

## Private Health Information Statement - Hospital policy

### Basic Plus Starter Hospital \$500 Excess

**Bupa HI Pty Ltd**  
<http://www.bupa.com.au>  
134 135

**Monthly Premium**  
**\$120.10<sup>#</sup>**  
(before any rebate, loading or discount)

Covers one adult & dependants (2 or more people, only one of whom is an adult)  
**Available in Northern Territory**

<sup>#</sup> You may be entitled to an Australian Government rebate on the above premium. Your premium may also include a Lifetime Health Cover loading, an age-based discount or an insurer discount. Check with your insurer for details.

This policy covers children and other dependants up to and including the age of 20, students up to and including the age of 31, as well as persons with a disability who qualify as a child or other dependant or student in these age ranges.

### Hospital cover

This policy exempts you from the Medicare Levy Surcharge.

This policy provides accident cover and benefits for travel or accommodation (outside of hospital) - check with your insurer for details.

#### ✓ Covered

For information on what is covered under each category, see <https://privatehealth.gov.au/categories>

#### R Restricted

Restricted categories partially cover your hospital costs as a private patient in a public hospital. You may incur significant expenses in a private room or private hospital.

#### ✗ Not Covered

These categories are not covered by this policy.

This policy ✓ **includes** cover for

|                              |                                            |                   |
|------------------------------|--------------------------------------------|-------------------|
| ✓ Dental surgery             | ✓ Joint reconstructions                    | R Palliative care |
| ✓ Gastrointestinal endoscopy | ✓ Miscarriage and termination of pregnancy | R Rehabilitation  |
| ✓ Gynaecology                | ✓ Tonsils, adenoids and grommets           |                   |
| ✓ Hernia and appendix        | R Hospital psychiatric services            |                   |

This policy ✗ **does not include** cover for

|                                                           |                                   |                                                                                     |
|-----------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------|
| ✗ Assisted reproductive services                          | ✗ Digestive system                | ✗ Pain management                                                                   |
| ✗ Back, neck and spine                                    | ✗ Ear, nose and throat            | ✗ Pain management with device                                                       |
| ✗ Blood                                                   | ✗ Eye (not cataracts)             | ✗ Plastic and reconstructive surgery (medically necessary)                          |
| ✗ Bone, joint and muscle                                  | ✗ Heart and vascular system       | ✗ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits) |
| ✗ Brain and nervous system                                | ✗ Implantation of hearing devices | ✗ Pregnancy and birth                                                               |
| ✗ Breast surgery (medically necessary)                    | ✗ Insulin pumps                   | ✗ Skin                                                                              |
| ✗ Cataracts                                               | ✗ Joint replacements              | ✗ Sleep studies                                                                     |
| ✗ Chemotherapy, radiotherapy and immunotherapy for cancer | ✗ Kidney and bladder              | ✗ Weight loss surgery                                                               |
| ✗ Diabetes management (excluding insulin pumps)           | ✗ Lung and chest                  |                                                                                     |
| ✗ Dialysis for chronic kidney failure                     | ✗ Male reproductive system        |                                                                                     |

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](https://privatehealth.gov.au) for which hospitals have arrangements with your insurer – <https://privatehealth.gov.au/dynamic/agreementhospitals>.

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.

[The following payments may also apply for hospital admissions](#)

**Excess:** You will have to pay an excess of \$500 per admission. This is limited to a maximum of \$500 per person and \$1000 per policy per year.

**Co-payments:** No co-payments

[The following waiting periods for hospital admissions apply to new or upgrading members](#)

**Waiting periods:**

- 2 months for palliative care, rehabilitation and hospital psychiatric treatments, even if pre-existing
- 12 months for other pre-existing conditions
- 2 months for all other treatments

[Hospital Accommodation](#)

For accommodation we pay up to \$50 per night, to a limit of \$150 per person per trip. Benefits are payable per return trip. Eligibility criteria apply. Contact Bupa for more information.

[Gap Cover](#)

This provider offers '[known gap](#)' or '[no gap](#)' cover for medical bills for this product.

The [Medical Costs Finder](#) lets you find out more about the cost of specialist medical services.

[Other features of this hospital cover](#)

Cover for limited hospital services to help protect you from the unexpected. For more details on the product contact Bupa.

**Ambulance cover**

In Northern Territory this policy provides:

**Emergency:** Unlimited with a waiting period of 1 day.

**Call-out fees:** will be paid for each attendance, including emergency treatment without transport to hospital.

[Other features of this ambulance cover](#)

You are covered for the costs associated with uncapped emergency ambulance transport services, including on-the-spot emergency attendances where the service is provided by a Bupa recognised ambulance service. The following ambulance services are recognised by Bupa: ACT Ambulance Service, Ambulance Service of NSW, Ambulance Victoria, Queensland Ambulance Service, South Australia Ambulance Service, St John Ambulance NT, St John Ambulance WA, and Ambulance Tasmania. If you are eligible to claim from another source, a benefit won't be paid by Bupa.

[Disclaimer](#)

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.