

Bupa Fund Rules

Effective 1 April 2024

A Introduction

A.1 Rules Arrangement

These Fund Rules (**Rules**) consist of the general terms (Rules A-G), product schedules (Rules H-J) and applicable Product Rules. Certain words and expressions used in these Rules have particular meanings which, unless defined elsewhere, are defined in Rule B.

A.2 Legislation

- A.2.1 We conduct Health Insurance Business and Health Related Business under the *Private Health Insurance Act 2007* (Cth) (**PHI Act**).
- A.2.2 The Rules are the terms under which we agree to provide you with health insurance.

A.3 Obligations to Insurer

You agree to give us the personal and contact information we request when you apply for a Policy and to notify us of any changes to this information as soon as reasonably possible after the change.

A.4 Governing Principles

These Rules are subject to the laws of Australia, including but not limited to the PHI Act, Health Insurance Act and National Health Act.

A.5 Use of Funds

We operate the Health Benefits Fund in accordance with the PHI Act.

A.6 No Discrimination

We will not Discriminate against you in relation to providing you with a Policy.

A.7 Changes to these Rules

- A.7.1 In accordance with the PHI Act, we will:
- (a) each year, give a Private Health Information Statement to each Adult Insured Person;
 - (b) give reasonable prior notice of any change to the Rules that would be detrimental to an Adult Insured Person, whether or not a Private Health Information Statement is required;
 - (c) give a new Adult Insured Person an up-to-date copy of the relevant Private Health Information Statement, details about the Product Subgroup to which their Policy belongs, what their Policy covers and how Benefits are provided, and a statement identifying the relevant Health Benefits Fund; and
 - (d) if a person asks about a Product, tell the person that a Private Health Information Statement is available and, if they ask for a copy, give that person an up to date copy of that Private Health Information Statement.

Where more than one Adult Insured Person is under a single Policy, We comply with rules A.7.1(a) – (d) where We give a Private Health Information Statement to only one of those Adult Insured Persons.

- A.7.2 We may, on giving you notice, change the Rules at any time, with such

change taking effect from the time specified in the notice.

- A.7.3 A change to the Rules may be a change to any or all of the Rules, Premiums, Treatments Covered or Benefits payable in relation to a Policy.
- A.7.4 Where there is more than one Adult Insured Person on a Policy, we may provide reasonable prior notice of any change to the Rules that would be detrimental to an Adult Insured Person to just one of those Adults, such as the Policy Holder.
- A.7.5 We may, subject to the PHI Act, give a notice under this Rule in a publication made generally available to Policy Holders.

A.8 Dispute Resolution

- A.8.1 If you have a complaint about your Policy you may contact our Customer Relations Manager by telephone or in writing. We will attempt to resolve your complaint after taking into account these Rules, applicable laws and the best interests of all Insured Persons. If you are unhappy with our proposed resolution you may contact the Ombudsman for assistance.
- A.8.2 Notwithstanding Rule A8.1 (above), you may at any time contact the Ombudsman with a complaint about your Policy.

A.9 Notices

- A.9.1 We will give or direct you to a copy of these Rules on request.
- A.9.2 If we are required to send you a written notice by postal mail, we will send such notice to the address you most recently supplied to us (even if you have since left that address).

A.10 Winding Up

We may terminate our Health Benefits Fund in accordance with the PHI Act.

B Interpretation and Definitions

- B.1.1 The following applies to the interpretation of these Rules:
- (a) unless otherwise specified, a term defined in the PHI Act has the same meaning in these Rules;
 - (b) if applicable, the masculine gender includes the feminine gender;
 - (c) words in the singular number include the plural and vice versa;
 - (d) a reference to any legislation is taken as a reference to that legislation as amended from time to time; and
 - (e) a reference to a State includes a reference to a Territory.

B.2 Interpretation

In these Rules, the following words have the definitions set out below:

Accident means an unforeseen event, occurring by chance and caused by an unintentional and external force or object resulting in involuntary hurt or damage to the Insured Person's body, which occurred in Australia and requires medical advice or Treatment from a registered Medical Practitioner (other than anyone on the same Policy) within 72 hours of the event, and if needed, any further Treatment within 180 days of the event.

With regard to a public hospital, an **admission to Hospital** or Hospital **admission** means where the treating medical officer has formally admitted you to the hospital in accordance with the applicable State or Territory rules for an admission, given the applicable clinical circumstances.

Adult means a person who is not a Dependent Child, Dependent Non-Student, Dependent Student or Non-Classified Dependent Person.

Agreement Hospital means a Hospital (including a registered day Hospital facility) with which we have a special agreement.

Associated Treatment for Complications has the meaning as provided by the PHI Complying Product Rules.

Associated Unplanned Treatments has the meaning as provided by the PHI Complying Product Rules.

Australia for the purposes of these Rules includes the six States, the Northern Territory (NT), the Australian Capital Territory (ACT), the Territory of Cocos (Keeling) Islands, the Territory of Christmas Island and Norfolk Island, but excludes other Australian external territories.

Australian Resident means a person who resides in Australia and who is any of the following:

- (a) an Australian citizen;
- (b) the holder of a valid permanent entry permit;
- (c) a New Zealand citizen who is lawfully present in Australia;
- (d) lawfully present in Australia and whose continued presence in Australia is not subject to any limitation as to time imposed by law; or
- (e) the holder of a temporary entry permit and for whom the Australian Government believes special circumstances apply, which relate to asylum seekers, refugees, relatives of permanent entry permit holders, people authorised to work in Australia, or compassionate, humanitarian grounds.

Base Rate has the meaning given in subsection 34-1(2) of the PHI Act.

Benefit means an amount of money payable by us for a Treatment Covered under a Policy.

Bupa, we or us means Bupa HI Pty Ltd (ABN 81 000 057 590).

Business Associate means business partner, co-owner, co-shareholder, joint venturer, co-employee, co-contractor or anyone else with a financial interest in the business or work of a person.

Claim means a claim for Benefits.

Common Treatments are treatments listed as Common Treatments in Schedule 6 of the PHI Complying Product Rules.

Depending on the context, **condition** means an ailment, disease, illness, injury or other medical condition.

A **continuous period of hospitalisation** includes any two (2) periods between which there was no break of more than seven (7) days in the provision of Hospital Treatment. Such Hospital Treatment may have been provided in any Hospital.

Co-Payment means an amount you agree to pay towards the cost of:

- (a) an overnight or same day admission to Hospital; or
- (b) a Hospital outpatient service for which we pay a Benefit.

Cosmetic Surgery means a surgical procedure concerned with altering the appearance of a bodily part or tissue that lies within the bounds of normal variation.

A Policy **Covers** a Treatment if, under that Policy, we agree to pay Benefits for that Treatment. A “**level of Cover**” refers to the amount of Benefits we will pay.

The **Dental Treatment Claims Guidelines** are Bupa’s business rules relating to the payment of dental Benefits.

Department means the Commonwealth Department of Health.

Dependant means a Dependent Child, Dependent Non-Student, Dependent Student or Non-classified Dependent Person of the Policy Holder or their covered Partner.

Dependent Child means a person who is not a Partner and:

(a) is aged under 18; and

(b) is not in a bona fide domestic relationship with someone (including someone to whom the person is legally married).

Dependent Non-Student means a person who is not a Partner and:

(a) is aged between 21 and 31 (inclusive); and

(b) is not receiving full-time education at a school, college or university; and

(c) is not in a bona fide domestic relationship with someone (including someone to whom the person is legally married).

