

Gold Ultimate Health Cover

Our highest level of Hospital and Extras

A comprehensive packaged cover that helps pay for hospital expenses in private and public hospitals. Cover for medical expenses when you're admitted to hospital, laser eye corrective surgery and a large range of extras. At our extras network providers (Members First), enjoy 100% back for most items up to yearly limits, selected no gap optical packages and more.



Gold Hospital



High Extras

Product Availability

NSW & ACT

This product is available in each state of Australia. This statement provides information on the benefits available and the premiums in

Provides cover for

Single - only one person.

Base premium before any rebate, loading or discount

\$487.35 per month

You may be entitled to the Australian Government rebate on this premium. Your individual premium may also include a Lifetime Health Cover loading, an age-based discount for 18 to 29-year-olds and/or a corporate discount.

Medicare Levy Surcharge (MLS)

This policy exempts you from the Medicare Levy Surcharge.

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

When planning treatment, call us first to discuss your options and check what you're covered for including waiting periods. Other important information you should know can be found in our Important Information Guide and our Fund Rules. Visit bupa.com.au, call us on 134 135 or drop by your local Bupa store to get your copy of the guide and rules. To find a store near you, visit bupa.com.au/find-a-store





Hospital Cover

Gold Ultimate Health Cover

Provides benefits towards hospital accommodation and doctors' fees if you're admitted to hospital.

This policy includes cover for

- ✓ Rehabilitation
- ✓ Hospital psychiatric services
- ✓ Palliative care
- ✓ Brain and nervous system
- ✓ Blood
- ✓ Chemotherapy, radiotherapy and immunotherapy for cancer
- ✓ Eye (not cataracts)
- ✓ Cataracts
- ✓ Ear, nose and throat
- ✓ Implantation of hearing devices
- ✓ Tonsils, adenoids and grommets
- ✓ Bone, joint and muscle
- ✓ Joint reconstructions
- ✓ Joint replacements
- ✓ Back, neck and spine
- ✓ Kidney and bladder
- ✓ Dialysis for chronic kidney failure
- ✓ Digestive system
- ✓ Hernia and appendix
- ✓ Gastrointestinal endoscopy
- ✓ Weight loss surgery
- ✓ Heart and vascular system
- ✓ Lung and chest
- ✓ Gynaecology
- ✓ Miscarriage and termination of pregnancy
- ✓ Pregnancy and birth
- ✓ Assisted reproductive services
- ✓ Male reproductive system
- ✓ Diabetes management (excluding insulin pumps)
- ✓ Insulin pumps
- ✓ Pain management
- ✓ Pain management with device
- ✓ Breast surgery (medically necessary)
- ✓ Plastic and reconstructive surgery (medically necessary)
- ✓ Skin
- ✓ Dental surgery
- ✓ Sleep studies
- ✓ Podiatric surgery (provided by a registered podiatric surgeon) #
- ✓ **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.

Limited hospital accommodation and approved prostheses benefits only

Waiting Periods

When first taking out or upgrading health cover, for most services there's a period of time before coverage for the services on the new policy starts. If switching from another health insurer, these waiting periods may not apply, so check with us first.

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

Ambulance

Cover for uncapped emergency ambulance transport or on-the-spot treatment by our recognised providers in each state of Australia. If claimable from another source, a benefit won't be paid by Bupa. For more, see the Important Information Guide.

Excess and Co-payment

Excess

No Excess.

Co-payment

No co-payments. This does not include where the hospital may charge an additional daily cost.

Hospital Costs

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

The benefits paid for hospital treatment will depend on the type of cover you purchase and whether your fund has an agreement in place with the hospital in which you are treated. See 'Agreement Hospitals' on privatehealth.gov.au for which hospitals have arrangements with your insurer.

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

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 when you're admitted to hospital. The benefits for medical costs depends on whether the specialists participate and choose to use the Bupa Medical Gap Scheme.

Out of pocket costs

Under this policy, you may have to pay out-of-pocket costs above what you get from Medicare or your private health insurer. Before you go to hospital, you should ask your doctors, hospital and health insurer about any out-of-pocket costs that may apply to you.

There are a number of ways to minimise or eliminate your out-of-pocket costs, visit bupa.com.au for more details.

