What's covered

Hospital Costs
When admitted to a Members First, Network or public hospital in Australia, 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 public or private hospital in all circumstance
- 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 minimum benefits in 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 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 Federal Government for a specific service for Australian residents. If your doctor or specialist charges more than the MBS Schedule Fee there will be a ‘gap’ for you to pay
- 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 Federal Government for a specific service for Australian residents. If your doctor or specialist charges more than the MBS Schedule Fee there will be a ‘gap’ for you to pay
- Most inpatient or outpatient diagnostic tests recognised by Medicare as medically necessary (e.g. pathology, radiology).

Other costs
You will also receive:

- Unlimited cover for emergency ambulance services* including emergency ambulance transport and on-the-spot treatment by our recognised providers
- Selected pharmacy items including discharge medication. You’ll receive up to $50 per script item, up to a maximum of $300 per person ($600 per family membership) per calendar year, after you pay the Pharmaceutical Benefit Scheme (PBS) patient co-payment fee. This is provided the item’s usage is approved by the Therapeutic Goods Administration (TGA).
- *You will not be covered for any non-emergency ambulance services on this 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 a minimum benefit service or excluded from your level of cover
- It is likely that you will have large out-of-pocket expenses for treatment at a non-agreement or fixed fee 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

^Conditions apply, contact us for details.
myBupa

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

Bupa Plus

At Bupa, we want to help our members lead healthier, happier lives.
We’ve put together an exclusive range of discounts, experiences, tools and information to help you get more out of every day. You don’t have to do anything to start discovering the exclusive range of offers from Bupa Plus. They are ready for you to enjoy now.

Visit Bupa Plus at bupa.com.au/bupaplus

Bupa Student Advice Line

We provide advice and assistance, in 180 languages, for a range of situations including medical, home and property inquiries and general tax and legal enquiries. Just call our 24 hour student advice line if you find yourself in a situation where you need guidance or support. You will find the number on the back of your membership card.

Advantage Overseas Student

Health Cover

• 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, 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.

Exclusions
Bupa only 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.

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

Pre-existing conditions, ailments, or illnesses (excluding psychiatric) 12 months

Pregnancy related services (including childbirth) 12 months