Dependent Student means a person who is not a Partner and:

(a) is aged between 21 and 31 (inclusive); and

(b) is receiving full-time education at a school, college or university; and

(c) is not in a bona fide domestic relationship with someone (including someone to whom the person is legally married).

Discriminate and **Discriminatory** relate to:

(a) the suffering by a person from a chronic disease, illness or other medical condition or from a disease, illness or medical condition of a particular kind; or

(b) the age of a person, except in relation to the calculation of a Lifetime Health Cover loading (see Rule D4); or

(c) the frequency with which a person needs Hospital Treatment or General Treatment; or

(d) the amount or extent of the Benefits to which a person becomes entitled during a period under a Policy, as the case may be, except to the extent allowed by the written agreement, between the Department and us; or

(e) the gender, race, sexual orientation or religious belief of a person; or

(f) where a person lives; or

(g) any other characteristic of a person (including but not just matters such as occupation or leisure pursuits) that is likely to result in an increased need for Hospital Treatment or General Treatment; or

(h) any matter set out in the PHI Complying Product Rules.

Emergency solely in relation to the payment of Benefits in a non-Agreement Hospital, means a situation where immediate Hospital Treatment is required for a person who is:

i. at serious risk of morbidity or mortality and requiring urgent assessment and resuscitation; or

ii. suffering from suspected acute organ or system failure; or

iii. suffering from an illness or injury where the viability of function of a body part or organ is acutely threatened; or

iv. suffering from a drug overdose, toxic substance or toxin effect;

v. experiencing severe psychiatric disturbance whereby the health of the patient or other people is at immediate risk;

vi. suffering from severe pain where the viability or function of a body part or organ is suspected to be acutely threatened; or

vii. suffering acute significant haemorrhaging and requiring urgent assessment and treatment.

Excess means an amount of money you agree to pay before we are liable to pay a Benefit for Hospital Treatment.

Where we state that a Treatment is **Excluded** or subject to an **Exclusion** it means that we do not pay Benefits for that Treatment.

General Treatment has the meaning given in section 121.10 of the PHI Act and, subject to that definition, means Treatment other than Hospital Treatment that is intended to manage or prevent a condition (including the provision of goods and services).

The **General Treatment Claims Guidelines** are Bupa's business rules relating to the payment of Benefits for non-dental General Treatment.

Health Benefits Fund means the fund we have established that relates solely to our Health Insurance Business and Health Related Business.

Health Care Provider means a provider of Treatment, including someone who manufactures or supplies goods as part of such Treatment.

Health Insurance Act means the *Health Insurance Act 1973* (Cth).

Health Insurance Business has the meaning set out in Division 121 of the PHI Act.

Health Related Business has the meaning set out in section 131-15 of the PHI Act.

Hospital has the meaning set out in subsection 121-5(5) of the PHI Act.

Hospital Policy means a Policy that Covers Hospital Treatment.

Hospital-Substitute Treatment has the meaning given in section 69.10 of the PHI Act and, subject to that definition, means General Treatment that:

- (a) substitutes for an episode of Hospital Treatment; and
- (b) is any of, or any combination of, nursing, medical, surgical, podiatric surgical, diagnostic, therapeutic, prosthetic, pharmacological, pathology or other services or goods intended to manage a condition; and
- (c) is not excluded by the PHI Complying Product Rules.

Hospital Treatment has the meaning given in section 121.5 of the PHI Act and, subject to that definition, is Treatment that is provided at or with the direct involvement of a Hospital and is:

- (a) intended to manage a condition; and
- (b) provided by a person who is authorised by the Hospital to provide that Treatment or provided under the management or control of such a person.

Hospital Treatment also includes benefits for travel or accommodation relating to the treatment in paragraphs (a) or (b).

Insured Group means any of the following:

- (a) employees of a particular business enterprise or group of enterprises;
- (b) members of a professional association;
- (c) any other group deemed by us to be an Insured Group, or
- (d) a group of Insured Persons approved for the purposes of Rule D1.5.

Insured Person means a person insured under a Policy and, depending on the context, means any or all of the Policy Holder, a Partner and a Dependant.

Insurer means a provider of health insurance to Australian Residents.

Lifetime Health Cover Age, in relation to an Adult who acquires a Hospital Policy after his or her Lifetime Health Cover Base Day, means the Adult's age on the 1st of July before the day on which the Adult acquired the Hospital Policy.

Lifetime Health Cover Base Day has the meaning given in section 34-25 of the PHI Act.

Medical Practitioner means a person registered or licensed as a medical practitioner under a law of a State or Territory. This does not include anyone whose registration or licence to practise has been suspended or

cancelled following an inquiry relating to his or her conduct and whose registration or licence has not been reinstated.

Medical Treatment means Treatment provided by a Medical Practitioner.

Medicare means Australia's public health insurance system available to eligible persons, such as Australian Residents.

Medicare Benefit means a Medicare benefit under Part II of the Health Insurance Act.

Medicare Benefit Schedule (MBS) means the schedule of items for which Medicare benefits are payable.

MLS means Medicare Levy Surcharge.

MBS Fee means the fee specified for a given item in the MBS.

Minimum Benefits means the reduced Benefits (sometimes called "default benefits") we will pay for Hospital Treatment (once the applicable Waiting Period has expired), according to your level of Cover. These are equivalent to the amounts set by the Australian Government, which apply to people eligible for Medicare benefit. They are generally not enough to cover the full cost of private Hospital accommodation.

Minister means the Australian Government minister or his or her delegate with the powers vested in the Minister by the PHI Act.

National Health Act means the *National Health Act 1953* (Cth).

New Policy means a new Policy with Bupa.

Non-Classified Dependent Person means a person who is not a Partner and:

- (a) is aged between 18 and 20 (inclusive); and
- (b) is not in a bona fide domestic relationship with someone (including someone to whom the person is legally married).

For the purpose of these Rules references to Dependent Child include Non-Classified Dependent Person.

Nursing Home Type Patient means a patient who receives Hospital Treatment whether in the form of:

- (a) acute care;
- (b) accommodation and nursing care, as an end in itself; or
- (c) a mixture of both,

for a continuous period of hospitalisation exceeding 35 days (**35-day period**). A patient receiving acute care immediately after the 35-day period does not, however, become a Nursing Home Type Patient unless the period of acute care ends and the patient is then provided with accommodation and nursing care, as an end in itself, as part of a continuous period of hospitalisation.

Nursing Home Type Patient Benefit means the default benefit declared by the Minister for Nursing Home Type Patients who are entitled to Medicare benefits.

Old Policy means a previous Policy with either Bupa or another Insurer.

Ombudsman Act means the *Ombudsman Act 1976* (Cth).

Ombudsman means the Private Health Insurance Ombudsman appointed under section 20C of the Ombudsman Act or equivalent.

Partner means a person of either sex with whom the Policy Holder lives in a bona fide domestic relationship and includes a person to whom the Policy Holder is legally married.

Pharmaceutical Benefits Schedule (PBS) means the Schedule of Pharmaceutical Benefits published by the Department.

PHI Act means the *Private Health Insurance Act 2007* (Cth).

PHI Complying Product Rules means the Private Health Insurance (Complying Product) Rules 2007 (Cth).

PHI Prostheses Rules means the Private Health Insurance (Prostheses) Rules 2007 (Cth).

Policy has the meaning given in section 63-10 of the PHI Act.

Policy Holder means an Insured Person who holds and is responsible for a Policy.

