in private practice anywhere in Australia.	Up to 100% MBS fee (or the Gap Scheme benefit if you're a Gap Scheme provider) for in-patient services. Up to 100% MBS fee as a hospital out-patient or by a doctor or specialist in private practice anywhere in Australia.	Up to 100% of MBS fee (or the Gap Scheme benefit if you're a Gap Scheme provider) for inpatient services. Up to 100% of MBS fee as a hospital out-patient or by a doctor or specialist in private practice anywhere in Australia.

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## VISITORS HOSPITAL COVERS AT A GLANCE

	PREMIUM VISITORS COVER	SHORT STAY EDUCATION COVER
	OFF SALE PRODUCT	ON SALE PRODUCT
HOSPITAL COVER	Full cover for hospital accommodation and theatre fees at most Members First and Network hospitals and all public hospitals.	Full cover for hospital accommodation and theatre fees at most Members First and Network hospitals and all public hospitals
EXCESS	N/A	\$250 per hospital admission (including same day and public admissions). Capped each year at \$250 per single membership or \$500 per couple membership. The excess does not apply on admissions for services with a Restricted Benefit.  The excess is not applicable to psychiatric and rehabilitation day programs in private hospitals only. The excess will apply for psychiatric and rehabilitation day programs in a public hospital.
CO-PAYMENT	N/A	N/A
RESTRICTED BENEFITS (Default benefits apply)	For the period specified: <ul style="list-style-type: none"> <li>• 12 months - Cardiac and cardiac-related services</li> <li>• 12 months - Pregnancy related services (including childbirth)</li> <li>• 2 years - Assisted reproductive services (including IVF)</li> <li>• 2 years - Cataract and eye lens procedures</li> <li>• 2 years - Hip and knee replacements including arthroplasty, revisions and resurfacing procedures</li> <li>• 2 years - Psychiatric</li> <li>• 2 years - Rehabilitation</li> </ul> For the duration of this cover: <ul style="list-style-type: none"> <li>• Surgical podiatry procedures</li> <li>• Cosmetic surgery that is clinically required and is recognised by Medicare</li> <li>• Follow up cosmetic surgery which is recognised by Medicare</li> <li>• Restricted services receive share room benefits</li> </ul>	For the duration of this cover <ul style="list-style-type: none"> <li>• Surgical podiatry procedures</li> <li>• Restricted services receive share room services</li> </ul>
EXCLUSIONS (No benefits apply)	For the duration of this cover: <ul style="list-style-type: none"> <li>• Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>• Cosmetic surgery that is not clinically required</li> </ul>	For the duration of this cover <ul style="list-style-type: none"> <li>• All pre-existing ailments, illnesses or conditions</li> <li>• Pregnancy related services (including childbirth)</li> <li>• Assisted reproductive services e.g. IVF</li> <li>• Cataract and eye lens procedures</li> <li>• Hip and knee replacements including arthroplasty, revisions and resurfacing procedures</li> <li>• Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>• Cosmetic surgery that is or is not clinically required</li> </ul>
WAITING PERIODS	<ul style="list-style-type: none"> <li>• 1 year pre-existing</li> <li>• 1 year pregnancy related services (including childbirth)</li> <li>• No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>• 1 year dental surgery</li> </ul>	<ul style="list-style-type: none"> <li>• 1 year psychiatric</li> <li>• 1 year rehabilitation</li> <li>• 1 year palliative care</li> <li>• No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>• 1 year dental surgery</li> </ul>
MEDICAL COVER	Up to 100% of MBS fee (or the Gap Scheme benefit if you're a Gap Scheme provider) for inpatient services.  Up to 100% of MBS fee as a hospital out-patient or by a doctor or specialist in private practice anywhere in Australia.	Up to 100% MBS fee (or the Gap Scheme benefit if you're a Gap Scheme provider) for in-patient services.  Up to 100% MBS fee as a hospital out-patient or by a doctor or specialist in private practice anywhere in Australia.

