



Standard 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.
- ✓ Non-emergency ambulance services by our recognised providers capped at three trips per person per calendar year.
- ✓ Selected pharmacy items including discharge medication. You pay \$20 then we refund 60% of the balance per script item up to a maximum of \$300 per person per calendar year. 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.

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.



Standard Visitors Cover

Hospital & medical services	Cover	Waiting period	Waiting period (pre-existing condition)
Cardiac and cardiac related services	Restricted	No Waiting Period	12 Months
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	12 Months
Knee arthroscopy and meniscectomy	Y	No Waiting Period	12 Months
Renal dialysis for chronic renal failure	Excluded	Not Covered	Not Covered
Bone marrow transplants	Y	No Waiting Period	12 Months
Organ transplants	Y	No Waiting Period	12 Months
All cosmetic surgery ^{^^}	Excluded	Not Covered	Not Covered
Sterilisation reversal	Excluded	Not Covered	Not Covered
Psychiatric Services	Y	12 months	12 Months
Rehabilitation services	Y	12 months	12 Months
Palliative care	Y	No Waiting Period	12 Months
Other inpatient treatment ⁺⁺	Y	No Waiting Period	12 Months
Out of hospital medical services	Cover	Waiting period	Waiting period (pre-existing condition)**
GP consultations	Y	No Waiting Period	12 Months
Specialist consultations	Y	No Waiting Period	12 Months
Pathology [^] (e.g. blood tests)	Y	No Waiting Period	12 Months
Radiology [^] (e.g. x-ray, scans)	Y	No Waiting Period	12 Months
Selected pharmacy items*	Y	No Waiting Period	No Waiting Period

* 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

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

Restricted cover

If a treatment is listed on this sheet as restricted, we will only pay minimum benefits (an amount set by the Government for Australian residents) for that relevant treatment. This means that if you go to a public or a private hospital for these treatments, most of the time, the hospital will charge a lot more than what we will pay, so you are likely to have a large amount to pay yourself.

✓ Things you should know

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 provide common medications on the spot, at no charge to you.

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.

✓ 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.

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

Overseas Health Advice Line

If the unexpected happens during your stay in Australia or while you're travelling overseas, our 24-hour health advice line can provide you with phone based support and information including advice about simple medical problems, nearest medical facilities and translation services. 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.

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.