Pre-existing Condition means where an Insured Person has a condition, illness or ailment, that in the opinion of a Medical Practitioner appointed by Bupa, the signs or symptoms of that condition, illness or ailment existed at any time in the 6 months ending on the day on which Insured Person became insured under the Policy. In forming this opinion, the Medical Practitioner must have regard to any information in relation to the condition given to him or her by the Medical Practitioner who treated the condition, illness or ailment.

Premium means the fee for the Product.

Privacy Policy means our privacy policy (also known as our Information Handling Policy) available on our website at <http://www.bupa.com.au> or on request.

Private Health Information Statement means the information and form of words prescribed under section 93-5 of the PHI Act.

Private Health Insurer means a body registered under Division 3 of Part 2 of the Prudential Supervision Act.

Private Practice means a health care practice operating on an independent and self-supporting basis either as a sole trader, partnership, corporate or group practice but is not subsidised by another party such as any type of publicly funded facility for the provision of accommodation, facilities or other services or practitioners. The provision of Treatment at a public Hospital or any other type of publicly funded facility is not Treatment provided in Private Practice.

Private Room means, for the purposes of a private room in a public hospital, a room in a hospital which:

- (a) is purpose built and suitable for no-one other than a single admitted adult patient;

- (b) holds one single sized bed; and

- (c) has a dedicated ensuite.

Product has the meaning given in section 63-5 of the PHI Act.

Product Rules means the rules applying to a Product which must not be inconsistent with these Rules.

Product Subgroup has the meaning given in section 63-5(2A) of the PHI Act.

Provider means a Recognised Practitioner, Medical Practitioner or Hospital as the case may be.

Prudential Supervision Act means the *Private Health Insurance (Prudential Supervision) Act 2015* (Cth).

Recognised Practitioner means a health care practitioner other than a Medical Practitioner in respect of whom we will pay Benefits for Treatment provided by that practitioner. We have sole and absolute discretion in determining if someone becomes or remains a Recognised Practitioner and for which of their Treatments we will pay Benefits.

Restricted Cover means Cover where we pay only Minimum Benefits for the relevant types of Treatment.

Rules means these Fund Rules including the general terms (Rules A-G), schedules (Rules H-J) and applicable Product Rules.

State or Territory means a State or Territory of Australia.

Support Treatments are treatments listed as Support Treatments in Schedule 7 of the PHI Complying Product Rules.

State of Residence means the State or Territory in which the Policy Holder resides for the longest period, either continuously or in broken periods, during any twelve-month period.

Telehealth means delivery of healthcare that involves the diagnosis and treatment of clinical conditions via phone or video link (or similar) that are delivered in real-time and proven to be

effective in the treatment or management of a diagnosed clinical condition.

Terminally Ill means, as diagnosed by a Medical Practitioner, someone with a life expectancy of less than 6 months.

TGA means the Therapeutic Goods Administration, an authority that is part of the Department.

TGA Approved means an item that the TGA has registered on the Australian Register of Therapeutic Goods for the condition to be treated.

Transfer Certificate means a certificate under section 99-1 of the PHI.

Treatment refers to health or medical treatment to manage, prevent or alleviate a condition, disease or injury and means the provision of either or both of a good or service.

You, you and **your** refers, depending on the context, to the Policy Holder or an Insured Person or both.

Waiting Period mean the period of time during which a Benefit is not payable for a given Treatment. Subject to these Rules, it applies from the time you become Covered for that Treatment under your Policy and ends at the time specified in the Policy.

C Membership

C.1 General Conditions of Membership

C.1.1 Except as otherwise approved by us, a person who is aged 17 years or older may apply to become a Policy Holder.

C.1.2 Subject to Rule C.1.8, Policy Holder, one or more other Adults and one or more Dependants may become Insured Persons on a Policy.

C.1.3 Subject to Rule C1.4 only the Policy Holder may do any of the following in relation to a Policy:

(a) change any details;

(b) change the level of Cover(s);

(c) apply to add or remove a Policy Holder or an Insured Person;

(d) receive a Benefit; and

(e) terminate the Policy.

C.1.4 A Policy Holder may, in writing or by any other means we approve, request that another person be treated as authorised to operate the Policy as if that person is the Policy Holder. The Policy Holder may withdraw this authority at any time by written notice to Bupa.

C.1.5 The Policy Holder is responsible for paying Premiums.

C.1.6 A Policy Holder may purchase a Product consisting of either:

(a) Cover for Hospital Treatment;

(b) Cover for General Treatment; or

(c) Cover for both Hospital Treatment and General Treatment.

C.1.7 A Policy Holder may not acquire or have more than one equivalent or corresponding Product at the same time except if combining Emergency Only Ambulance Cover with any Product covering General Treatment listed in Rule I.

C.1.8 A Policy may be made available to one or more of the following groups of Insured Persons:

(a) the Policy Holder only (Single);

(b) the Policy Holder and one or more of their Dependent Children and/or Dependent Students (Single Parent);

(c) the Policy Holder, and one or more of their Dependent Non-Students and/or Dependent Children and/or Dependent Students (Single Parent Plus);

(d) Policy Holder and their Partner (Couple);

(e) the Policy Holder, their Partner and one or more of their Dependent

- Children and/or Dependent Students (Family); or
- (f) the Policy Holder, their Partner and one or more of their Dependent Non-Students and/or Dependent Children and/or Dependent Students (Family Plus)

C.2 Eligibility for Membership

- C.2.1 You may be Covered under a Policy with us if you are an Australian Resident entitled to Medicare benefits and are not already Covered by an equivalent or corresponding Policy with another Insurer or as otherwise agreed by us.
- C.2.2 A grant of permanent residency of Australia or of Medicare benefits will be taken to be effective from the date of the official advice notifying you of such grant.

C.3 Dependants

- C.3.1 We may elect not to make a Product available to a category of Insured Persons that includes Dependants.
- C.3.2 Despite Rule C3.1, Bupa may, in its sole discretion, allow a Dependant to be joined on a Policy Holder's Policy where the Dependant is already Covered under another Policy (with Bupa or another Insurer) provided the Policy Holder is the parent or legal custodian of the Dependant. Any Benefits paid under the other Policy for such Dependant will be taken into account in calculating any Benefit limits on the Policy Holder's level of Cover.

C.4 Membership Applications

- C.4.1 When applying for a Policy, the Policy Holder must provide us with all relevant information we require regarding each Insured Person to be Covered including the following:
 - (a) proof of identity;

- (b) proof of age, such as original birth certificate, current driver's license or current passport. We may accept other forms of proof of age at our discretion;
 - (c) details of any existing condition; and
 - (d) details of any actual or potential claims against any third party regarding any illness, ailment or injury.
- C.4.2 The Policy Holder must advise us as soon as possible of a change in any of the above information.
 - C.4.3 We must not refuse to insure you:
 - (a) for any Discriminatory reasons; or
 - (b) if you meet the eligibility requirements described in Rule C and otherwise comply with these Rules.
 - C.4.4 We will maintain a current Private Health Information Statement for the Product Subgroup applying to your Product.
 - C.4.5 By accepting a Policy you consent to us collecting, using and disclosing your personal and health information and the personal and health information of all Insured Persons Covered under the Policy according to our Privacy Policy. Unless otherwise specified in the Privacy Policy, you agree that:
 - (a) we will only collect personal and health information about you that is necessary for the purposes of providing the appropriate Cover and verifying that it has been provided according to law. This may include health information collected from Health Care Providers;
 - (b) we may need to disclose your personal and health information to other parties, such as Health Care Providers and associations, business partners, government authorities,

- other health funds or other industry bodies. Bupa may also use information for internal purposes, such as staff training, Claims auditing and compliance monitoring;
- (c) the Policy Holder is responsible for ensuring every Insured Person is aware that we may collect, use and disclose their personal and health information for the purposes of providing Cover and verifying that appropriate Benefits are paid;
 - (d) an Insured Person who is aged 18 and over must complete a confidentiality form made available by Bupa indicating their preferences regarding who should receive information about their Claims. If not completed, all Claim information will be sent to the individual to whom it relates;
 - (e) you may request reasonable access to your personal and health information in our possession and we may charge an administration fee for providing such access;
 - (f) if you do not consent to how we collect, use or disclose your personal and health information, we may not be able to provide you with Cover; and
 - (g) we may contact you about new Bupa products or services, special offers or to solicit feedback (including by telephone, email or SMS when these details are provided to us) for an indefinite period after you join a Policy. If you do not wish to receive information about new products or services or special offers you may opt out at any time by calling us.

