

Hospital Cover	Extras Cover
High	High



Ultimate Health Cover

1 April 2018
NSW/ACT

Excess options
Nil

Members First %
100% (refer page 2)

Packaged cover

At a glance

Bupa's highest cover, Ultimate Health Cover is a comprehensive packaged cover that helps pay for hospital expenses in private and public hospitals. Cover for in-patient medical expenses, laser eye corrective surgery and a large range of extras services included. Enjoy 100% back for most items at Members First extras providers (conditions apply), selected gap free optical packages and more. Extras benefits listed are examples only and not a complete list.

What's covered?

Hospital & medical services	Cover	Hospital waiting periods	Hospital details
Accidents sustained after joining	Y	Pre-existing conditions, ailments or illnesses - 12 months Pregnancy and birth related services - 12 months Palliative care, psychiatric and rehabilitation services - 2 months Laser eye correction surgery for a pre-existing condition - 12 months** All other treatments included on your cover - 2 months Accidents after joining - no waiting periods. Check the Important Information Guide for what we consider an accident. All cosmetic and reconstructive surgery ^^Refer to Bupa's glossary for definitions here: www.bupa.com.au/glossary Obesity related procedures and surgeries+ +When we say 'Obesity related procedures and surgeries', we are referring to obesity related, and metabolic procedures or surgeries, for which you need to be admitted to hospital. 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.	Services in a Public Hospital For all services in a public hospital, we will pay minimum benefits for shared room accommodation as set by the Australian Government and you will have your choice of doctor. If these benefits are less than the public hospital charge you will have out-of-pocket expenses to pay. IVF and assisted reproductive services Generally, the circumstances which assisted reproductive services are required are due to an underlying pre-existing condition. Therefore, in most instances, a 12-month pre-existing waiting period applies before benefits are payable for these services. ^Some non PBS drugs may not be covered. ++ must be recognised by Medicare.
Cardiac and cardiac related services	Y		
Hip/knee replacement	Y		
Other joint replacements	Y		
Knee arthroscopy and meniscectomy	Y		
Shoulder & ankle arthroscopy	Y		
Other joint arthroscopy & meniscectomy	Y		
Cataract & eye lens procedures	Y		
Renal dialysis for chronic renal failure	Y		
Pregnancy and birth related services	Y		
IVF and assisted reproductive services	Y		
Minor gynaecological surgery	Y		
Obesity related procedures and surgeries+	Y		
Abdominoplasty & lipectomy	Y		
Appendicitis	Y		
Removal of tonsils and adenoids	Y		
Cancer^	Y		
Psychiatric services	Y		
Rehabilitation services	Y		
Palliative care	Y		
Reconstructive surgery^^	Y		
Breast reconstruction post cancer	Y		
All cosmetic surgery^^	X		
Other inpatient treatment++	Y		
Key			
Y = Covered X = Excluded			

Extras services	Yearly limit The maximum you can claim per year per person (unless otherwise stated)	Extras Waiting periods	Extras details
General dental	Unlimited	Initial waiting period - 2 months	Natural Therapies includes acupuncture, Alexander Technique, Chinese herbalism, exercise physiology, Feldenkrais, homeopathy, iridology, massage, naturopathy and Western herbalism. Massage includes aromatherapy, Bowen Technique, kinesiology, reflexology, shiatsu and remedial massage. 13SICK, National Home Doctor Service Bupa members have complimentary access to After Hours Plus from 13SICK (13 74 25), National Home Doctor Service. So when you book a bulk-billed home visit, the doctor can prescribe common medications on the spot, at no charge to you.
Major dental	\$1,600	Health management programs; hire and repair of health aids and appliances - 6 months	
Orthodontics	\$1,000	Major dental, orthodontics and health aids and appliances - 12 months	
Optical - Members First	\$420		
Optical - other	\$300		
Physiotherapy	\$1,500		
Chiropractic & Osteopathy	\$1,000 Per Person, \$1600 Per Membership	**From 1 July 2018, a 3 year waiting period will apply towards Laser Eye Correction Surgery. This only applies to new members joining from 1 July 2018.	
Ante/post natal	\$500		
Natural therapies	\$1000		
Pharmacy (incl. travel vaccines)	\$1,500		
Dietary	\$1,000		
Psychology	\$1,000		
Podiatry (excludes orthotics)	\$1,000		
Speech therapy	\$1,000		
Eye therapy	\$1,000		
Occupational therapy	\$1,000		
Health management	\$300		
Home nursing	\$400		
Health aids & appliances	Refer to page 6 for limit details		
Hearing aid	One service \$850.00 every 3 years		
Travel & accommodation	\$200 travel / \$300 accommodation		

