



GOLD VISITORS COVER

✓ What's covered

Hospital Costs

You can choose to be treated as a private patient in a public or in a private hospital. 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, intensive care and labour ward fees
- ✓ Reimbursement on emergency department facility fees at any public or private hospital in all circumstances
- ✓ Supplied pharmaceuticals approved by the Pharmaceutical Benefits Scheme (PBS) and provided as part of your in-hospital treatment
- ✓ Allied health services including physiotherapy, occupational therapy and dietetics
- ✓ Most diagnostic tests recognised by Medicare (e.g. pathology, radiology)
- ✓ Surgically implanted prostheses up to the approved minimum benefits in the Government Prostheses List
- ✓ Private room where available[^]
- ✓ Benefits for hire or purchase of crutches and wheelchairs, if required as a result of a hospital admission, up to \$500 per person per calendar year.

Medical Costs

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

- ✓ The cost of in-patient medical services up to 100% of the Australian Medical Association (AMA) Schedule fee. This is the amount determined by the AMA as the appropriate fee for a specific service
- ✓ Medical treatment as a hospital out-patient or by a doctor or specialist in private practice anywhere in Australia, for up to 150% of the Medicare Benefits Schedule (MBS). This is the amount determined by the Federal Government as the appropriate fee for a specific service.

If your specialist charges more than the Schedule Fee there will be a 'gap' for you to pay. However, our Medical Gap Scheme can help eliminate or reduce the gap for you (see next page).

- ✓ Selected pharmacy items. You pay \$20 then we refund 90% of the balance per script item up to a maximum of \$600 per person per calendar year. This is provided the items usage is approved by the Therapeutic Goods Administration (TGA).

Other Costs

You will also receive:

- ✓ Full ambulance cover including uncapped emergency and non-emergency transportation and on-the-spot treatment
- ✓ Cover for repatriation to your country of origin if you become terminally ill or if you suffer a substantial life altering illness/injury up to \$100,000. Or for the return of mortal remains up to \$10,000. Benefits are only payable once approved by Bupa.

WHY BUPA?



EXTRA VALUE FROM YOUR MEMBERSHIP

Health Programs

We have a range of health programs covering asthma, arthritis, back pain, chronic obstructive pulmonary disease, congestive heart failure, coronary artery disease and angina, depression, osteoporosis and diabetes which can help you better manage your health.

[^]Conditions apply, contact us for details.



GOLD VISITORS COVER

× What's not covered

Hospital Costs

Situations when you are likely not to be covered 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 excluded or restricted from your level of cover
- × You will not be fully covered for treatment at a non-agreement or fixed fee hospital
- × Hospital treatment provided by a practitioner not authorised by a hospital to provide that treatment
- × Hospital treatment for which Medicare pays no benefit, including most 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
- × 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 may be claimed by another source (e.g. Workers Compensation)
- × Any treatment or services rendered outside Australia.

Medical Costs

You will not be covered for:

- × Medical services for surgical procedures performed by a dentist, surgical podiatrist or any other practitioner or service that is not eligible for a rebate by Medicare
- × 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.

Exclusions

Bupa pays benefits under your visitors cover for services that Medicare covers. Medicare does not cover some health screening services and services that are not medically necessary. The following services are not covered under this product:

- × IVF and assisted reproductive services
- × Cosmetic surgery (that is not clinically necessary and where benefits are not payable by Medicare).

myBupa

myBupa is your personal online member portal. You can use it to do things like:

- claim on most extras
- check your claims history
- manage your contact details.

If you haven't registered yet it only takes a couple of minutes, visit bupa.com.au/myBupa. You can also do all this from your mobile by visiting bupa.com.au or by downloading the Bupa mobile app from the App Store* or Google Play.#

*App Store is a service mark of Apple Inc. #Android and Google Play are trademarks of Google Inc.

Member Discount Partners

Keep your mind and body active with some great member discounts on things including gym memberships, movie vouchers and theme park entry. With a wide range on offer there's something for everyone. Visit bupa.com.au/MemberExclusives

By your side wherever you are

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 medical information on the countries you are visiting. Just look for the number on the back of your membership card.

Benefits are payable for any hospital, medical or extras services with a current or valid visa only.



GOLD VISITORS COVER

Things you should know

Hospital and medical 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 full benefits listed under your level of cover for that service. Different waiting periods apply for different services.

Pre-existing conditions, ailments, or illnesses	12 months
Pregnancy (including childbirth)	12 months

Excess

You can choose an excess option of Nil or \$500. The total excess amount is payable once per person per calendar year, up to a maximum of twice on the 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 that excess is payable if that individual has a subsequent hospital admission in that calendar year.

No hospital excess for kids

We're committed to providing affordable health insurance. That's why on \$500 excess cover you won't pay the excess when any children covered on your membership are admitted to hospital.

Family In-Hospital Benefit

Helps pay towards accommodation (up to \$60 per night) and meal costs (up to \$30 per day) if your partner, immediate family member, carer or next of kin needs to stay in hospital with you or another person on your membership. Your Family In-Hospital Benefit is capped at \$1,000 per person per calendar year.

Medical Gap Scheme and Genesis Heart Care

Our Medical Gap Scheme is a direct billing system that your specialist can use to eliminate or reduce any 'gaps'. A gap is any amount charged by your doctor above the Schedule fee. When your doctor/s choose to participate in the scheme they bill us directly and in most cases you won't receive a bill and you won't incur any out-of-pocket expenses. And, if there is a gap, you should be advised of the amount before your treatment. You should ask your specialist if they will use our Medical Gap Scheme for your treatment.

We've also partnered with Genesis Heart Care, a network of cardiologists across Victoria,

Queensland, South Australia and Western Australia focusing on providing quality, evidence based cardiology services. When you see a cardiologist from Genesis Heart Care you will have no out-of-pocket expenses for your in-hospital cardiologist treatment. You'll also be provided with information and advice so you can make informed decisions about your treatment and lifestyle.

Do you have to pay Australia's Medicare Levy Surcharge?




The Medicare Levy Surcharge (MLS) is an additional surcharge on top of the Medicare Levy paid by all eligible taxpayers in Australia. You will have to pay the MLS if you are from a Reciprocal Health Care Agreement (RHCA) country¹ and are eligible for a Reciprocal Medicare card in Australia and earn over the threshold amount for singles, or couples and families, set by the Australian Government. If this applies to you, and you purchase Reciprocal Health Cover in addition to your overseas visitors cover, at the end of the financial year you'll receive a tax statement which can be provided to the Australian Tax Office to exempt you from paying the MLS. If you're unsure or have any questions about how the MLS could affect you, please discuss with your accountant or visit ato.gov.au.

1. RHCA countries include Belgium, Finland, the Republic of Ireland, Italy, Malta, Netherlands, New Zealand, Norway, Slovenia, Sweden, and United Kingdom.

Call us first

If you're planning a treatment or hospital admission, 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 during your hospital stay.

For more information

-  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.

Please note: If you are applying for a working visa e.g. 457 Long Stay Working Visa, this cover meets the minimum level of insurance required as set out by the Department of Immigration and Border Protection (DIBP).