

Essential Visitors Cover

Hospital & Medical cover to help protect you or your family while you're working in Australia

This cover includes a benefit for General Practitioner (GP) and specialist appointments at any private practice in Australia, as well as cover for most inpatient hospital treatment when you're admitted as an inpatient in many private and public hospitals across Australia. This cover is designed for people working in Australia.



Medium Hospital

Product Availability

NSW & ACT

This policy is available for all states of Australia.

Provides cover for

Single - only one person.

Base premium before any rebate or discount

\$124.08 per month including GST

Policy Information

This document provides general information and guidance about the product, including an overview of what is and is not covered, comparative 'base' premium and example benefits. The information in this document should be read in conjunction with Bupa's Important Information Guide, fund and policy rules. For more information and to discuss your specific needs, please contact us.

Get in touch

- Call us on 134 135
- Visit bupa.com.au
- Log into mybupa.com.au
- Visit your nearest Bupa Store

Call us first

If you're planning treatment, call us first so we can discuss your options, work out what you're covered for and check that you've served any relevant waiting periods. This can help you avoid any unnecessary out-of-pocket expenses and allow you to make more informed choices and be confident about what to expect when using your cover.

Other important information you should know can be found in our Important Information Guide and our Overseas Visitors Rules - (Working Cover). Visit bupa.com.au, call us on 134 135 or drop by your local Bupa store to obtain your copy of the guide and rules.





Hospital Cover

Essential Visitors Cover

Provides benefits towards doctors' fees, including if you're admitted to hospital, and helps pay for hospital accommodation costs.

This policy includes cover for

Hospital & medical services

- ✓ Rehabilitation
- ✓ Hospital psychiatric services
- ✓ Palliative care
- ✓ Blood
- ✓ Eye (not cataracts)
- ✓ Cataracts
- ✓ Ear, nose and throat
- ✓ Bone, joint and muscle
- ✓ Joint reconstructions
- ✓ Joint replacements (other than Hip and Knee)
- ✓ Joint replacements (Hip and Knee)
- ✓ Dialysis for chronic kidney failure
- ✓ Hernia and appendix
- ✓ Heart and vascular system
- ✓ Gynaecology
- ✓ Miscarriage and termination of pregnancy
- ✓ Pregnancy and birth
- ✓ Male reproductive system
- ✓ Plastic and reconstructive surgery (medically necessary)
- ✓ All other Medicare recognised services

Out of hospital medical services

- ✓ GP consultations
- ✓ Specialist consultations
- ✓ Pathology (e.g. blood tests)
- ✓ Radiology (e.g. x-ray scans)
- ✓ Allied health services
- ✓ Selected pharmacy items
- ✓ Repatriation

This policy does not include cover for

Hospital & medical services

- ✗ Bone Marrow transfusion or transplant
- ✗ Organ Transplant
- ✗ Assisted reproductive services
- ✗ All cosmetic surgery

Out of hospital medical services

- ✗ Outpatient psychiatric services
- ✓ **Included Service**
Benefits for this treatment or service are included on this cover. Further details on what costs are covered are outlined in this document.
- ✗ **Excluded Service**
This treatment or service is not included on this cover, and no benefits will be paid.

Waiting Periods

A waiting period is the time when you are not covered for a particular service. It starts on the date that you enter Australia or the date that you start your membership, whichever is the later date. Once you have completed your waiting period, you will receive the benefits listed under your level of cover for that service.

If you're changing your cover or switching from another Insurer, these waiting periods may not apply to you, so check with us first.

2 months	for palliative care, rehabilitation and psychiatric treatments for pre-existing conditions
12 months	for pregnancy and birth (obstetrics)
12 months	for pre-existing conditions
No waiting period	for all other treatments

Ambulance

Cover for uncapped emergency ambulance transportation or on-the-spot treatment by our recognised providers in each state of Australia.

Cover for non-emergency ambulance services by our recognised providers capped at three trips per person, per calendar year. If claimable from another source, a benefit won't be paid by Bupa. For more, see the Important Information Guide

Excess

No Excess.

Hospital Costs

Bupa has agreements with private hospitals to help provide certainty on costs when admitted to hospital for included services.

For more detail about the types of hospital arrangements Bupa has please visit bupa.com.au/find-a-provider

Pre-existing condition

A pre-existing condition is any condition, ailment, or injury, that you had signs or symptoms of during the six months before you joined or upgraded to a higher level of cover with us.