Other important information you should know can be found in our Important Information Guide and our policy and Fund Rules. Visit bupa.com.au, call us on 134 135 or drop by your local Bupa centre to obtain your copy of the guide and the rules. You can also contact us to confirm if your chosen extras provider is registered with Bupa.



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Special features

Members First extras network

With Ultimate Health Cover you can enjoy the advantages of our extensive network of dental, optical, physiotherapy, chiropractic and podiatry providers, so there are more places you can experience great value from your cover.

When you choose to visit a Members First provider, in most instances you will receive higher benefits for dental, optical, physiotherapy, chiropractic and podiatry consultations, ensuring you can maximise value from your Bupa cover. On Ultimate Health Cover you will have the certainty of receiving at least 100%* back in most instances for dental, physio, chiro and podiatry consultations.

*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.

Gap free for kids

We'll cover the cost of your kids' dental, physio, and chiro as well as podiatry consultations and selected optical packages up to the age of 25 if they remain on your policy, for most services when treatment is provided by a Members First provider. Excludes orthodontics, orthotics and hospital treatments. Fund and policy rules, waiting periods and yearly limits apply. Child Dependants only.

Gap bonus

Upon joining you receive a \$200 gap bonus as well as another \$200 each 1 January as long as you're an Ultimate member. You can use the gap bonus to pay for any medical gaps you may incur during a hospital stay.

100% cover for Laser Eye Correction Surgery**

100% cover for laser eye correction surgery, for a pre-existing condition, by a fund-recognised provider. Excludes lens implant for eye correction. 12 month waiting period applies.**

**From 1 July 2018, a 3 year waiting period will apply towards Laser Eye Correction Surgery. This only applies to new members joining from 1 July 2018.

Family In-Hospital Benefits

Helps pay towards accommodation and meal costs if your partner, immediate family member, carer or next of kin is required to stay in hospital with you or another person on your membership. Family In-Hospital Benefits are capped at \$1000 per person per year.

Ultimate Advice Line

Access to 24-hour guidance and advice on areas such as: navigating the healthcare system, navigating the aged care system, counselling & grief support, childcare support, travel advice, Bupa hospital and provider information and 24-hour emergency medical and accident advice.

Unemployment Cover

If you lose your job through involuntary retrenchment or redundancy from permanent full time employment, your premiums will be covered for up to 12 months while you remain unemployed. Subject to eligibility.

Unemployment Cover is underwritten by Insurance Australia Limited ABN 11 000 016 722 AFSL 227681.

Accident Benefit

When an accident requires urgent hospital treatment, the Accident Benefit pays for your hospital excess or co-payment and can boost limits on your extras cover to a maximum of \$2,000 per person per calendar year, \$4,000 per membership per calendar year. Check the Important Information Guide for what we consider an accident.