C.5 Duration of Membership

Your Policy:

- (a) commences on the date you apply for the Policy or, provided all required Premiums have been paid

and enrolment procedures completed to our satisfaction, a later date agreed by you and Bupa; and

- (b) continues until the date it is cancelled under Rule C7 or terminated under Rule C8.

C.6 Transfers and Waiting Periods

- C.6.1 If you change to a new level of Cover with us, Waiting Periods will apply to any Treatments not Covered on the previous level of Cover.
- C.6.2 If you transfer from an Old Policy to a New Policy, Waiting Periods will apply to Treatments not Covered under the Old Policy.
- C.6.3 If the Treatment was Covered under the Old Policy – the balance of any unexpired Waiting Period for that Treatment under the Old Policy will apply under the New Policy.
- C.6.4 If, for a given Treatment, the Old Policy had a higher Excess or higher Co-Payment than the New Policy, any period during which the higher Excess or higher co-payment applied under the Old Policy will continue to apply under the New Policy but will be no longer than the Waiting Period allowed under these Rules.
- C.6.5 Minimum Benefits may apply to Hospital Treatment or Hospital-Substitute Treatment covered by a New Policy.
- C.6.6 See Rule F for details about Waiting Periods and Exclusions (which apply to Treatments with Restricted Cover – where Minimum Benefits apply).
- C.6.7 Where limits to Benefits apply, we may, in determining the Benefits payable under the New Policy, take into account any Benefits paid under the Old Policy.

C.6.8 For the purposes of these Rules, you transfer from an Old Policy to a New Policy where:

- (a) you were Covered under the Old Policy at the time you became Covered under the New Policy; or
- (b) you ceased to be Covered under the Old Policy for no more than seven (7) days, or a longer number of days allowed by us, before becoming insured under the New Policy; and
- (c) your Premium payments under the Old Policy were up to date at the time you became Covered under the New Policy.

C.6.9 If 60 or more days elapse between your coverage under an Old Policy and your coverage under a New Policy, we will treat you as a new Policy Holder for all purposes except those relating to Lifetime Health Cover (see Rule D4) and may apply all relevant Waiting Periods as set out in Rule F.

C.7 Cancellation and Refunds

C.7.1 Subject to this Rule C7, the Policy Holder may cancel a Policy by advising us in writing or as otherwise agreed by us. The date of cessation of the Policy will be the later of the:

- (a) the date requested by the Policy Holder (provided the Policy is paid to that date); or
- (b) the date of the most recent Claim paid in respect of the Policy.

If the Policy Holder does not nominate a date of cessation, it will be the date on which we received your request for cancellation.

C.7.2 Subject to Rules C7.4 and C7.5, if you cancel the Policy before the date on which the next Premium is due, we will reimburse any Premiums paid in advance of that date.

C.7.3 Subject to Rules C7.4 and C7.5, you may not retrospectively cancel a Policy.

C.7.4 If a Policy is to be cancelled due to an Insured Person's death, and they were the only person on the Policy, the cancellation will take effect from the date after his or her death, and we will refund any Premiums paid in respect of the period after this date.

C.7.5 You may cancel your Policy (including retrospectively) if your cancellation request is within the first 30 days of commencing the Policy or in other circumstances determined by us at our discretion. Provided you haven't made a Claim under the Policy, we will refund the Premium(s) you have paid. If, however, you wish to cancel within the first 30 days of your Policy commencing and you have made a Claim within this period, the date of cessation will be the date of the most recent Claim made and we will only refund Premium(s) paid in respect of the period after that date.

C.7.6 A Dependant who is aged 18 or over may remove themselves from a Policy by notifying us in writing. The date of cessation will be the later of the date requested by the Dependant and the date we receive the notice.

C.7.7 We may charge you an administration fee for processing any refunds made under Rules C7.2 or C7.5.

C.7.8 We will give you a Transfer Certificate within 14 days of you ceasing to be Covered under a Policy with us (and you don't become Covered under another Bupa Policy).

C.8 Termination of Membership

C.8.1 Subject to these Rules, we may, by written notice, terminate part or all of your Policy, giving you our reason(s) for the termination, if, in our reasonable opinion:

- (a) you have been involved in any fraudulent, negligent and/or criminal act in relation to our business or company; or
- (b) you have acted in a way that could be construed as threatening to one of our employees or as negatively affecting the working environment of our employees.

C.8.2 We may, without prior notice, terminate your Policy immediately in the following circumstances:

- (a) your Premiums are overdue by 2 months or more; or
- (b) an Insured Person has reached the maximum suspensions for overseas travel provided under Rule C9.4.

We will, however, subsequently notify you of the reason for terminating your Policy.

C.8.3 If we terminate your Policy before the date on which the next Premium is due, we will reimburse any Premiums paid in advance of that date. We may charge you an administration fee for processing the refund.

C.8.4 We will give you a Transfer Certificate within 14 days of you ceasing to be Covered under a Policy with us (and you don't become Covered under another Bupa Policy).

C.9 Temporary Suspension of Membership

C.9.1 Subject to this Rule C9, we will, on your request, suspend your Policy for reasons of overseas travel, financial hardship or imprisonment, provided:

- (a) you have had your Policy for 12 months or more;
- (b) you apply to us using the current form we prescribe from time to time;
- (c) in the case of overseas travel, you provide us with documentation (to

our reasonable satisfaction) verifying your departure and arrival dates; and

- (d) in the case of financial hardship, you provide us with any documentation we reasonably request to substantiate your financial hardship.

C.9.2 Subject to the following, we will allow up to two (2) suspensions per calendar year:

- (a) A suspension for overseas travel may last from two (2) months to a maximum of two (2) years. You may have up to three (3) maximum suspension periods during the lifetime of the Policy. There must be a period of at least one month of resuming the Policy (and paying the applicable Premiums) between any two suspensions; and
- (b) A suspension for financial hardship must be for at least one (1) month, with the total of all such periods of suspension not to exceed 12 months during the period of the Policy.

C.9.3 A suspension for imprisonment may be for a continuous period of up to four (4) years.

