

## Private Health Information Statement - Combined policy

### Basic Plus Young Singles Saver

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

**Monthly Premium**  
**\$204.10<sup>#</sup>**  
(before any rebate, loading or discount)

Covers only one person  
Available in NSW & ACT

<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.

### 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        | ✓ Miscarriage and termination of pregnancy                                          | R Palliative care |
| ✓ Gynaecology           | ✓ Podiatric surgery (provided by a registered podiatric surgeon – limited benefits) | R Rehabilitation  |
| ✓ Hernia and appendix   | ✓ Tonsils, adenoids and grommets                                                    |                   |
| ✓ Joint reconstructions | R Hospital psychiatric services                                                     |                   |

This policy ✗ does not include cover for

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

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>.

[PrivateHealth.gov.au](https://privatehealth.gov.au)

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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:** No excess

**Co-payments:** Every time you go to hospital you will have to pay:

- \$50 per day for a shared room for overnight admissions - up to \$250 per hospital stay
- \$50 per day for a private room for overnight admissions - up to \$250 per hospital stay
- \$50 for day surgery (no overnight stay)

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.

General Treatment Cover

We have agreements with a network of dental practitioners, chiros, physios & podiatrists across Australia called Members First providers. By using them, in most cases you'll receive up to 60% back, up to your yearly limits. See <http://www.bupa.com.au/find-a-provider>.

This policy  includes General treatment (Extras) cover for

| <i>Note, for items marked with an asterisk *: Step down benefits apply after first 10 total services across Chiropractic and Osteopathy. Podiatry does not include Orthotics. Where applicable, benefits may be payable under Health Aids &amp; Appliances. Dentures payable once every 3 years. Periodic oral examination (012), Scale &amp; Clean (114), Fluoride treatment (121) payable once every 6 months. Orthodontic treatment is only covered if resulting from an accident requiring immediate medical attention sustained after joining this cover. Pharmacy benefit paid after current PBS patient contribution deducted.</i> |                         |                                                                                                 |                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Waiting period (months) | Benefit limits (per 12 months unless otherwise stated)                                          | Examples of maximum benefits                                                                                                          |
| General dental*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2                       | \$700 per policy<br>(combined limit for general dental, major dental, endodontic & orthodontic) | Periodic oral examination - \$26.95<br>Scale & clean - \$55.05<br>Fluoride treatment - \$16.00<br>Surgical tooth extraction - \$62.60 |
| Major dental*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 12                      |                                                                                                 | Full crown veneered - \$535.00                                                                                                        |
| Endodontic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12                      |                                                                                                 | Filling of one root canal - \$115.00                                                                                                  |
| Orthodontic*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0                       |                                                                                                 | Braces for upper & lower teeth, including removal plus fitting of retainer - 100% of charge                                           |
| Optical                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2                       | \$150 per policy                                                                                | Single vision lenses & frames - \$148.40<br>Multi-focal lenses & frames - \$150.00                                                    |
| Non PBS pharmaceuticals*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2                       | \$75 per policy                                                                                 | Per eligible prescription - \$40.00                                                                                                   |

|                                                                        |   |                                                                                                                                                                                    |                                                       |
|------------------------------------------------------------------------|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Physiotherapy                                                          | 2 | \$450 per policy<br>(combined limit for physiotherapy, chiropractic, acupuncture, remedial massage, chinese medicine, exercise physiology & osteopathy - <b>Sub-limits apply</b> ) | Initial visit - \$37.75<br>Subsequent visit - \$29.70 |
| Chiropractic*                                                          | 2 |                                                                                                                                                                                    | Initial visit - \$31.50<br>Subsequent visit - \$21.50 |
| Podiatry*                                                              | 2 | \$250 per policy                                                                                                                                                                   | Initial visit - \$22.00<br>Subsequent visit - \$22.00 |
| Psychology                                                             | 2 | \$200 per policy                                                                                                                                                                   | Initial visit - \$81.50<br>Subsequent visit - \$72.50 |
| Acupuncture                                                            | 2 | Combined limit - see Physiotherapy                                                                                                                                                 | Initial visit - \$22.00<br>Subsequent visit - \$16.00 |
| Remedial massage                                                       | 2 | Combined limit - see Physiotherapy                                                                                                                                                 | Initial visit - \$18.50<br>Subsequent visit - \$18.50 |
| Chinese medicine                                                       | 2 | Combined limit - see Physiotherapy                                                                                                                                                 | Initial visit - \$17.00<br>Subsequent visit - \$17.00 |
| Dietetics/dietary advice                                               | 2 | \$250 per policy                                                                                                                                                                   | Initial visit - \$26.00<br>Subsequent visit - \$20.00 |
| Exercise physiology                                                    | 2 | Combined limit - see Physiotherapy                                                                                                                                                 | Initial visit - \$17.00<br>Subsequent visit - \$17.00 |
| Health management / Healthy lifestyle                                  | 6 | \$50 per policy                                                                                                                                                                    | Health management - 50% of charge                     |
| Osteopathy*                                                            | 2 | Combined limit - see Physiotherapy                                                                                                                                                 | Initial visit - \$38.50<br>Subsequent visit - \$26.50 |
| Counselling and Psychology share a combined limit under Mental Health. |   |                                                                                                                                                                                    |                                                       |

This policy **✗ does not include** General treatment (Extras) cover for

|                          |                |                                              |
|--------------------------|----------------|----------------------------------------------|
| ✗ Blood glucose monitors | ✗ Hearing aids | ✗ Other treatments - check with your insurer |
|--------------------------|----------------|----------------------------------------------|

#### Other features of this general treatment cover

Enjoy a Top-up Bonus of \$50-100 every year to help pay out-of-pocket extras expenses payable on your cover. Also, get complimentary access to an Overseas Health Advice Line. For details, see Important Information Guide at [bupa.com.au](http://bupa.com.au)

## Ambulance cover

In NSW & ACT 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 uncapped costs associated with emergency ambulance transport services (via air or road) 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.