Dietitian health-coaching

Members can benefit from a personalised nutrition coaching service which includes up to three, one-on-one phone consultations with a qualified dietitian; three-day food diary analysis; and where required an optional pathology screening test. This service is suitable for all ages. Members are able to identify their nutrition area/s of focus which could include weight management, general healthy eating, chronic disease prevention, sports nutrition, allergies and intolerances, family nutrition and many others. Available throughout Australia. To register your interest in the service please email your member number and the best contact number to dietitians@bupa.com.au

Travel insurance bonus

You can receive up to eight days (seven nights) of economy travel insurance annually. Alternatively, you can use the equivalent value as a discount on your premium for any Bupa Travel Insurance policy**

^Based on cost of Economy travel insurance for under 65 year old at standard rates.
*Travel, Home and Car Insurance products are 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. The relevant Product Disclosure Statements are 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.

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 Fund Rules. Visit bupa.com.au, call us on 134 135 or drop by your local Bupa centre to obtain your copy of the guide and rules.



Ultimate Health Cover

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Hospital cover

Excess

No excess or co-payment applies to your level of cover.

What's covered in hospital

With private hospital cover, you can choose to be treated as a private patient in either a private or public hospital.

With us you are covered as a private patient in most hospitals with which Bupa has an agreement, known as Members First and Network hospitals across Australia for any treatment which is recognised by Medicare, and is not excluded or restricted under your cover.

A small number of these hospitals may charge a fixed daily fee. This fee is capped at a maximum number of days for overnight stays. The hospital should inform you of this fee when you make a booking. This fee is in addition to any excess or co-payment you may have as part of your hospital cover.

When admitted to a Members First or Network hospital, for a service included on your policy, in most cases you will be covered for in-hospital charges when provided as part of your in-hospital treatment including:

- ✓ accommodation for overnight or same-day stays
- ✓ operating theatre, intensive care and labour ward fees
- ✓ supplied pharmaceuticals approved by the Pharmaceutical Benefits Scheme
- ✓ physiotherapy, occupational therapy, speech therapy & other allied health services
- ✓ surgically implanted prostheses up to the approved benefits on the Government's Prostheses List
- ✓ private room where available.

We recommend you call us first before making a booking to confirm that your chosen hospital gives certainty of cover. We can also discuss any excess or co-payment that might apply to your level of cover. You can find out if a hospital has an agreement with us by checking our website bupa.com.au/find-a-provider.

If you elect to be treated as a private patient in a public hospital or are admitted to a private hospital that Bupa does not have an agreement with (and the treatment is not excluded or restricted under your cover), you are covered as set out below for any treatment recognised by Medicare. In these circumstances, you are likely to incur out-of-pocket expenses for your hospital costs.

If you elect to be treated as a private patient in a public hospital, Bupa will pay minimum benefits for shared room accommodation as set by the Australian Government and surgically implanted prostheses up to the approved benefits on the Government's Prostheses List. This will apply for any treatment recognised by Medicare unless it is an excluded service under your cover. If you choose a private room, Bupa will pay a fixed benefit in addition to the shared room accommodation benefit. If the hospital charges more than the minimum benefit for shared room accommodation or the private room benefits Bupa pays, they should advise you of any out-of-pocket charge before admission. You will also be responsible for personal expenses such as TV hire and telephone calls and any prostheses charges above the benefit on the Government Prostheses List.

As a private patient in a public hospital you are entitled to choose your doctor, if they are available. Depending on your illness or condition, this may be the same doctor who would have been allocated to you by the hospital as a public patient.

If you are admitted to a private hospital that Bupa does not have an agreement with, Bupa will pay minimum benefits for shared room accommodation as set by the Australian Government and surgically implanted prostheses up to the approved benefits on the Government's Prostheses List. This will apply for any treatment recognised by Medicare unless it is an excluded service under your cover. These benefits will only partially cover the full cost and you will have significant out-of-pocket expenses. It is important to note that you will be responsible for the cost of your stay and may be charged directly for your hospital accommodation, doctor's services (including any diagnostic tests), surgically implanted prostheses (such as artificial hips) and personal expenses such as TV hire and telephone calls. Some of these hospitals bill Bupa directly for the reduced benefits we pay.

For further information on how we cover your costs in hospital please see our important information guide.