C.9.4 A suspension for overseas travel will begin on the later of the day after the date of departure and the date you apply for the suspension. If your application for suspension for overseas travel specifies the date of your return, your Policy will recommence on this date and you must pay the relevant Premium to confirm the recommencement of the Policy. If your application doesn't specify an end date, you must recommence the Policy within one month of the earlier of:

- (a) the date of your return to Australia; and

- (b) the date on which the maximum suspension period has been reached.
- C.9.5 A suspension for financial hardship will begin on the day after we receive and accept your application for suspension. Your Policy will recommence on the date following the cessation of financial hardship or, if you elect to recommence the Policy earlier, a period not less than one month from the commencement of the suspension period.
- C.9.6 A suspension for imprisonment will continue until the date of your release, as evidenced by a release form issued by the Department of Correctional Services.
- C.9.7 Once your Policy recommences you must pay all due Premiums.
- C.9.8 If your level of Cover is no longer available after the suspension, you may transfer to another level of Cover and Rule C.6 will apply to that transfer
- C.9.9 No Benefits are payable for Treatment received during a suspension. Any Waiting Periods, Restricted Cover Periods and Exclusions that applied before the suspension will apply on resumption of the Policy.
- C.9.10 Periods of suspension do not count towards:
 - (a) the serving of Waiting Periods;
 - (b) periods where Exclusions or Restricted Cover applies; or
 - (c) days covered for the purposes of exemption from the MLS.

D Contributions

D.1 Payment of Contributions

- D.1.1 A Premium is paid once we receive it from you.

- D.1.2 You must pay all Premiums at least one calendar month in advance (unless Premiums are paid by payroll deduction, in which case the minimum payment period may be one week in advance).
- D.1.3 If and when your State of Residence changes, your Premiums will become those applicable in the new State of Residence.
- D.1.4 You must pay Premiums for your applicable Insured Group and level of Cover.
- D.1.5 We may approve any group of Insured Persons as an Insured Group.

D.2 Contribution Rate Changes

We may adjust the Premiums for your Product in accordance with the PHI Act. Such adjustment will apply, on a pro rata basis, from the date the change becomes effective and your next Premium due after the change will be increased or decreased accordingly.

D.3 Contribution Discounts

We may only offer a discount on any Premiums as permitted by the PHI Act.

D.4 Lifetime Health Cover

- D.4.1 Subject to this Rule D4, we must increase the Hospital Policy Premiums applying to an Adult if:
 - (a) the Adult was not Covered by a Hospital Policy on his or her Lifetime Health Cover Base Day; or
 - (b) the Adult ceases to be Covered by a Hospital Policy after his or her Lifetime Health Cover Base Day.
- D.4.2 Any increase in Premiums under this Rule D4 must be calculated based on the Adult's Lifetime Health Cover Age as specified in Division 34 of the PHI Act. An Adult is taken to be Covered by a Hospital Policy at any time during which the Adult holds a "gold card" within the meaning of subsection 34-15(3) of the PHI Act.

D4.2 We must stop increasing Premiums under this Rule D4 where required by Division 34 of the PHI Act.

D.4.3 We must not increase Premiums under this Rule D4 if:

- (a) at the time the Adult first took out a Hospital Policy with a Private Health Insurer, the 1st of July following the Adult's 31st birthday had not arrived; or
- (b) the Adult was Covered by a Hospital Policy on and since 1 July 2000; or
- (c) the Adult was born on or before 1 July 1934; or
- (d) an Adult who turned 31 on or before 1 July 2000 was overseas on 1 July 2000; or
- (e) the Adult is the subject of a determination (with effect immediately before 1 April 2007) under clause 10 of Schedule 2 of the National Health Act.

D.4.4 The Premium payable:

- (a) under rule D4.1(a) increases by 2% of the *Base Rate* for each year the Adult's Lifetime Health Cover Age is above 30 up to 70% of the Base Rate; and
- (b) under rule D4.1(b) increases by 2% for each year the Adult is not Covered by a Hospital Policy (calculated in accordance with section 34-5 of the PHI Act).

D.4.5 Where a Hospital Policy Covers more than one Adult the amount of increased Premiums is calculated by averaging the increased Premiums applicable to each Adult in accordance with section 37-20 of the PHI Act.

D.4.6 The Private Health Insurance (Lifetime Health Cover) Rules 2007 contain special provisions for certain groups of people including the following:

- (a) people who have health services provided by the Australian Antarctic Division of the Department of the Environment and Heritage; and

members of the Australian Defence Forces (and their Adult dependants) on continuous full time service and whose health services are provided by or through the Australian Defence Force.

D.5 Arrears in Contributions

D.5.1 Your Premiums are overdue if you do not pay the last due Premium by the due date.

D.5.2 Subject to Rule D.5.3, if your Premiums were overdue but you pay the overdue amount, we will continue to pay Benefits for Treatment for which you are Covered.

D.5.3 No Benefits are payable and we may terminate your Policy if your Premiums become overdue by two (2) months or more.

E Benefits

E.1 General conditions

E.1.1 The Rules and Benefits applying at the time you receive a Treatment will determine if you are eligible for a Benefit and the amount of that Benefit.

E.1.2 We may recover from you, or from a Provider whom we have paid a Benefit on your behalf, any Benefit we pay as a result of:

- (a) an error, as long as we notify you of the erroneous payment within 2 years of that payment;
- (b) incorrect information supplied on your application form, Claim form, CPOS claim form or any other official Bupa form;
- (c) incorrect information supplied or claimed by a Provider;

- (d) the provision of clinically unnecessary or excessive Treatment; or
 - (e) incorrect information regarding a Claim that is identified in an audit.
- E.1.3 We may offset any amounts recoverable under these Rules against any Benefits that we would otherwise pay.
- E.1.4 We may, in our sole discretion, make ex-gratia payments in respect of Claims that would not otherwise attract Benefits under these Rules.
- E.1.5 We will not be liable for any losses, costs, damages, suits or actions arising as a result of or in any way related to Treatment you receive.
- E.1.6 We will not pay Benefits:
- (a) for Claims made before the Treatment has been provided in its entirety;
 - (b) in excess of the charge for the relevant Treatment;
 - (c) for the same Treatment Claimed under more than one Policy;
 - (d) where the Product Rules determine no payment is payable;
 - (e) for Treatment that, in the reasonable opinion of a clinical advisor appointed by us, is clinically unnecessary or excessive; or
 - (f) Treatment of an experimental nature.
- E.1.7 Benefits will be determined based on the State of Residence of the Insured Person who received the Treatment.
- E.1.8 Instead of monetary benefits, we may, in our sole discretion, apply services or appliances to an Insured Person.
- authorised by the relevant Hospital to provide that Hospital Treatment.
- E.2.2 We will not pay Benefits for Hospital Treatment in any of the circumstances outlined in Rule E4.
- E.2.3 The length of stay in Hospital is calculated from the date of admission to the date of discharge.
- E.2.4 We will only pay Medical Benefits for Hospital Treatment or Hospital-Substitute Treatment where a Medicare benefit is payable for that Treatment.
- E.2.5 We may pay Benefits that differ from those specified in these Rules where we have a special arrangement with an Agreement Hospital or Medical Practitioner.
- E.2.6 We will pay Benefits for PBS listed drugs that are:
- (a) prescribed and administered to treat a condition/indication listed on the PBS for that drug; and
 - (b) prescribed and administered to you while admitted to an Agreement Hospital; and
 - (c) administered during and forming part of an episode of Hospital Treatment.
- We will not pay a Benefit where the cost of the PBS listed drug is less than the pharmaceutical benefit co-payment determined by the Department from time to time.
- E.2.7 We will:
- (a) pay Benefits for drugs that are not listed on the PBS that you receive while admitted to an Agreement Hospital where such drugs are prescribed for the condition to be treated and are TGA Approved;
 - (b) not pay Benefits for non-PBS listed drugs that you receive while admitted to a non-Agreement Hospital.