It is not necessary that you or your doctor knew what your condition was, or that the condition had been diagnosed.

We may request medical certificates to be completed by your treating doctor/s, if you require treatment in the first 12 months of cover.

For more information about pre-existing condition, please refer to the Important Information Guide: bupa.com.au/visitors-info

Network Hospitals

At all agreement hospitals in Bupa's network, receive cover for accommodation, intensive care and theatre fees for included services.

In addition to our Network Hospitals, other agreements include:

Members First Hospitals

Get complimentary local calls, TV usage and a daily newspaper. Access to a single room if booked and requested at least 24 hours prior to admission or get \$50 back from the hospital per night (subject to conditions).

Members First Day Hospitals

No out-of-pocket expenses for medical fees charged by a surgeon, anaesthetist or other specialists when admitted to hospital for included services.

Fixed Fee Hospitals

At a small number of Network Hospitals, an additional set amount or 'fixed fee' may be charged by the hospital per day, capped at a maximum amount for overnight stays. The daily fixed fee amount may vary based on the hospital and is in addition to any excess or co-payment.

Non-agreement/other hospitals

If admitted to a private hospital Bupa does not have an agreement with, the benefit will only partially cover the cost and there are likely to be significant out-of-pocket expenses. Payment may be required upfront for accommodation, doctor's services (including diagnostic tests), surgically implanted prostheses and personal expenses. Some benefits may be claimed back from Bupa for these items.

Medical Costs

Medical costs are fees charged by doctors, surgeons, anaesthetists or other medical specialists for treatment.

For included services on this policy, Bupa will pay benefits toward medical costs both in hospital and out of hospital.

Visa Types

If you are applying for a working visa, this cover meets the 'adequate health insurance' requirements as set out by the Department of Home Affairs. Please contact us for a full list of visa types this cover is suitable for.

For more information about treatment or service definitions, contact us or go to bupa.com.au/glossary



Things you should know

How you are covered

Agreement Hospitals

When admitted to a Members First, Network or Public hospital, you will be covered for inpatient hospital charges including:

- Accommodation for overnight or same-day stays
- Operating theatre and intensive care fees
- Supplied pharmaceuticals approved by the Pharmaceutical benefit scheme (PBS) and provided as part of your inpatient hospital treatment
- Physio, occupational therapy, speech therapy and other allied health services as part of your inpatient hospital treatment
- Surgically implanted prosthesis listed on the Australian Government Prostheses List up to the approved benefits
- If admitted into hospital, reimbursement on emergency department fees charged at any private or public hospital including administration fees
- Private room where available and clinically appropriate[^]

Medical Costs in Hospital

If your chosen doctor does not use the Bupa Medical Gap Scheme, Bupa will cover up to 100% of the Medicare Benefits Schedule (MBS) fee for associated medical costs, including any inpatient diagnostic tests (pathology and radiology) recognised by Medicare and considered medically necessary.

If your doctor or specialist charges more than the benefit, you will need to pay the remaining balance, often called a 'gap.'

Medical Costs out of Hospital

You are covered for:

- Medical costs when treated by a General Practitioner (GP) or specialist in private practice Australia-wide, or at a hospital without being admitted, covered up to 100% of the Medicare Benefits Schedule (MBS) benefit. This is the amount determined by the Australian Government for a specific service for Australian residents.
- Most diagnostic tests recognised by Medicare as medically necessary (e.g. pathology, radiology).
- Outpatient medical services provided by an allied health provider (e.g. psychologist, optometrist, physiotherapist) where a Medicare benefit would be payable for an Australian resident.

If your doctor or specialist charges more than the above benefit, you'll need to pay the remaining balance, often called a 'gap.'

[^]Conditions apply, contact us for details

When you might have to pay

Hospital Costs

Situations when you are likely not to be covered or may incur significant additional expenses include:

- During a waiting period.
- When specific services or treatments are a restricted cover or excluded from your level of cover
- For surgically implanted prostheses not on the Australian Government Prostheses List, or for charges above the approved benefits for prostheses on the List
- Hospital treatment not recognised by Medicare.
- Treatment at a non-agreement private hospital
- Hospital treatment provided by a practitioner not authorised to provide that treatment
- When in hospital for 35 days and you have been classified as a 'nursing home type patient'.
- Benefits for pharmaceuticals supplied upon discharge from the hospital. (Note whilst this will not be payable under hospital costs, in some circumstances, discharge medication may be covered under Pharmacy)
- Non-Pharmaceutical Benefit Schedule (PBS) high-cost drugs.
- When choosing to use any allied health provider other than the hospital's practitioner for services that are part of inpatient treatment (e.g. chiropractors, dietitians or psychologists)
- Where compensation, damages or benefits are covered by another source (e.g. Workers Compensation)
- Any treatment or services rendered or organised outside Australia.