Medical costs

These are the fees charged by a doctor, surgeon, anaesthetist or other specialist for any treatment given when you are in hospital. Out-of-pocket costs depend on whether doctors and specialists participate in, and agree to use, the Bupa Medical Gap Scheme.

Bupa Medical Gap Scheme*

The Bupa Medical Gap Scheme is an arrangement Bupa has with most private specialists to help minimise your out-of-pocket expenses for your hospitalisation. Bupa provides 2 different arrangements: either no gap or a known gap. *From 1 August 2018, where and when your doctor can use the Bupa Medical Gap Scheme will change. Contact us, or find out more at www.bupa.com.au/medicalgapscheme

Bupa Medical Gap Scheme – no gap

If your medical practitioner has registered to use the Bupa Medical Gap Scheme with no gap, check with them that they will use this for your upcoming admission. If yes, they will bill Bupa directly and you will have no gap on your medical expenses. This is the best value option for you.

Bupa Medical Gap Scheme – known gap

If your medical practitioner has registered to use the Bupa Medical Gap Scheme with a known gap, they are permitted to charge you a gap up to a maximum of \$500 for your medical expenses. You should ask them what gap amount they intend to charge you for your upcoming admission.

If you are treated as a private patient in hospital by a Medical Provider who does not use the Bupa Medical Gap Scheme, Medicare will cover you for 75% of the MBS fee for associated medical costs and we will cover the remaining 25%. Any charges above this are your responsibility.



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Hospital Cover

Other no medical gap arrangements

No medical gaps at Members First Day Facilities

If you are treated in a Members First day facility, there are no out-of-pocket expenses for medical treatments (e.g. your specialist's fees). Any co-payment or excess related to your level of cover will still apply.

In-hospital Pathology and Radiology diagnostic tests

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

What is not covered

Situations when you will not be covered include:

- ✘ when you have not been admitted into a hospital and are treated as an outpatient (e.g. emergency room treatment, with a specialist)
- ✘ during a waiting period
- ✘ when you have restricted cover for a treatment or service and you are admitted to a private hospital, you will not be covered above the minimum benefit for shared room accommodation as set by the Australian Government
- ✘ when a service is excluded from your cover
- ✘ some non-PBS, high cost drugs
- ✘ psychiatric and rehabilitation day programs, at a hospital Bupa does not have an agreement with
- ✘ hospital treatment provided by a practitioner not authorised by a hospital to provide that treatment
- ✘ hospital treatment for which Medicare pays no benefit, including: medical costs related to surgery by podiatrists (including the fees charged by the podiatrist); respite care; experimental treatment and/or any treatment/procedure not approved by the Medical Services Advisory Committee (MSAC)
- ✘ all cosmetic surgery
- ✘ personal expenses such as: pay TV, internet access, non-local phone calls, newspapers, boarder fees, meals ordered for your visitors, hairdressing and any other personal expenses charged to you unless included in your cover
- ✘ if you are in hospital for more than 35 days and you have been classified as a 'nursing home type' patient. (in this situation you may receive limited benefits and be required to make a personal contribution towards the cost of your care)
- ✘ if you choose to use your own allied health provider rather than the hospital's practitioner for services that form part of your in-hospital treatment (e.g. chiropractors, dietitians or psychologists)
- ✘ where compensation, damages or benefits may be claimed by another source (e.g. workers compensation)
- ✘ any amount charged by a public or non-agreement hospital which is not covered by us or which is above the benefit that we pay
- ✘ any treatment or service provided outside Australia

Medical costs

You will not be covered for medical services for surgical procedures performed by a dentist, podiatrist, or any other practitioner or service that is not eligible for a rebate through Medicare.

Out-patient medical costs

In the lead up to a hospital admission there will be appointments with GPs and/or specialist/s and there may also be pathology and/or radiology tests. Under Health Insurance legislation, health funds are not permitted to cover these outpatient appointments. You will need to check with your GP or Specialist for any out-of-pocket costs you may need to pay.