E.2 Hospital Treatment

- E.2.1 We will only pay Benefits for Hospital Treatment provided by a person

E.2.8 For the purposes of this Rule E2:

- (a) a course of Treatment of the same drug is regarded as the prescription of one drug; and
- (b) to be eligible for a Benefit, a drug must be:
 - i. intrinsic to the Hospital Treatment;
 - ii. clinically indicated;
 - iii. essential to meet satisfactory health outcomes;
 - iv. directly related to the Treatment for which you are admitted to Hospital;
 - v. a non-experimental drug or compound item;
 - vi. provided by the Hospital during your Hospital admission and not upon or after discharge from the Hospital; and
 - vii. prescribed as part of but not as the sole reason for the reason for admission to Hospital.

E.2.9 We will pay Benefits for prostheses surgically implanted as part of Hospital Treatment. We will pay an amount equal to the full cost of “no gap” prostheses and an amount equal to the Minimum Benefit for “gap permitted” prostheses.

E.2.10 We will only cover Hospital-Substitute Treatment that is provided by a Recognised Practitioner who is a general or specialist nurse where:

- (a) a Medical Practitioner has certified that the Treatment being provided replaces hospitalisation; and
- (b) a Medical Practitioner appointed by us assesses such certification to be medically reasonable and appropriate.

E.2.11 If you become a Nursing Home Type Patient, we will pay Nursing Home Type Patient Benefits for the duration of your classification as a Nursing Home Type Patient. You must make a contribution to the cost of your care as declared by the Minister from time to time. We may request an Acute Care Certificate and any additional supporting information from your medical record to verify whether or not you are not a Nursing Home Type Patient.

E.2.12 Where an Insured Person undergoes more than one type of Hospital Treatment during an admission to Hospital, We will generally only cover accommodation, theatre fees and procedures related to the covered Treatment performed as part of that admission. However, We will also cover treatment as required under the PHI Act and the PHI Complying Product Rules relating to the payment of benefits for Associated Treatments for Complications, Associated Unplanned Treatments, Common Treatments and Support Treatments. Outside of these situations, if you receive Hospital Treatment during an admission to Hospital that is both covered and not covered, We will pay for all the covered treatment and any element of treatment that cannot be appropriately allocated to the uncovered treatment on an ex-gratia basis.

E.2.13 If one or some Hospital Treatments are covered as Restricted Cover, We will pay Minimum Benefits toward any part of the costs associated with that Treatment. If the admission relates to Hospital Treatments that are excluded, no Benefits will be paid toward any part of the costs associated with any such excluded Treatment.

E.3 General Treatment

<p>E.3.1 (a) We will pay Benefits for General Treatment (other than Hospital-Substitute Treatment) up to any limit per period (if any) that applies to your Cover.</p> <p>(b) Any limit that applies to General Treatment relates to the period that the relevant service is provided.</p>	<p>(a) dental Treatment in accordance with our schedule of dental Benefits and our Dental Treatment Claims Guidelines;</p> <p>(b) major dental services including crowns, bridgework, complete dentures, partial dentures, denture repairs, prosthodontic services, implant prostheses, periodontics, oral surgery, endodontics in accordance with our schedule of dental Benefits and our Dental Treatment Claims Guidelines;</p>
<p>E.3.2 We will only pay Benefits for General Treatment (but not where provided as part of Hospital Treatment) where it is provided by or on behalf of a Recognised Practitioner in Private Practice:</p> <p>(a) on premises registered with us, unless we otherwise approve; or</p> <p>(b) by way of Telehealth, where provision of the relevant General Treatment has been approved by Bupa to be provided by way of Telehealth.</p> <p>For the avoidance of doubt, Bupa will not pay Benefits for Treatment provided by someone who was not a Recognised Practitioner at the time that person provided the Treatment. Bupa has sole and absolute discretion in determining if someone becomes or remains a Recognised Practitioner and for which of their Treatments we will pay Benefits. Bupa may choose to “de-recognise” someone from being a Recognised Practitioner for reasons including, but not limited to, where they no longer meet Bupa’s recognition criteria or the agreement governing the relationship between Bupa and that person comes to an end.</p>	<p>(c) oral appliances for sleep apnoea in accordance with our schedule of dental Benefits and Dental Treatment Claims Guidelines;</p> <p>(d) prescription drugs dispensed by an Australian Registered Pharmacist who is a Recognised Practitioner in Private Practice. Such drugs must be TGA Approved and prescribed by a registered Medical Practitioner for the condition to be treated, except where approved by Bupa. They must not be otherwise supplied under or funded by a public arrangement or scheme, such as the PBS, nor otherwise excluded by us;</p> <p>(e) asthma pumps that are approved by us;</p> <p>(f) blood glucose monitors that are approved by us;</p> <p>(g) health aids and appliances listed in the schedule of benefits when provided by a Recognised Practitioner, and, in relation to orthoses and surgical shoes, are fully custom made; and</p>
<p>E.3.3 We will not pay Benefits for General Treatment in any of the circumstances outlined in Rule E4.</p>	<p>(h) prescription spectacles or contact lenses provided by a Recognised Practitioner that are designed and manufactured with the sole purpose of correcting a refractive error or to ameliorate a refractive abnormality or defect of sight.</p>
<p>E.3.4 We will pay Benefits in accordance with your level of Cover, our schedule of benefits and our General Treatment Claims Guidelines subject to the following – we will pay for:</p>	

- E.3.5 The Benefits for Treatment available as part of a Product may only differ from one Policy to another based on the State of Residence of the relevant Policy Holder.
- E.3.6 We may, from time to time, enter into agreements with providers of General Treatment. The Benefits that apply under these agreements may differ from, and will take precedence over, those shown in general information about our Products. Lists of providers of General Treatment with whom we have agreements are available on our website.
- E.3.7 If applicable under your Policy, we will pay:
- (a) an Accident Benefit, provided you can supply, on request, proof of the occurrence of the Accident and documentary evidence of admission to hospital or to the emergency department of a hospital.
- E.3.8 We will only pay Benefits for:
- (a) one type of service of General Treatment provided by a Recognised Practitioner in Private Practice per day; or
 - (b) more than one type of service of General Treatment provided by a Recognised Practitioner in Private Practice per day where we recognise the Recognised Practitioner as a Recognised Practitioner of each of the professions corresponding to the relevant services.
- (c) Treatment given by a practitioner who:
 - i. has been suspended or expelled by the practitioner's relevant professional board or association; or
 - ii. is not a Recognised Practitioner;
 - (d) Treatment (including Hospital Treatment) given by a Recognised Practitioner to someone who is an employee or contractor of the Recognised Practitioner;
 - (e) Treatment that may be paid or provided by the Australian Government, a State or Territory Government, a local governing body, or an authority established by law;
 - (f) Treatment given more than two years ago (unless we, in our absolute discretion, choose to pay Benefits in cases of hardship or unsuccessful compensation or damages cases);
 - (g) Treatment provided by a Recognised Practitioner to:
 - i. that Recognised Practitioner or the Recognised Practitioner's Partner or Dependant;
 - ii. a person Covered by the same Policy as the Recognised Practitioner; or
 - iii. that Recognised Practitioner's Business Associate, the Business Associate's Partner or the Business Associate's Dependant or anyone else Covered by the same Policy as the Business Associate,

E.4 Where Benefits are Not Payable

- E.4.1 We will not pay Benefits for:
- (a) Treatment not included under your level of Cover;
 - (b) costs incurred as a result of criminal activity;
- (h) any Treatment provided contrary to the law of the Commonwealth, State or Territory in which the Treatment was provided;
- unless otherwise approved by us in our sole discretion;

- (i) any Treatment that was not provided as Claimed or is insufficiently described in the Claim;
- (j) any Treatment we reasonably believe was not provided or was excessive and not reasonable in the circumstances.
- (k) any Treatment provided overseas;
- (l) any Treatment for which, in Bupa's reasonable opinion, you may receive any compensation, damages, or benefits from another source (even if the compensation, damages, or benefits are stated to exclude any medical expenses);
- (m) Treatment for which no Medicare Benefits are payable, including any Cosmetic Surgery or experimental or clinical trials of pharmaceuticals or devices.;
- (n) unless otherwise specified in these Rules, Treatment provided to you when you are an "outpatient", that is, you not admitted to Hospital;
- (o) Treatment provided by someone to that person's spouse or child; or
- (p) any Treatment provided by someone who is not recognised by Bupa.