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## VISITORS HOSPITAL COVERS AT A GLANCE

	STANDARD VISITORS COVER	TOP VISITORS COVER
	ON SALE PRODUCT	ON SALE PRODUCT
HOSPITAL COVER	Full cover for hospital accommodation and theatre fees at public hospitals only.	Full cover for hospital accommodation and theatre fees at most Members First and Network hospitals and all public hospitals.
EXCESS	N/A	<p>Nil excess option or \$500 per hospital admission (including same day and public admissions).</p> <p>Capped each calendar year at \$500 per single membership or \$1000 per family membership.</p> <p>The excess does not apply to any child dependant on the membership.</p> <p>The excess does not apply on admissions for services with a Restricted Benefit.</p> <p>The excess is not applicable to psychiatric and rehabilitation day programs in private hospitals only. The excess will apply for psychiatric and rehabilitation day programs in a public hospital.</p>
CO-PAYMENT	N/A	N/A
RESTRICTED BENEFITS (Default benefits apply)	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>Surgical podiatry procedures</li> <li>Restricted services receive share room benefits</li> </ul>	<p>For the period specified:</p> <ul style="list-style-type: none"> <li>12 months – Cardiac and cardiac-related services</li> <li>12 months – Pregnancy related services (including childbirth)</li> <li>2 years – Assisted reproductive services (including IVF)</li> <li>2 years – Cataract and eye lens procedures</li> <li>2 years – Hip and knee replacements including arthroplasty, revisions and resurfacing procedures</li> <li>2 years – Psychiatric</li> <li>2 years – Rehabilitation</li> </ul> <p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>Surgical podiatry procedures</li> <li>Cosmetic surgery that is clinically required and is recognised by Medicare</li> <li>Follow up cosmetic surgery which is recognised by Medicare</li> <li>Restricted services receive share room benefits</li> </ul>
EXCLUSIONS (No benefits apply)	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>Assisted reproductive services e.g. IVF</li> <li>Cataract and eye lens procedures</li> <li>Hip and knee replacements including arthroplasty, revisions and resurfacing procedures</li> <li>Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>Cosmetic surgery that is or is not clinically required</li> <li>Follow up cosmetic surgery that is or is not clinically required</li> </ul>	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>Cosmetic surgery that is not clinically required</li> </ul>
WAITING PERIODS	<ul style="list-style-type: none"> <li>1 year pre-existing</li> <li>1 year pregnancy related services (including childbirth)</li> <li>1 year psychiatric and rehabilitation</li> <li>No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>1 year dental surgery</li> </ul>	<ul style="list-style-type: none"> <li>1 year pre-existing</li> <li>1 year pregnancy related services (including childbirth)</li> <li>No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>1 year dental surgery</li> </ul>
MEDICAL COVER	<p>Up to 100% of AMA Schedule fee (or the Gap Scheme benefit if you're a Gap Scheme provider) for inpatient services.</p> <p>Up to 100% of MBS fee as a hospital out-patient or by a doctor or specialist in private practice anywhere in Australia.</p>	<p>Up to 100% of MBS fee (or the Gap Scheme benefit if you're a Gap Scheme provider) for inpatient services.</p> <p>Up to 100% of MBS fee as a hospital out-patient or by a doctor or specialist in private practice anywhere in Australia.</p>

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## VISITORS HOSPITAL COVERS AT A GLANCE