It is important prior to a pre-booked admission or at the earliest possible time after an emergency admission that Informed Financial Consent is provided to you so you can understand any out-of-pocket costs that you may incur. If you require further clarification regarding out-of-pocket costs you should contact the hospital, specialist or other medical provider for additional information.

Extra value from your membership

Genesis Heart Care

We've partnered with Genesis Heart Care, a network of cardiologists across Victoria, Queensland, South Australia and Western Australia focusing on providing quality, evidence based cardiology services. When you see a cardiologist from Genesis Heart Care you will have no out-of-pocket expenses for your in-hospital cardiologist treatment. You'll also be provided with information and advice so you can make informed decisions about your treatment and lifestyle.

Health Management

This benefit covers some costs for health-related programs, including nicotine replacement therapy and weight management programs. Visit www.bupa.com.au/healthmanagement for details.

Health subscription refunds

Receive a 100% refund on a subscription to the Arthritis Foundation, Asthma Foundation, Diabetes Australia and Parkinson's WA.

Bupa Medical Gap Scheme





We have an extensive Medical Gap Scheme that when used will significantly reduce your medical out-of-pocket costs. Please refer to Bupa Medical Gap Scheme section for more information.

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Extras cover




Services covered & example items	Members First	Non Members First	Yearly limit per person per calendar year
General Dental			
Periodic oral exam (012)#	100% then \$45.00*	\$37.00	Unlimited
Scale & clean (114)#	100% then \$92.70*	\$72.20	
Fluoride application (121)#	100% then \$28.35*	\$34.10	
Tooth extraction (322)	100% then \$219.60*	\$132.00	# Payable once every 6 months
Filling/tooth restoration (531)	100% then \$131.40*	\$85.60	*90% benefits apply after \$500 claimed
Major Dental			
	Members First	Non Members First	
Root canal (417)	100% of cost to annual limit	\$280.50	\$1,600
Full crown (615)	100% of cost to annual limit	\$1,408.00	
Dentures – complete (719)*	100% of cost to annual limit	\$1,192.85	*Dentures payable once every 3 years
Orthodontics			
	Benefits at registered providers		
	Set benefits apply per item, please contact us with your treatment plan for more information		
<i>Lifetime Limit:</i> \$3,200			\$1,000
Optical			
Our Members First optical providers (Bupa Optical, National Pharmacies Optical, Kevin Paisley Fashion Eyewear, Prevue Eyewear, Stacey and Stacey Optometrists and selected independent providers) and our optical partners Specsavers offer you a range of 'no gap' packages - with no out-of-pocket costs. Any packages are subject to your yearly limits and waiting periods (contact us for more information). Refer to the list below for the no gap packages available to you and where you can access them.			
	Members First Set Benefits	Non Members First	Limits
			Members First: \$420
			Or
			Other optical: \$300
Frames (110)	\$240.90	\$190.75	
Single vision lens (212)	\$120.00	\$76.45	
Progressive lens (512)	\$225.00	\$161.60	
<i>No-gap optical packages</i>		Members First	Optical Partners
Kid's glasses with safety lens - any frame up to \$249		✓	X
Glasses with single vision lens*		✓	✓
Glasses with bifocal lens*		✓	✓
Glasses with trifocal lens*		✓	X
Glasses with progressive lens*		✓	✓
Disposable contacts - selected 12 months' supply purchased in store		✓	X
Disposable contacts - selected 12 months' supply purchased on-line		✓	X
*Any frame up to \$199. Conditions apply, contact us for more information.			
Physiotherapy			
	Members First	Non Members First	
Initial attendance	100% for first 10 visits, then \$73.35*	\$55.45	\$1,500
Subsequent attendance	100% for first 10 visits, then \$62.55*	\$46.75	
*90% benefits apply after the first 10 total services			
Chiropractic & Osteopathy			
Chiropractic Members First Initial	100% for first 10 services, then \$77.85*		\$1000
Chiropractic Members First subsequent	100% for first 10 services, then \$54.00*		Membership Limit: \$1600
Chiropractic Non Members First Initial	\$55.90		
Chiropractic Non Members First subsequent	\$38.50		*90% benefits apply after the first 10 total services
Osteopathy - Initial	\$55.90		
Osteopathy - Subsequent	\$38.50		
Podiatry (excludes orthotics)			
	Members First	Non Members First	
Initial attendance	100% for first 10 visits, then \$65*	\$65.00	\$1,000
Subsequent attendance	100% for first 10 visits, then \$54.45*	\$45.10	*90% benefits apply after the first 10 total services
Ante/post natal			
	Benefits at registered providers		\$500
Selected services including registered lactation consultants	Contact us for more details		
Dietary			
	Benefits at registered providers		
Initial attendance	\$64.00		\$1,000
Subsequent attendance	\$41.00		