F Limitation of Benefits

F.1 Co-Payments

- F.1.1 Your Policy may include Cover for Hospital Treatment that includes a Co-Payment.
- F.1.2 If applicable, you will have to pay the relevant Co-Payment towards the cost of an overnight or same day admission to Hospital.

F.2 Excesses

- F.2.1 Your Policy may include Cover for Hospital Treatment that includes an Excess.

- F.2.2 If applicable, we will deduct the Excess from the Benefits payable for Hospital Treatment.

- F.2.3 Excesses are outlined in the relevant Schedules.

F.3 Waiting Periods

- F.3.1 We will not pay Benefits for certain types of Hospital Treatment and Hospital-Substitute Treatment provided during a Waiting Period.

- (a) The following Waiting Periods apply to the specified types of Hospital Treatment and Hospital-Substitute Treatment:

- i. 12 months for the following:
 - pregnancy related conditions; and
 - Pre-existing Conditions.
- ii. 2 months for:
 - Psychiatric, rehabilitation or palliative care, including where the condition being treated is a Pre-existing Condition; and
 - all other conditions.

- (b) The following Waiting Periods apply to the specified types of General Treatment:

- i. 3 years for laser eye correction surgery;
- ii. 12 months for:
 - major dental Treatment;
 - orthodontics;
 - purchase of health aids and appliances; and
 - heart screening tests;
- iii. 6 months for:

- if applicable, Bupa's Health Management program or equivalent; and
 - the hire and repair of health aids and appliances;
 - iv. 2 months for all other types of General Treatment.
- F.3.2 No Waiting Periods apply in relation to the Treatment of an Accident, where the Accident occurs after the commencement of the Policy.
- F.3.3 Certain Insured Persons may be eligible for a one-off exemption from the Waiting Period for psychiatric care indicated in F.3.1 (a), subject to meeting the relevant criteria specified by the Department.

F.4 How Waiting Periods Work

- F.4.1 Subject to this Rule F, this Rule F.4 sets out how we may apply Waiting Periods.
- F.4.2 When you transfer to a New Policy from an Old Policy, we may require you to serve a Waiting Period where:
- (a) the New Policy includes Cover for a Treatment that was not Covered under the Old Policy; or
 - (b) for a certain type of Treatment Covered under both Policies, the New Policy pays a higher Benefit than was payable under the Old Policy. In this case we will pay the Benefit payable under the Old Policy during the Waiting Period.
- F.4.3 Where you cease to be Covered as a Dependant under a Bupa Policy and, within 60 days, become the Policy Holder of a New Policy:
- (a) if the New Policy pays the same or a lower Benefit for a Treatment than under the Old Policy, you will be deemed to have served the same Waiting Periods as under the Old Policy; but

- (b) if the New Policy pays a higher Benefit than was payable under the Old Policy, we will pay the Benefit payable under the Old Policy during the Waiting Period.

F.4.4 If you add a new Dependant to your Policy (other than a newborn), the new Dependant must serve any Waiting Periods and Restricted Cover Periods that apply under the Policy.

F.4.5 If you add a newborn Dependant to a family or sole parent Policy:

- (a) where the Policy Holder held the Policy before the birth of the newborn, the newborn will not be required to serve Waiting Periods;
- (b) where the Policy Holder did not hold the Policy before the birth of the newborn, the newborn will not be required to serve Waiting Periods as long as the newborn is added within two (2) months of birth.

F.4.6 A Dependent Student who re-joins a Policy where one of the Dependant's parents is the Policy Holder will be deemed to have served the same Waiting Periods and Restricted Cover Periods as the Policy Holder.

F.5 Exclusions

Any exclusions that apply to Hospital Treatment are listed in the schedules to these Rules.

F.6 Restricted Cover

F.6.1 We may pay Minimum Benefits in relation to any of the following types of Hospital Treatment:

- (a) Rehabilitation services;
- (b) Hospital Psychiatric services; and
- (c) Palliative care.

F.7 Compensation, Damages and Provisional Payment of Claims

- F.7.1 We will not pay Benefits for Treatment of a condition where you have claimed and received, or established a right to receive, compensation or damages from a third party, to pay for the Treatment of that condition.
- F.7.2 Where the amount of a claim for compensation or damages is, in our opinion, less than the Benefits we would normally pay, we will pay the difference between such Benefits and the amount of compensation or damages.
- F.7.3 Where we reasonably believe you have a right to claim compensation or damages to pay for the Treatment of a condition, we may require you to sign an undertaking in a form acceptable to us before paying any (further) Benefits. The undertaking may, among other things, require you to: make a claim for compensation or damages; pursue the claim with all due diligence; and include in such claim all Hospital, medical, dental, paramedical and related expenses. You must use any proceeds from the claim to reimburse us for any Benefits we have paid for the Treatment of the relevant condition.
- F.7.4 We will not pay Benefits where, in our reasonable opinion, you may be entitled to compensation or damages to cover the cost of Treatment of a condition, but have not yet established the right to such payment. We will, however, pay Benefits if, after taking action to do so, you fail to establish such a right.
- F.7.5 We will not pay Benefits where you establish a right to compensation or damages and accept a settlement, and:
- (a) such settlement includes terms specifying that moneys paid do not relate to past or future expenses in respect of which Benefits would otherwise be payable; or
- (b) you abandon or compromise part of the claim so that such expenses are excluded or represented by a nominal amount.
- F.7.6 You must immediately notify us if you receive compensation to pay for the Treatment of a condition as a result of the settlement of a claim for compensation.
- F.7.7 Where in our opinion you have a right to claim compensation or damages to pay for Treatment of a condition but have not established that right, we may withhold payment of Benefits in relation to such Treatment.
- F.7.8 Where you are in the process of making a claim for compensation or damages to pay for the Treatment of a condition but the Claim has not yet been determined, we may in our absolute discretion make a provisional payment of Benefits in respect of such Treatment.
- F.7.9 We may require you to sign an undertaking or agree to other conditions in order for us to make a provisional payment of Benefits.
- F.7.10 If you do not comply with the terms of the undertaking or any other conditions we impose, we may discontinue any provisional payments of Benefits and require you to repay to us any provisional payments already paid.
- F.7.11 Any provisional payment of Benefits by us is a debt you owe us.
- F.7.12 Where the Insured Person is under 18 years of age, the Policy Holder must sign and will be principally responsible for the undertaking mentioned in this Rule F.
- F.7.13 Where an Insured Person and a Policy Holder each complete an undertaking mentioned in this Rule F, both parties may be liable for any provisional payment of Benefits.

