

Top Hospital with Co-payment - Gold

Top Hospital cover for a broad range of services

High Hospital cover that helps pay for inpatient hospital and medical costs in private and public hospitals across Australia for included services. Additional benefits include Unemployment Cover, no co-payment for kids, family-in hospital benefits, and uncapped emergency ambulance.



Gold Hospital

Product Availability

Queensland

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

\$275.45 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.

This policy is closed to new members. This policy is also closed to existing members wishing to change their cover.

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

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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

Every time you go to hospital you will have to pay \$50 per day for overnight admissions, and \$50 for day surgery (no overnight stay) - up to \$250 per hospital stay. Co-payments do not apply to hospital admissions for child dependants.

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.

Get more from your cover with Bupa

Family In-Hospital Benefits

Helps pay towards accommodation and certain 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. Conditions apply, please see the Fund Rules for details.

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

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.

Health Subscription Refunds

Receive a 50% refund on a subscription to the Arthritis Foundation, Asthma Foundation, Diabetes Australia and Parkinson's WA.

Overseas Health Advice Line

If the unexpected happens while overseas, our 24-hour health advice line can provide phone-based support and information. Plus, if planning a trip overseas, you can get pre-departure medical information on the countries you are visiting. Just look for the number on the back of your membership card.

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.