

Short Stay Visitors Cover

✓ What's covered

Hospital Costs

We will cover you as a private patient in all Members First, Network and public hospitals in Australia. When admitted to hospital, in most cases you will be covered for in-hospital charges including:

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

Medical Costs

These are the fees charged by a doctor, surgeon, anaesthetist or other medical specialist for any treatment given to you. You are covered for:

- ✓ The cost of in-patient medical services 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.
- ✓ Medical treatment as a hospital outpatient or by a doctor or specialist in private practice anywhere in Australia, for 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 inpatient or outpatient diagnostic tests recognised by Medicare as medically necessary (e.g. pathology, radiology).
If your doctor or specialist charges more than the above benefit there will be a 'gap' for you to pay.

Other Costs

- ✓ Unlimited emergency ambulance transportation and on-the-spot treatment by our recognised providers.
Please note: You will not be covered for any non-emergency ambulance services.
- ✓ Selected pharmacy items including discharge medication. You'll receive up to \$50 per script item, up to a maximum of \$300 per person per calendar year, after you pay the Pharmaceutical Benefit Scheme (PBS) patient co-payment fee. This is provided the pharmacy items usage is approved by the Therapeutic Goods Administration (TGA)

* What's not covered

Hospital Costs

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

- * During a waiting period – 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
- * When specific services or treatments are a restricted cover or excluded from your level of cover
- * Treatment at a non-agreement private hospital
- * Hospital treatment provided by a practitioner not authorised by a hospital to provide that treatment
- * Hospital treatment for which Medicare pays no benefit
- * Cosmetic and reconstructive surgery
- * If you are in hospital for 35 days and you have been classified as a 'nursing home type patient'. In this situation you may receive limited benefits or be required to make a personal contribution towards the cost of your care
- * 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-PBS, high cost drugs
- * 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, dieticians 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.
- * All pre-existing conditions, see page 2 for definition.

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 by Medicare
- * Outpatient medical services provided by an allied health provider
- * Costs for medical examinations, x-rays, inoculation or vaccinations and other treatments required relating to acquiring a visa for entry into Australia or permanent residency visa.

^Conditions apply, contact us for details.



Short Stay Visitors Cover

Hospital & medical services	Cover	Waiting period	Waiting period (pre-existing condition)
Cardiac and cardiac related services	Y	No Waiting Period	Not Covered
Cataract & eye lens procedures	Excluded	Not Covered	Not Covered
Hip/knee replacement	Excluded	Not Covered	Not Covered
Pregnancy and birth related services	Excluded	Not Covered	Not Covered
IVF and assisted reproductive services	Excluded	Not Covered	Not Covered
Appendicitis	Y	No Waiting Period	Not Covered
Knee arthroscopy and meniscectomy	Y	No Waiting Period	Not Covered
Renal dialysis for chronic renal failure	Y	No Waiting Period	Not Covered
Bone marrow transplants	Y	No Waiting Period	Not Covered
Organ transplants	Y	No Waiting Period	Not Covered
All cosmetic surgery^^	Excluded	Not Covered	Not Covered
Sterilisation reversal	Y	No Waiting Period	Not Covered
Psychiatric Services	Y	12 months	Not Covered
Rehabilitation services	Y	12 months	Not Covered
Palliative care	Y	12 months	Not Covered
Other inpatient treatment++	Y	No Waiting Period	Not Covered
Out of hospital medical services	Cover	Waiting period	Waiting period (pre-existing condition)**
GP consultations	Y	No Waiting Period	Not Covered
Specialist consultations	Y	No Waiting Period	Not Covered
Pathology^ (e.g. blood tests)	Y	No Waiting Period	Not Covered
Radiology^ (e.g. x-ray, scans)	Y	No Waiting Period	Not Covered
Selected pharmacy items*	Y	No Waiting Period	No Waiting Period
Repatriation	Excluded	Not Covered	Not Covered

* see page 1 for details

++ must be recognised by Medicare

^ most Medicare recognised services

** You may be asked to have a medical certificate completed by your doctor to determine if a condition is pre-existing

^^ refer to www.bupa.com.au/glossary for definition

Definitions

Exclusions

Bupa does not pay any benefit towards excluded services under your visitors cover.

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.

Pre-existing condition

This cover does not provide any benefits for pre-existing conditions. 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.

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

Excess

An excess is the amount you agree to pay upfront before a benefit is paid for overnight or same day hospital admissions. Your excess amount of \$250 is payable once per person per calendar year, up to a maximum of twice per membership. Each individual on the membership will never pay their total excess amount more than once per calendar year. If the total excess amount for an individual is not reached in a single hospital admission, the remaining balance of excess is payable if that individual has a subsequent hospital admission in that calendar year.

Short Stay Visitors Cover

✓ Things you should know

After Hours Medical Support

Receive complimentary access to the After Hours Plus program from 13SICK (13 74 25), National Home Doctor Service. This means that when you need urgent medical care after-hours and book a home visit, if you require commonly prescribed medications, they will be provided on the spot at no cost. Not available in Northern Territory (NT).

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 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 www.bupa.com.au/ovcvideo to learn more.

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: www.bupaplus.com.au

Bupa Medical Gap Scheme




The Bupa Medical Gap Scheme is an arrangement Bupa has with most private specialists to help minimise the out-of-pocket expenses for your hospitalisation*. Bupa provides 2 different arrangements: either no gap or a known gap. If your medical practitioner uses this scheme, they will bill Bupa directly and you will have no gap or a gap of up to a maximum of \$500 for your medical expenses. This means you'll never pay more than \$500 for a medical practitioner who uses this scheme. In addition, if you are treated in a Members First Day facility, you'll have no out-of-pocket expenses for medical treatments (e.g. your specialist's fees). Any excess or co-payment related to your level of cover will still apply. Find out more at www.bupa.com.au/medicalgapscheme

*Your doctor can use the Bupa Medical Gap Scheme in public hospitals, or in private hospitals that have an agreement with Bupa.

✓ 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 (Visitors Cover). 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.

-  Call us on 134 135
-  Visit bupa.com.au/overseas
-  Drop by your local Bupa centre

Please contact us for a full list of visa types this cover is suitable for.

This product is available to you if you are a single or couple under 50 years old and visiting Australia to work temporarily or study, and your visa doesn't require Overseas Student Health Cover (OSHC). Please note: If you are applying for a working visa, this cover does not meet the minimum level of insurance required as set out by the Department of Home Affairs.