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

Members First, Network or Fixed Fee Hospitals

When admitted to a private hospital Bupa has an agreement with, for a service included on your policy, you are 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)
- Physio, occupational therapy, speech therapy and other allied health services
- Surgically implanted prosthesis listed on the Australian Government Prosthesis List up to the approved benefits
- Private room where available

Public Hospitals

When choosing to be admitted as a private patient in a public hospital for an included service, you are covered for most hospital charges in a similar way as in a private hospital.

You can choose your own doctor, if they are available. The doctor you choose may be the same doctor who would have been allocated by the hospital if you were a public patient.

For accommodation, the benefits paid are the amounts for shared room accommodation as set by the Australian Government. If you are provided a private room, Bupa will pay an additional fixed benefit only. Any charges above this, you will have to pay.

For more information on cover in a Public Hospital, please see the Important Information Guide.

Medical Costs

Medicare has a list of fees for medical treatments called the 'Medicare Benefit Schedule' or 'MBS'. For associated medical costs for included services, Bupa pays 25% of this fee, and Medicare pays 75%. Any charges above the MBS are out-of-pocket costs.

In-hospital Pathology and Radiology diagnostic tests recognised by Medicare and performed by Bupa contracted providers will be billed direct to Bupa, with no gap for you to pay.

When you might have to pay

In Private Hospitals

Situations when you might have to pay include:

- As an outpatient, when not admitted to hospital (e.g. Emergency room treatment)
- The fixed daily fee charged by a Fixed Fee hospital
- Charges above the benefit paid for shared room accommodation at a hospital Bupa does not have an agreement with
- For surgically implanted prostheses not on the Australian Government Prosthesis List, or for charges above the approved benefits for prostheses on the List
- Psychiatric and rehabilitation programs at a hospital Bupa does not have an agreement with
- Hospital treatment not recognised by Medicare. For a comprehensive list please see our Fund Rules.
- Pay TV, internet access, non-local calls, newspapers, boarder fees, meals ordered for visitors, any other personal expenses charged, unless included in your cover
- When in hospital for more than 35 days and have been classified as a 'nursing home type' patient.
- 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)
- Compensation or damages charges claimable from another source (e.g. workers compensation)
- Any treatment or service provided outside Australia
- Some non-Pharmaceutical Benefit Schedule (PBS), high cost drugs

In Public Hospitals

When choosing to be treated as a private patient in a public hospital, you may be charged out-of-pocket costs for:

- Charges above the minimum benefits for shared room accommodation as set by the Australian Government
- Costs for a private room, above the fixed benefit, that Bupa pays in addition to the shared room accommodation benefit
- Charges above the approved benefits on the Australian Government Prosthesis List for surgically implanted prostheses
- Personal expenses e.g. TV hire and telephone calls

Out-of-hospital medical costs

Before or after a hospital admission there will usually be appointments with General Practitioners (GPs), specialists, pathology and/or radiology tests. Health insurers are not permitted, by law, to pay benefits toward medical treatment provided outside of a hospital admission (known as outpatient treatment). You will need to check with your GP or Specialist for any out-of-pocket costs you need to pay.

Services not recognised by Medicare

You will not be covered for medical costs for surgical procedures performed by a dentist, podiatrist, podiatric surgeon or any other practitioner not eligible for a rebate by Medicare. For procedures performed by a dentist or podiatrist, you may be able to claim some of the hospital costs if included on your cover.

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.



Hospital Cover

Gold Ultimate Health Cover

Get more from your cover with Bupa

Accident Benefit

When requiring urgent hospital treatment as the result of an accident, the Accident Benefit helps pay the hospital excess or co-payment and can boost extras limits up to \$2,000 per person per calendar year and \$4,000 per membership per calendar year. For Bupa's accident definition and explanation, please see the Important Information Guide.

Gap Bonus

Upon joining, receive a \$200 gap bonus as well as another \$200 each 1 January as long as you're a Gold Ultimate member. You can use the gap bonus to pay for any out-of-pocket medical costs you may incur while you're admitted to hospital.

Dietitian Health Coaching

Benefit from a personalised nutrition coaching service for up to three, one-on-one phone consultations with a qualified dietitian. This service is suitable for all ages. Nominate areas of focus for support across a wide range of nutrition areas.

For more information, visit: bupa.com.au/dietitianhealthcoaching

Ultimate Advice Line

Exclusive access to 24-hour guidance and advice on areas such as: navigating the healthcare system, the aged care system, counselling & grief support, Bupa hospital and provider information and more. Contact the Ultimate Advice Line anytime on 1800 613 861.