Medical Costs

You will not be covered for:

- Medical services for surgical procedures performed by a dentist, podiatrist, podiatric surgeon or any other practitioner or service that is not eligible for a rebate by Medicare
- Costs for medical examinations, x-rays, vaccinations or any treatment required for obtaining a visa to enter Australia, change in visa or application for permanent residency.
- Outpatient psychiatric services when provided out of hospital (including hospital outpatient clinics when you are not admitted)

How you might reduce costs

Bupa Medical Gap Scheme

The Bupa Medical Gap Scheme is designed to remove or reduce the costs you pay for your treatment in hospital. Where a doctor chooses to use the Scheme for your treatment, they agree to only charge up to a certain fee. Bupa then pays a much higher amount than we normally would to help cover the extra cost.

If a doctor uses the no-gap option, Bupa covers all of the extra charges, so you pay nothing for that doctor's medical fees.

Otherwise, for each doctor choosing to use the Medical Gap Scheme, the most you'll pay is up to \$500 out-of-pocket on medical costs.

Each doctor involved in your treatment can choose to use the Bupa Medical Gap Scheme for your admission in a Public Hospital, or a Private Hospital with which Bupa has an agreement.

See bupa.com.au/medicalgapscheme for more.

Members First Day Hospitals

If you are treated in a Members First Day Hospital, there are no out-of-pocket costs for medical treatment (Not available in NT). Any co-payment or excess as part of your cover will still apply.

Do you have to pay Australia's Medicare Levy Surcharge?

The Medicare Levy Surcharge (MLS) is an additional surcharge on top of the Medicare Levy paid by all eligible taxpayers in Australia. You will have to pay the MLS if you are from a Reciprocal Health Care Agreement (RHCA) country, eligible for a Reciprocal Medicare card in Australia and earn over the threshold amount for singles, or couples and families, set by the Australian Government. If this applies to you, and you purchase Reciprocal Health Cover in addition to your overseas visitors cover, at the end of the financial year you'll receive a tax statement which can be provided to the Australian Tax Office (ATO) to exempt you from paying the MLS. If you're unsure or have any questions about how the MLS could affect you, please discuss this with your accountant or visit ato.gov.au.

RHCA countries include Belgium, Finland, the Republic of Ireland, Italy, Malta, the Netherlands, New Zealand, Norway, Slovenia, Sweden, and the United Kingdom.

Get more from your cover with Bupa

What to do if you are sick

In Australia there are three main options to choose from when you feel sick. If it is an emergency, a serious illness or injury that poses an immediate risk to your life you can call 000 (triple zero) for an ambulance or go direct to the emergency department of your nearest hospital.

If your illness or injury is not immediately life-threatening but requires treatment or advice from a medical professional or you require a referral to a medical specialist you can visit your nearest doctor (General Practitioner or GP). If you have a common illness or a minor injury you can visit a pharmacy to seek general medical advice or buy non-prescription medication. Visit bupa.com.au/ovcvideo to learn more.

Pharmacy

Selected pharmacy items including medication prescribed to you when leaving the hospital. You pay \$20 then we refund 60% of the balance per script item up to a maximum of \$300 per person per calendar year. This is provided the pharmacy items usage is approved by the Therapeutic Goods Administration (TGA).

Overseas Health Advice Line

If the unexpected happens while you're in Australia or travelling overseas, our 24-hour health advice line can provide you with phone-based information including advice about medical problems, nearest medical facilities and translation services. Plus, if you're planning a trip overseas, you can get pre-departure medical information on the countries you are visiting. Just call +61 3 9937 3999 or look for the number on the back of your Bupa card.

Repatriation

Cover for repatriation to your country of origin if you become terminally ill or if you suffer a substantial life altering illness/injury up to \$100,000. Or for the return of mortal remains up to \$10,000. Benefits are only payable once approved by Bupa.

Travel and Accommodation

Helps cover the cost of travel for essential medical or hospital treatment not available close to home, where the total return distance is 200 kilometres or more from where you live. Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

Bupa Plus

Even when you're in great health, there are still plenty of ways to get everyday value from your cover. For great value discounts visit: bupaplus.com.au