## WORKING VISA

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	CLASSIC VISITORS COVER	CORPORATE OVERSEAS VISITORS COVER	ESSENTIAL VISITORS COVER	EXECUTIVE CORPORATE VISITORS COVER
	ON SALE PRODUCT	OFF SALE PRODUCT	OFF SALE PRODUCT	OFF SALE PRODUCT
<b>HOSPITAL COVER</b>	Full cover for hospital accommodation and theatre fees at public hospitals only.	Full cover for hospital accommodation and theatre fees at most Members First and Network hospitals and all public hospitals.	Full cover for hospital accommodation and theatre fees at public hospitals only.	Full cover for hospital accommodation and theatre fees at most Members First and Network hospitals and all public hospitals.
<b>EXCESS</b>	N/A	N/A	N/A	N/A
<b>CO-PAYMENT</b>	N/A	N/A	N/A	N/A
<b>RESTRICTED BENEFITS</b> (Default benefits apply)	For the duration of this cover: <ul style="list-style-type: none"> <li>Surgical podiatry procedures</li> <li>Follow up cosmetic surgery which is recognised by Medicare</li> <li>Restricted services receive share room benefits</li> </ul>	For the duration of this cover: <ul style="list-style-type: none"> <li>Surgical podiatry procedures</li> <li>Follow up cosmetic surgery which is recognised by Medicare</li> <li>Restricted services receive share room benefits</li> </ul>	For the duration of this cover: <ul style="list-style-type: none"> <li>Surgical podiatry procedures</li> <li>Follow up cosmetic surgery which is recognised by Medicare</li> <li>Restricted services receive share room benefits</li> </ul>	For the duration of this cover: <ul style="list-style-type: none"> <li>Surgical podiatry procedures</li> <li>Follow up cosmetic surgery which is recognised by Medicare</li> <li>Restricted services receive share room benefits</li> </ul>
<b>EXCLUSIONS</b> (No benefits apply)	For the duration of this cover: <ul style="list-style-type: none"> <li>Assisted reproductive services e.g. IVF</li> <li>Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>Cosmetic surgery that is not clinically required</li> </ul>	For the duration of this cover: <ul style="list-style-type: none"> <li>All pre-existing ailments, illnesses and conditions</li> <li>Assisted reproductive services e.g. IVF</li> <li>Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>Cosmetic surgery that is not clinically required</li> </ul>	For the duration of this cover: <ul style="list-style-type: none"> <li>Assisted reproductive services e.g. IVF</li> <li>Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>Cosmetic surgery that is not clinically required</li> <li>Out patient medical fees</li> </ul>	For the duration of this cover: <ul style="list-style-type: none"> <li>Assisted reproductive services e.g. IVF</li> <li>Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>Cosmetic surgery that is not clinically required</li> </ul>
<b>WAITING PERIODS</b>	<ul style="list-style-type: none"> <li>2 month palliative care, psychiatric and rehabilitation services</li> <li>1 year pre-existing</li> <li>1 year pregnancy related services (including childbirth)</li> <li>No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>1 year dental surgery</li> </ul>	<ul style="list-style-type: none"> <li>1 year pregnancy related services (including childbirth)</li> <li>No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>1 year dental surgery</li> </ul>	<ul style="list-style-type: none"> <li>2 month, palliative care, psychiatric and rehabilitation services</li> <li>1 year pre-existing</li> <li>1 year pregnancy related services (including childbirth)</li> <li>No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>1 year dental surgery</li> </ul>	<ul style="list-style-type: none"> <li>2 month, palliative care, psychiatric and rehabilitation services</li> <li>1 year pre-existing</li> <li>1 year pregnancy related services (including childbirth)</li> <li>No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>1 year dental surgery</li> </ul>
<b>MEDICAL COVER</b>	Up to 100% of AMA Schedule fee (or the Gap Scheme benefit if you're a Gap Scheme provider) for inpatient services. Up to 100% of MBS fee as a hospital out-patient or by a doctor or specialist in private practice anywhere in Australia.	Up to 100% of MBS fee (or the Gap Scheme benefit if you're a Gap Scheme provider) for inpatient services. Up to 100% of MBS fee as a hospital out-patient or by a doctor or specialist in private practice anywhere in Australia.	Up to 100% of AMA Schedule fee (or the Gap Scheme benefit if you're a Gap Scheme provider) for inpatient services.	Up to 100% of AMA Schedule fee (or the Gap Scheme benefit if you're a Gap Scheme provider) for inpatient services. Up to 150% of MBS fee as a hospital out-patient or by a doctor or specialist in private practice anywhere in Australia.