Unemployment Cover

If you lose your job through involuntary retrenchment or are made redundant from full time employment, and are the main income earner, your premiums will be covered for up to 12 months while you remain unemployed. Subject to eligibility criteria.

Online CBT

Bupa now offers rebates for Online-Cognitive Behavioural Therapy courses as part of your Mental Health services. Developed by a team of mental health experts, these courses teach coping skills to help manage symptoms of anxiety and depression. You can claim 100% back of the fee agreed between Bupa and the provider up to yearly limits at Bupa recognised providers.

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 \$200 per person, per trip for travel expenses and \$75 per night up to \$300 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

Travel Insurance Bonus

Receive up to eight days (seven nights) of Essentials travel insurance annually. Alternatively, use the equivalent value as a discount on the premium for any Bupa Travel Insurance policy[^]

[^]Based on cost of Essentials travel insurance for under 65 year old at standard rates.

* Bupa Travel, Home and Car Insurance issued by Insurance Australia Limited (IAL) ABN 11 000 016 722 AFSL 227681. Any advice is general advice only and does not take into account your individual circumstances. A Product Disclosure Statement is available at bupa.com.au and should be considered before making any decision on these products. Bupa HI Pty Ltd ABN 81 000 057 590 is an authorised representative (number 3542669) of IAL.

Extras Cover

Gold Ultimate Health Cover

Cover for some of the treatments and services that aren't hospital related, like dental and physio.

| This policy includes cover for | Waiting periods |
|---|-----------------|
| ✓ General Dental | 2 months |
| ✓ Major Dental & Endodontic | 12 months |
| ✓ Orthodontic | 12 months |
| ✓ Optical | 2 months |
| ✓ Physiotherapy | 2 months |
| ✓ Chiropractic & Osteopathy | 2 months |
| ✓ Podiatry | 2 months |
| ✓ Ante Natal - Midwife | 2 months |
| ✓ Dietary | 2 months |
| ✓ Mental Health (incl. Psychology) | 2 months |
| ✓ Speech Therapy | 2 months |
| ✓ Eye Therapy | 2 months |
| ✓ Occupational Therapy | 2 months |
| ✓ Acupuncture | 2 months |
| ✓ Remedial Massage | 2 months |
| ✓ Chinese Herbalism | 2 months |
| ✓ Exercise Physiology | 2 months |
| ✓ Non PBS Pharmaceuticals | 2 months |
| ✓ Health Management | 6 months |
| ✓ Home Nursing | 2 months |
| ✓ Health Aids & Appliances | 12 months |
| ✓ Hearing Aids | 12 months |
| ✓ Blood Glucose Monitors | 12 months |
| ✓ Travel & Accommodation | 2 months |
| ✓ 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. | |

^ Waiting periods, fund and policy rules apply.

*100% back in most instances up to the first \$500 then benefits of 90% apply for general dental. 100% for first 10 standard physio & chiro visits, and podiatry consultations per person per calendar year then benefits of at least 90% apply. Family limit applies to chiro. Fund and policy rules, waiting periods and yearly limits apply.

Waiting Periods

When first taking out or upgrading health cover, for most services there's a period of time before coverage for the services on the new policy starts.

If switching from another health insurer, these waiting periods may not apply, so check with us first.

Get up to 100% back with Members First

We have agreements with a network of dentists, chiropractors, podiatrists, physiotherapists and optical providers across Australia. We call them our Members First Extras providers. On this cover you will have the certainty of receiving at least 100%* back in most instances for dental, physio, chiro and podiatry consultations - up to your yearly limits.

Pay nothing for check-ups

In addition to Members First benefits, pay nothing for your regular dental check-ups and more at Members First Platinum, up to yearly limits.[^]

Find out more at bupa.com.au/members-first-platinum

Find Members First Platinum dentists at bupa.com.au/find-a-provider

Recognised Providers

Extras service providers must meet certain requirements to be recognised by Bupa and for us to pay towards the cost of your treatment. Before you book a treatment or service, it's a good idea to check with us so we can confirm whether we recognise the provider you're planning to visit.

Find a Provider

Visit bupa.com.au/find-a-provider to check whether your current provider has an agreement with Bupa, or to find a Members First provider. Please note, this does not include a full list of providers.

