



Summary of changes to our Fund Rules

This document is a summary of the changes to the Bupa HI Pty Ltd Fund Rules. We've also revised how some of the Rules work. You can access our new 2018 Fund Rules [here](#).

The following table outlines the changes that we will be making to our Fund Rules on 1 July 2018.

What is changing	How will it change
Clarification to 'Cosmetic Surgery'	<p>We are updating our Fund Rules to clarify the definition of Cosmetic Surgery so you have a better idea of what is excluded and deemed as Cosmetic Surgery. From 1 July 2018, we will continue to cover members on eligible covers for reconstructive surgery. On some covers, we will not cover members for any breast procedures except when they are post breast cancer.</p> <p>Reconstructive Surgery is to restore function or typical appearance by reconstructing defective organs or parts. It would usually follow a previous medically necessary surgery, an event that caused a change in the appearance and/or function of a part of the body or a significant congenital problem (something you were born with), that created problems with how your body works. For example, after a mastectomy for breast cancer, there may be a desire to reconstruct the breast back to an acceptable appearance, whereas changing the appearance of the breast for most other reasons would be cosmetic in nature and intent. Unless it is for the purpose of restoring the body, it may not be covered.</p>
Clarifying the definition of 'Gastric banding'	<p>From 1 April 2018, instead of 'Gastric banding and Obesity', we will be calling these treatments 'Obesity related procedures and surgeries', which refer to obesity related, and metabolic procedures or surgeries, that you need to be admitted to hospital for. This includes Gastric Sleeve, Gastric Banding, Gastric Bypass, Gastric Balloon, and other weight loss related procedures. Check with your doctor if your planned procedure falls into this category.</p>
Managing your health cover	<p>The age at which dependants automatically receive their own claims information is changing from 17 to 18, unless they tell us otherwise.</p>

Changes to minimum benefits (restricted cover)

The following change only applies to a **limited number of** health insurance covers, you can find out if it affects you by logging in to myBupa, and checking your changes to your cover summary in your inbox here.

Please note, this change does not apply to Top Levels of hospital covers.

To help keep premiums as low as possible, on some covers, we're no longer paying benefits on one or more of the following services from 1 July 2018:

- hip and knee replacement
- cataract and eye lens procedures
- renal dialysis for chronic renal failure
- pregnancy and birth related services
- IVF and assisted reproductive services
- Obesity related procedures and surgeries
- Abdominoplasty and lipectomy
- cardiac and cardiac related services
- all other inpatient treatments receiving Medicare benefits (on selected covers only)

We will continue to pay at least minimum benefits (restricted cover) for psychiatric, rehabilitation, and palliative care as health funds are required to pay minimum benefits for these services.