Bupa Medical Gap Scheme benefits apply to in-patient or same day patients only.

Excess applies to in-patients only.

Please note there is a small number of Members First and Network hospitals that may charge a fixed daily fee for some services. This fixed daily fee is capped at a maximum number of days per stay.

Surgically implanted prostheses are paid up to the benefit published on the Government's Prostheses List.

## VISITORS HOSPITAL COVERS AT A GLANCE

	GOLD VISITORS COVER	PLATINUM VISITORS COVER	ULTIMATE CORPORATE VISITORS COVER
	ON SALE PRODUCT	ON SALE PRODUCT	ON SALE PRODUCT
<b>HOSPITAL COVER</b>	Full cover for hospital accommodation and theatre fees at most Members First and Network hospitals and all public hospitals.	Full cover for hospital accommodation and theatre fees at most Members First and Network hospitals and all public hospitals.	Full cover for hospital accommodation and theatre fees at most Members First and Network hospitals and all public hospitals.
<b>EXCESS</b>	<p>Nil excess option or \$500 per hospital admission (including same day and public admissions).</p> <p>Capped each calendar year at \$500 per single membership or \$1000 per family membership.</p> <p>The excess does not apply to any dependent children covered on the membership.</p> <p>The excess is not applicable to psychiatric and rehabilitation day programs in private hospitals only. The excess will apply for psychiatric and rehabilitation day programs in a public hospital.</p>	<p>Nil excess option or \$500 per hospital admission (including same day and public admissions).</p> <p>Capped each calendar year at \$500 per single membership or \$1000 per family membership.</p> <p>The excess does not apply to any dependent children covered on the membership.</p> <p>The excess is not applicable to psychiatric and rehabilitation day programs in private hospitals only. The excess will apply for psychiatric and rehabilitation day programs in a public hospital.</p>	N/A
<b>CO-PAYMENT</b>	N/A	N/A	N/A
<b>RESTRICTED BENEFITS</b> (Default benefits apply)	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>Surgical podiatry procedures</li> <li>Follow up cosmetic surgery which is recognised by Medicare</li> <li>Restricted services receive share room benefits</li> </ul>	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>Surgical podiatry procedures</li> <li>Follow up cosmetic surgery which is recognised by Medicare</li> <li>Restricted services receive share room benefits</li> </ul>	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>Surgical podiatry procedures</li> <li>Follow up cosmetic surgery which is recognised by Medicare</li> <li>Restricted services receive share room benefits</li> </ul>
<b>EXCLUSIONS</b> (No benefits apply)	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>Assisted reproductive services e.g. IVF</li> <li>Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>Cosmetic surgery that is not clinically required</li> </ul>	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>Assisted reproductive services e.g. IVF</li> <li>Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>Cosmetic surgery that is not clinically required</li> </ul>	<p>For the duration of this cover:</p> <ul style="list-style-type: none"> <li>Assisted reproductive services e.g. IVF</li> <li>Procedures not recognised by Medicare or not approved by the Medical Services Advisory Committee and experimental treatment</li> <li>Cosmetic surgery that is not clinically required</li> </ul>
<b>WAITING PERIODS</b>	<ul style="list-style-type: none"> <li>2 month palliative care, psychiatric and rehabilitation services</li> <li>1 year pre-existing</li> <li>1 year pregnancy related services (including childbirth)</li> <li>No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>1 year dental surgery</li> </ul>	<ul style="list-style-type: none"> <li>2 month palliative care, psychiatric and rehabilitation services</li> <li>1 year pre-existing</li> <li>1 year pregnancy related services (including childbirth)</li> <li>No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>1 year dental surgery</li> </ul>	<ul style="list-style-type: none"> <li>2 month palliative care, psychiatric and rehabilitation services</li> <li>1 year pre-existing</li> <li>1 year pregnancy related services (including childbirth)</li> <li>No waiting period for accidents sustained after joining (if medical advice sought within 72 hours)</li> <li>1 year dental surgery</li> </ul>
<b>MEDICAL COVER</b>	<p>Up to 100% of AMA Schedule fee (or the Gap Scheme benefit if you're a Gap Scheme provider) for inpatient services.</p> <p>Up to 150% of MBS fee as a hospital out-patient or by a doctor or specialist in private practice anywhere in Australia.</p>	<p>Up to 100% of AMA Schedule fee (or the Gap Scheme benefit if you're a Gap Scheme provider) for inpatient services.</p> <p>Up to 150% of MBS fee as a hospital out-patient or by a doctor or specialist in private practice anywhere in Australia.</p>	<p>100% of cost for inpatient services.</p> <p>100% of cost as a hospital out-patient or by a doctor or specialist in private practice anywhere in Australia.</p>