How to claim?

Electronic claiming on-the-spot is the fastest way to claim. After treatment, swipe your Bupa card and the claim will be processed automatically. There are no forms to complete and you'll only pay the remaining balance.

If you can't claim electronically, for most services you can log onto myBupa and enter the details found on your receipt via the 'make a claim' section. We'll transfer the payment directly to your bank account, so have your BSB and account number ready.

Finally, claim forms are available to print from our website or you can pick one up in a Bupa store.

100% cover for laser eye surgery

100% cover for laser eye correction surgery by a fund-recognised provider (excludes lens implant for eye correction). A 3 year waiting period applies for new members joining this policy.

| Services | Benefits** | | Yearly limit per calendar year |
|--|---|-----------------------------------|--|
| General Dental | Members First | Other Recognised Providers | No annual limit |
| Periodic oral examination (012)# | 100% of charge then \$46.80 | \$37.00 | |
| Scale & clean (114)# | 100% of charge then \$94.05 | \$72.20 | |
| Fluoride treatment (121)# | 100% of charge then \$34.10 | \$34.10 | |
| Surgical tooth extraction (322) | 100% of charge then \$225.00 | \$132.00 | |
| Filling/tooth restoration (531) | 100% of charge then \$134.10 | \$85.60 | |
| | | | Benefit reduces to 90% of charge at Members First providers after the first \$500 claimed |
| | | | #Payable once every 6 months |
| Major Dental & Endodontic | Members First | Other Recognised Providers | \$1600 per person |
| Full crown veneered (615) | 100% of charge up to limit | \$1408.00 | |
| Dentures - complete (719)^ | 100% of charge up to limit | \$1192.85 | |
| Filling of one root canal (417) | 100% of charge up to limit | \$280.50 | |
| | | | ^Dentures payable once every 3 years |
| Orthodontic | Recognised Providers | | \$1000 per person |
| | | | \$3200 lifetime limit for Orthodontic |
| Braces for upper and lower teeth including removal plus fitting of retainer (881) | 100% of charge up to limit | | |
| Optical | Members First | Other Recognised Providers | Members First Providers \$420 per person OR Other Recognised Providers \$300 per person |
| Our Members First providers and Optical Partners Specsavers offer you access to a range of 'no gap' packages. Any packages are subject to yearly limits and waiting periods. | | | |
| Frames (110) | \$244.00 | \$190.75 | |
| Single vision lens (212) | \$122.00 | \$76.45 | |
| Progressive lens (512) | \$228.00 | \$161.60 | |
| Physiotherapy | Members First | Other Recognised Providers | \$1500 per person |
| Physiotherapy initial attendance | 100% for the first 10 services then \$75.60 | \$55.45 | |
| Physiotherapy subsequent attendance | 100% for the first 10 services then \$63.90 | \$46.75 | |
| | | | 90% benefits apply at Members First providers after the first 10 total services |
| Chiropractic & Osteopathy | Members First | Other Recognised Providers | \$1000 per person |
| Chiropractic initial attendance | 100% for the first 10 services then \$79.20 | \$55.90 | |
| Chiropractic subsequent attendance | 100% for the first 10 services then \$54.90 | \$38.50 | |
| Osteopathy initial attendance | n/a | \$55.90 | |
| Osteopathy subsequent attendance | n/a | \$38.50 | |
| | | | 90% benefits apply at Members First providers after the first 10 total services |
| Podiatry | Members First | Other Recognised Providers | \$1000 per person |
| Podiatry initial attendance | 100% for the first 10 services then \$65.00 | \$65.00 | |
| Podiatry subsequent attendance | 100% for the first 10 services then \$55.80 | \$45.10 | |
| | | | 90% benefits apply at Members First providers after the first 10 total services |
| Does not include Orthotics. Where applicable, benefits may be payable under Health Aids & Appliances. | | | |
| Ante Natal - Midwife | Recognised Providers | | \$500 per person |
| Lactation consultant for feeding difficulties | \$70.00 | | |
| Dietary | Recognised Providers | | \$1000 per person |
| Dietary initial attendance | \$64.00 | | |
| Dietary subsequent attendance | \$41.00 | | |