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Extras cover

Services	Benefits at registered providers	Yearly limit per person per calendar year
Psychology		
Initial attendance	\$134.00	\$1,000
Subsequent attendance	\$119.00	
Speech therapy		
Initial attendance	\$112.00	\$1,000
Subsequent attendance	\$74.00	
Eye therapy		
Initial attendance	\$60.00	\$1,000
Subsequent attendance	\$40.00	
Occupational therapy		
Initial attendance	\$65.00	\$1,000
Subsequent attendance	\$46.00	
Natural therapies <i>Refer page 1</i>		
Acupuncture initial attendance	\$43.00	
Acupuncture subsequent attendance	\$34.00	\$1,000
Remedial massage initial attendance	\$57.00	Massage sub limit: \$250 per person, \$500.00 per membership
Remedial massage standard consultation	\$46.00	
Pharmacy (includes travel vaccinations)	100% of cost up to \$75.00 after deduction of PBS copayment	\$1,500
Health management	50% of cost to limit	\$300
Home nursing Benefits at registered providers		
Covers selected services	\$44 per day	\$400
Health Aids & Appliances Sub limit per item:		
Blood glucose monitor	85% of cost to yearly limit <i>One service up to \$600 per year</i>	Unlimited [^]
Asthma pump	85% of cost to yearly limit <i>One service up to \$500 every 2 years</i>	
CPAP devices	85% of cost to yearly limit <i>One service up to \$1,500 every 2 years</i>	[^] Contact Bupa for the complete list of services
Hearing aid	100% of cost to yearly limit <i>One service up to \$850 every 3 years</i>	
TENS machine	85% of costs to yearly limit <i>One service per family up to \$1,000 every 3 years</i>	
Blood pressure monitor	85% of costs to yearly limit <i>One service per family up to \$1,000 each year</i>	\$1,000 combined limit
Defined health aids and appliances~	85% of costs to yearly limit ~Contact Bupa for the complete list of defined health aids and appliances.	
Hire and repair (6 month wait)	85% of cost to yearly limit <i>\$100 sublimit apply</i>	
Travel and Accommodation		
	Travel: 100% of cost to yearly limit	\$200
<i>Minimum distance of 200kms travel required</i>	Accommodation: \$75.00/night	\$300

Member Exclusives

Ambulance

You are covered for emergency ambulance services (including on-the-spot treatment and air services) from our recognised providers, capped at one trip for singles and two trips for couples or family memberships per calendar year. For more information refer to the Important Information Guide.

Bupa Plus

Even when you're in great health, there are still plenty of ways to get everyday value from your cover. See your exclusive range of rewarding health discounts, tools and more at bupaplus.com.au

Bowel cancer screening kits

Bowel cancer can generally be treated successfully if detected in its early stages. We will pay a benefit towards selected screening kits for bowel cancer after 2 months from joining.

Overseas Health Advice Line

If the unexpected happens while you're travelling overseas, our 24-hour health advice line can provide you with phone-based support, information and guidance. 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 membership card.