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Excess applies to in-patients only.

Please note there is a small number of Members First and Network hospitals that may charge a fixed daily fee for some services. This fixed daily fee is capped at a maximum number of days per stay.

Surgically implanted prostheses are paid up to the benefit published on the Government's Prostheses List.

## NEW BUPA MEMBERSHIP CARDS

The following membership cards should be recognised at your hospital or practice.



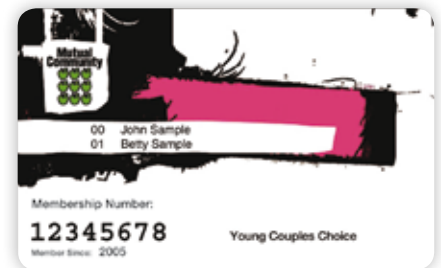
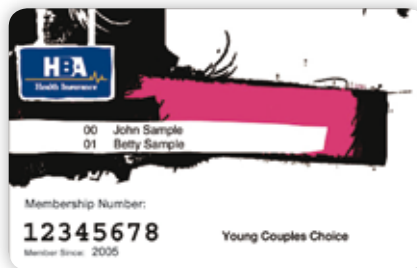
## NEW OSHC BUPA MEMBERSHIP CARDS

The following membership cards should be recognised at your hospital or practice.



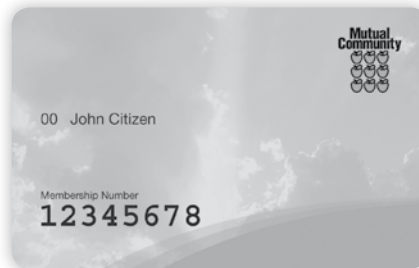
## EXISTING BUPA MEMBERSHIP CARDS

The following membership cards should be recognised at your hospital or practice.



## EXISTING BUPA MEMBERSHIP CARDS

The following membership cards should be recognised at your hospital or practice.  
(NB actual cards are not black and white. These images are for reference only).



## BUPA INTERNATIONAL MEMBERSHIP CARDS

### **BUPA INTERNATIONAL HEALTH INSURANCE**

Bupa Australia is part of the worldwide health and care specialists, BUPA.

Bupa International provides health insurance to expatriates living and working in other countries, including Australia.

