

BUDGET FAMILY



AT A GLANCE

Budget Family is an affordable packaged cover with hospital and extras designed to help meet your family’s needs once you’ve finished having kids. It includes full cardiac cover and a good range of extras. You also have the option to reduce your premium with a choice of excess.

Hospital	Extras	Excess
<div><div></div><div></div><div></div></div> Basic	<div><div></div><div></div><div></div></div> Basic	Choice of \$250 or \$500

WHAT’S COVERED

HOSPITAL	
✓	Cardiac and cardiac related services
✓	Appendix, tonsils and adenoid removal
✓	Knee surgery and cartilage procedures
✓	Dental surgery (eg wisdom teeth removal)
✓	Rehabilitation services
MB	Pregnancy and assisted reproductive services (IVF)
MB	Renal dialysis for chronic renal failure
MB	Cataract and eye lens procedures
MB	Hip and knee replacement
MB	Psychiatric services
✓	All other inpatient treatments that receive a Medicare benefit.

If a treatment is only covered for Minimum Benefits (MB), the amount we pay for your hospital accommodation is capped at the rate we pay for a shared room in a public hospital. This means in most cases you’ll be covered for the treatment as a private patient in a public hospital. However, if you choose a private hospital you’re likely to have large out-of-pocket expenses for your hospital stay.

EXTRAS	Yearly limit [#]
✓ General dental	\$700
✓ Major dental	\$600
✓ Orthodontics	\$400
✓ Physio	\$450
✓ Chiro and osteo	\$350
✓ Optical	\$260
✓ Natural therapies	\$300
✓ Living Well	\$100
✓ Dietary	\$200
✓ Pharmacy	\$400
✓ Psychology	\$200
✓ Podiatry	\$200
✓ Speech therapy	\$200
✓ Health aids and appliances	\$600

Per person, per calendar year

No out-of-pocket expenses for kids dental and physio, and no hospital excess for kids*

\$100

Yearly top-up bonus to help cover your extras out-of-pocket costs~

No out-of-pocket hospital expenses at Members First day facilities*

*Child dependents only up to the age of 25. No out-of-pocket expenses for most general dental and physiotherapy services at Members First providers in most instances. Fund Rules, waiting periods and yearly limits apply. Major dental included for VIC and SA members only. Excludes orthodontics and hospital treatment. ~Per membership, per calendar year. #Not available in NT, ACT or for dental services not receiving Medicare benefits. Any excess or co-payment still applies. #You'll get more back on optical if you visit a Members First provider with a yearly limit of \$260, if you see a non Members First provider your limit will be \$180. Lifetime limit of \$1300 applies to orthodontics. \$500 per membership limit on chiro and osteo. A sub-limit of \$100 per person applies for massage. Other sub-limits apply to health aids and appliances, contact us for more information.

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Hospital

For the hospital treatments listed under ‘hospital’ on page one, in most cases, you’ll be covered:

- As a private patient in either a private or public hospital. If you choose to be treated as a private patient in a public hospital and choose a private room, you may have to pay an out-of-pocket expense.
- For costs related to your hospital stay (eg your room, operating theatre, meals and allied health services such as physiotherapy, occupational therapy or social work).
- For fees charged by your doctors or specialists for your treatment (eg surgeon, anaesthetist). Depending how much they charge, there may be an amount you need to pay (we call this a ‘gap’) that won’t be covered. If they use the [Bupa Medical Gap Scheme](#) it can help eliminate or reduce your gap.
- For two emergency ambulance services (including on-the-spot treatment and air services) per calendar year.

There are some situations when you won’t be covered (eg for inpatient treatment that doesn’t receive a Medicare benefit) or you’ll have to pay an out-of-pocket cost. For more information on what you can/can’t claim for using your health insurance here’s our [Important Information Guide](#).

Extras

You can claim benefits for services (listed under ‘extras’ on page one) from private practitioners who are recognised and registered with us. And by using our extensive network of [Members First](#) dentists, physios and chiropractors you’ll get at least 60% back on most services.

Choice of excess

To help you lower the cost of your premium you have a choice of a \$250 or \$500 excess. You’ll have to pay this amount each time a person on your membership is admitted to hospital, to a maximum of once per person and twice on the membership each calendar year.

Waiting periods

This is the time you have to wait after joining before you can claim for some services. If you’ve been covered by another health insurer before joining Bupa, you may be able to claim right away if you’ve already served these waiting periods.

Extras; palliative care; psychiatric and rehabilitation services	2 months
Living Well; hire, repair and maintenance of health aids and appliances	6 months
Major dental; orthodontics; selected health aids and appliances	12 months
Pre-existing conditions requiring hospital treatment; pregnancy related services (including childbirth)	12 months



EVEN MORE VALUE

Member discounts and offers

Keep your mind and body active with some great [member discounts](#) with up to:

- 25% off movie vouchers
- 15% off theme park entry
- 70% off vitamins.

FOR MORE INFORMATION

This is just a summary of Budget Family. For more detailed information about how health insurance works and what you will and won’t be covered for, you should read this together with our [Important Information Guide](#).



WE’RE HERE TO HELP

If you have any questions our friendly team are always here to make sure you get the most from your cover.

 **Call us on 134 135**

 **Visit [bupa.com.au](#)**