| | | |
|--|--|--|
| Mental Health (incl. Psychology) | Recognised Providers | \$1000 per person |
| Psychology initial attendance | \$134.00 | |
| Psychology subsequent attendance | \$119.00 | |
| Counselling initial attendance | \$66.00 | |
| Counselling subsequent attendance | \$59.00 | |
| Speech Therapy | Recognised Providers | \$1000 per person |
| Speech Therapy initial attendance | \$112.00 | |
| Speech Therapy subsequent attendance | \$74.00 | |
| Eye Therapy | Recognised Providers | \$1000 per person |
| Eye Therapy initial attendance | \$60.00 | |
| Eye Therapy subsequent attendance | \$40.00 | |
| Occupational Therapy | Recognised Providers | \$1000 per person |
| Occupational Therapy initial attendance | \$65.00 | |
| Occupational Therapy subsequent attendance | \$46.00 | |
| Acupuncture | Recognised Providers | \$1000 per person (combined limit for Acupuncture, Remedial Massage, Chinese Herbalism, Exercise Physiology) |
| Acupuncture initial attendance | \$43.00 | |
| Acupuncture subsequent attendance | \$34.00 | |
| Remedial Massage | Recognised Providers | (combined limit - see Acupuncture) Sub-limits apply of \$250 per person |
| Remedial massage initial attendance | \$57.00 | |
| Remedial massage standard attendance | \$46.00 | |
| Chinese Herbalism | Recognised Providers | (combined limit - see Acupuncture) |
| Chinese Herbalism initial attendance | \$35.20 | |
| Chinese Herbalism subsequent attendance | \$26.40 | |
| Exercise Physiology | Recognised Providers | (combined limit - see Acupuncture) |
| Exercise Physiology initial attendance | \$35.20 | |
| Exercise Physiology subsequent attendance | \$26.40 | |
| Non PBS Pharmaceuticals | Recognised Providers | \$1500 per person |
| | 100% of charge up to \$75.00 after deduction of the PBS co-payment per script. | |
| Health Management | Recognised Providers | \$300 per person |
| | 50% of charge up to limit | |
| Home Nursing | Recognised Providers | \$400 per person |
| Covers selected services | \$44.00 | |

Health Aids & Appliances

Asthma pump
 CPAP devices
 TENS machine
 Hire repair and maintenance (6 month wait)

Recognised Providers

85% of charge up to limit
 85% of charge up to \$1500.00
 85% of charge up to \$1000.00
 85% of charge up to \$100.00

Sub-limits apply

Asthma pump: \$500 per person 1 service(s) every 2 years
 CPAP devices: \$1500 per person 1 service(s) every 2 years
 TENS machine: 1 service(s) every 3 years per policy^^
 Hire repair and maintenance: \$100 per person^^
 ^^\$1000 per person (combined limit for TENS machine, Hire repair and maintenance, other appliances)
 Contact Bupa for the complete list of benefits

Hearing Aids

Hearing aid

Recognised Providers

100% of charge up to limit

\$850 per person every 3 years, 1 service(s) every 3 years

Blood Glucose Monitors

Blood glucose monitor

Recognised Providers

85% of charge up to limit

\$600 per person, 1 service(s) every 1 years

Travel & Accommodation

Travel Expenses
 Accommodation Expenses (per night)

Recognised Providers

100% of charge up to limit
 \$75.00

**Travel: \$200 per person
 Accommodation: \$300 per person**

Where applicable, benefits will be paid under your Hospital cover (cannot claim benefits on both hospital and extras for the same trip).

Minimum distance of 200kms travel required

*^Listed benefits are examples and are not exhaustive. Benefits listed for consultations relate to in-person/face-to-face treatment.

Yearly Limit

The maximum amount you can claim for a service per person, per calendar year. This limit resets on 1st January and doesn't 'roll over'.

Sub-limits

A limit within the yearly limit. It applies to a specific service or treatment within a broader service group. Once the sub-limit or yearly limit is reached, no more benefits can be paid for services provided in that calendar year.

Membership or Policy Limits

The maximum total amount claimable by everyone covered on a policy for the specified Extras service. Membership or policy limits apply per calendar year, in addition to individual yearly limits. The policy limit may not allow for all people on the cover to claim their individual limits.

Lifetime Limit

This limit applies to an individual, usually for orthodontic. Once the lifetime limit is reached, no more claims for this type of service are payable, even if you leave Bupa and start a new cover with us in the future.