Members with the following cards are covered by Bupa International:

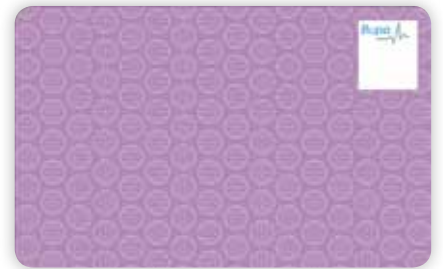
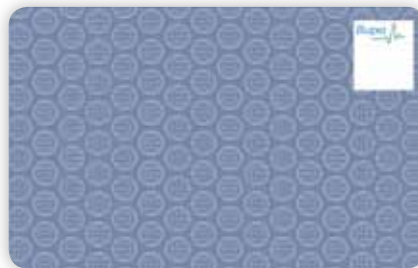
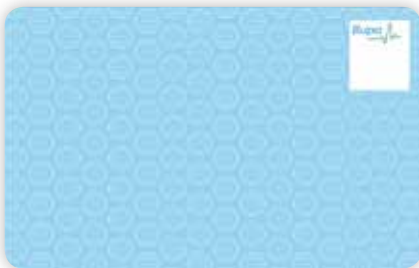
- Bupa Insurance Limited
- Bupa Insurance Services Limited
- Bupa Denmark
- USA Medical Services Corporation
- Arab Orient Insurance Company
- IMI – International Medical Insurers Pty. Ltd.
- United Healthcare
- MCGI
- Alltrust Insurance
- Oman Insurance Company
- Al Ahlia Insurance

Bupa International offers the following products:

- Lifeline Essential
- Lifeline Classic
- Lifeline Gold
- Bupa International Essential
- Bupa International Classic
- Bupa International Gold
- Bupa International Gold with dental
- Company First
- Bupa Worldwide Health options
- Corporate bespoke plans

## BUPA INTERNATIONAL MEMBERSHIP CARDS

The following international membership cards should be recognised at your hospital or practice.



## PRE-AUTHORISATION HOSPITAL CHECKS FOR BUPA INTERNATIONAL MEMBERS

**A pre-authorisation hospital check for Bupa International members is required via fax or email with the form downloaded from the following website:**

[www.bupa-intl.com/partner/medical-provider-network](http://www.bupa-intl.com/partner/medical-provider-network)

Alternatively you can call the Bupa International Helpline.

Please see below for details.

**Contact information for Pre-Authorisation:**

Bupa International

Tel: +44 1273 333911

Fax: +44 1273 866301

Email: [pre-authorisation@bupa-intl.com](mailto:pre-authorisation@bupa-intl.com)

ihi Bupa

Tel: +45 33 15 33 00

Fax: +45 33 32 25 60

Email: [emergency@ihi.com](mailto:emergency@ihi.com)

Note: Helpline operates: 24 / 7 / 365 days a year

**For general enquiries to the Provider Services Department, they may be contacted via:**

[providerservices@bupa-intl.com](mailto:providerservices@bupa-intl.com)

**If you need to pre-authorise treatment for a member of Bupa Latin America, please contact USA Medical Services on:**

Tel: +1 305 275 1500, for USA

Tel: +1 800 726 1203, free of charge from USA

**Whenever a patient requires day-case or inpatient treatment, please contact us as per the above with the following information:**

- Medical records
- Symptoms
- Diagnosis
- Procedure
- Admission and discharge date

**On receipt of the above information, the request will be reviewed and response given:**

- If requested by telephone: immediate response
- If requested by email or fax: response within 72 hours

Please note that in case of an emergency admission always contact the 24 hour helplines.

**Hospital Services for Bupa International Members**

Where a Bupa International member attends a Members First or Network Hospital/Day Facility for a service Covered under the Bupa Australia Agreement, the Bupa International member should be billed under the terms and conditions of the Bupa Australia Agreement.

Hospital Claims for Bupa International Members should be sent to Hospital Claims, GPO Box 990, Adelaide, SA, 5001.

FOR MORE INFORMATION:

 **Call us on 134 135**

 **Visit [bupa.com.au](http://bupa.com.au)**

**Mailing details:**

Bupa Australia  
GPO Box 9809  
Brisbane  
QLD 4001

Bupa Australia Pty Ltd  
ABN 81 000 057 590

Effective October 2011  
10248-10-11P

