

Reciprocal Health Cover - Basic

Entry-level Hospital cover for people just needing the basics.

Cover designed for overseas visitors holding a Reciprocal Medicare Card and only needing basic hospital coverage to supplement their working visitors cover. This cover also provides an exemption from the Medicare Levy Surcharge.



Basic Hospital

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

\$114.35 per month

You may be entitled to the Australian Government rebate on this premium.

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/contact
- 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/contact, call us on 134 135 or drop by your local Bupa store to get your copy of the guide and rules.





Hospital Cover

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

This policy includes cover for*

- R Rehabilitation
- R Hospital psychiatric services
- R Palliative care

This policy does not include cover for*

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

R Restricted Cover

Covered for shared room accommodation in a public hospital. You may face large out-of-pocket costs for this treatment in a private hospital, or for a private room in a public hospital.

X Excluded Service

This treatment or service is not included on this cover, and no benefits will be paid.

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
2 months	for all other treatments

Ambulance

This policy does not include cover for emergency or non-emergency ambulance. An ambulance levy is included in the premiums of eligible Hospital policies in NSW & ACT. The levy is paid to the State Government to provide emergency ambulance cover for NSW & ACT residents holding the Hospital policy, including while travelling interstate (except in Queensland and South Australia). Contact your State Government for details and eligibility.

Excess and Co-payment

Excess

You will have to pay an excess of \$500 per admission. This is limited to a maximum of \$500 per person and \$500 per policy per year. This excess is based on calendar year, and applies for all hospital admissions, including overnight admission or day procedures.

Co-payment

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

Hospital Costs

Benefits paid for hospital treatment depend on your cover and the type of hospital you're treated in.

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.

On this cover, only a select number of services are covered and you may face large out-of-pocket costs in a private hospital.

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

Public Hospitals

At public hospitals in Australia, receive cover for accommodation, intensive care and theatre fees for included services.

Private Hospitals, including non-agreement

If admitted to a private hospital, the benefit will only partially cover the cost for included services 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.

*The services provided under our health insurance policies are defined in the Private Health Insurance (Complying Product) Rules 2015. We cannot alter the meaning of these defined terms and they may not have their ordinary meaning. For more information about what is covered under a treatment or service, contact us or go to bupa.com.au/glossary



Hospital Cover

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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 restricted cover service included on your policy, you are only partially covered for inpatient hospital charges. This is not usually sufficient to cover the hospital charges and you may face large out-of-pocket costs.

Benefits payable include:

- Minimum benefit for shared room accommodation for overnight or same-day stays.
- Supplied pharmaceuticals approved by the Pharmaceutical Benefit Scheme (PBS)
- Physiotherapy, occupational therapy, speech therapy and other allied health services
- Surgically implanted prosthesis listed on the Australian Government Prescribed List of Medical Devices and Human Tissue Products up to the approved benefits

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. 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

Hospital Costs

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

- As an outpatient, when not admitted to hospital (e.g. Emergency room treatment)
- When specific services or treatments are a restricted cover or excluded from your level of cover
- Any charges above the set benefit paid for shared room accommodation for included services
- Treatment at a private hospital
- Costs for a private room
- Personal expenses e.g. TV hire and telephone calls
- For surgically implanted prostheses not on the Australian Government Prescribed List of Medical Devices and Human Tissue Products, or for charges above the approved benefits for prostheses on the List
- Hospital treatment not recognised by Medicare.
- 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 Other Costs)
- 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

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.

See bupa.com.au/medicalgapscheme for more.