F.7.14 References to an Insured Person receiving compensation includes:

- (a) Compensation paid to another person at the direction of the Insured Person; and
- (b) Compensation paid to another Insured Person on the same Policy in connection with an injury suffered by the Insured Person.

G CLAIMS

G.1 General

G.1.1 You must submit Claims within two (2) years of the date of Treatment, otherwise Benefits are not payable.

G.1.2 We may, however, in our absolute discretion, waive Rule G1.1 in cases of hardship or for claims relating to unsuccessful compensation or damages cases.

G.1.3 Claims for Benefits must be:

- (a) made in a manner we approve; and
- (b) supported by accounts and/or receipts on the Health Care Provider's letterhead or showing the Health Care Provider's official stamp, showing the following information:
 - i. the Health Care Provider's name, number and address;
 - ii. the Insured Person's full name and address;
 - iii. the date and description of service;
 - iv. the amount(s) charged; and
 - v. any other information that we may reasonably request.

G.1.4 You consent to us accessing, reviewing and discussing a Provider's clinical and payment records about you, in order to verify that we have correctly paid a Benefit.

H1 SCHEDULE HOSPITAL TREATMENT TABLES

Removed.

I1 SCHEDULE GENERAL TREATMENT TABLES

I1 1 Table Name or Group of Table Names

Emergency Only Ambulance Cover

Products now aligned to this table include: AmboACT Cover

I1 2 Eligibility

On Sale

I1 3 General Conditions

See section E1 General Conditions

I1 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

I1 5 Dental

Not available on this product.

I1 6 Optical

Not available on this product.

I1 7 Physiotherapy

Not available on this product.

I1 8 Chiropractic

Not available on this product.

I1 9 Non PBS Pharmaceuticals

Not available on this product.

I1 10 Podiatry

Not available on this product.

I1 11 Psychology and Counselling

Not available on this product.

I1 12 Alternative Therapies

Not available on this product.

I1 13 Natural Therapies

Not available on this product.

I1 14 Speech Therapy

Not available on this product.

I1 15 Orthotics

Not available on this product.

I1 16 Dietetics

Not available on this product.

I1 17 Occupational Therapy

Not available on this product.

I1 18 Naturopathy

Not applicable.

I1 19 Acupuncture

Not available on this product.

I1 20 Other Therapies

Not available on this product.

I1 21 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

I1 22 Hearing Aids

Not available on this product.

I1 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

I1 24 Ambulance Transportation

The *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances.

An emergency is an unplanned event where you need immediate medical treatment. Benefits are only available for emergency or casualty transportation where, in the opinion of a medical officer, a person requires immediate medical treatment in circumstances where there is serious threat to the person/s life or health.

Maximum benefits per person, per calendar year for Emergency Ambulance Transportation are: No limit.

Maximum benefits per person, per calendar year for Non-Emergency Ambulance Transportation are: No cover

The following providers are recognised by Bupa:

- ACT Ambulance Service
- Ambulance Service of NSW
- Ambulance Victoria
- Queensland Ambulance Service
- South Australia Ambulance Service
- St John Ambulance Service NT
- St John Ambulance Service WA
- Tasmanian Ambulance Service

This product does not include:

- Transportation from a hospital to your home, nursing home or hospital, for transportation for ongoing medical Treatment; or where your state government provides an Ambulances benefit (e.g. Queensland and Tasmania).
- Air services (including helicopter services) and road transport services that are not operated by a state or territory government or an organisation recognised by Bupa.
- Where compensation, damages or benefits may be received from another source.
- All non-emergency transport services and on-the-spot treatment for non-emergency cases.

I1 25 Accident Cover

Not available on this product.

I1 26 Accidental Death Funeral Expenses

Not available on this product.

I1 27 Other Special

Not available on this product.

I2 SCHEDULE GENERAL TREATMENT TABLES

I2 1 Table Name or Group of Table Names

Young Extras

I2 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover.

I2 3 General Conditions

See section E1 General Conditions

I2 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

I2 5 Dental

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental - \$350. (\$700 per policy, per calendar year)

Major Dental - No cover

Orthodontics - No cover

I2 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$150

Maximum benefits per policy, per calendar year are: \$300

I2 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

Maximum benefits per policy, per calendar year are: \$700

Combined maximums for - Physiotherapy, Chiropractic/Osteopathy and Antenatal/Postnatal services.

I2 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$350

Maximum benefits per policy, per calendar year are: \$700

Combined maximums for - Physiotherapy, Chiropractic/Osteopathy and Antenatal/Postnatal services.

I2 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable payable as set out in the *Company's* Schedule of benefits and Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 100% of the cost of the balance of the prescription is payable. Benefit is limited to \$50 per script item.

Maximum benefits per person, per calendar year are: \$100

Maximum benefits per policy, per calendar year are: \$200

I2 10 Podiatry

Not available on this product.

I2 11 Psychology and Counselling

Not available on this product.

I2 12 Alternative Therapies

See Natural Therapies I2.13

I2 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture, Chinese herbalism, _ and Massage.

Massage includes - remedial massage, [myotherapy](#), and [Traditional Chinese Medicine remedial massage](#).

Maximum benefits per person, per calendar year are: \$100

Maximum benefits per policy, per calendar year are: \$200

I2 14 Speech Therapy

Not available on this product.

I2 15 Orthotics

Not available on this product.

I2 16 Dietetics

Not available on this product.

I2 17 Occupational Therapy

Not available on this product.

I2 18 Naturopathy

Not applicable.

I2 19 Acupuncture

See Natural Therapies I2.13

I2 20 Other Therapies

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

Maximum benefits per policy, per calendar year are: \$700

Combined maximums for - Physiotherapy, Chiropractic/Osteopathy and Antenatal/Postnatal services.

Note: the *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$100

Maximum benefits per policy, per calendar year are: \$200

Combined maximums for – Natural Therapy.

I2 21 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

I2 22 Hearing Aids

Not available on this product.

I2 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 50% of the cost up to a maximum of \$50 per person, per calendar year.

I2 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover.

I2 25 Accident Cover

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will provide payments to persons covered under this Policy for the cost of accident related health care services, except for services that are covered by Medicare, incurred as a direct result of an Accident after joining where:

- (1) the costs are not paid or payable from any other source;
- (2) the limits for the relevant benefits in the Policy Holder's Level of Cover have been exhausted.

The costs of such services for the purpose of determining benefits shall be limited to the set Benefits as set out in the Company's Schedule of benefits for the respective type of services involved

Maximum benefits of \$2000 per person up to a maximum of \$4000 per policy, per calendar year apply.

An additional limit of \$2000 per accident per person and a maximum of \$4000 per accident, per policy apply regardless of the year of claim.

12 26 Accidental Death Funeral Expenses

Not available on this product.

12 27 Other Special

Not available on this product.

13 SCHEDULE GENERAL TREATMENT TABLES

13 1 Table Name or Group of Table Names

Classic Extras

13 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover from 30 November 2010.

13 3 General Conditions

See section E1 General Conditions

13 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

13 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

Preventative Dental- No maximum benefits apply, however service limits apply.

General Dental - \$300

Major Dental - \$800

Orthodontics - \$1000. Lifetime limit of \$2000 per person

13 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$225

13 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

13 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

13 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 100% of the cost of the balance of the prescription is payable. Benefit is limited to \$50 per script item.

Maximum benefits per person, per calendar year are: \$300

13 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

I3 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

I3 12 Alternative Therapies

See Natural Therapies I3.13

I3 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture, Chinese herbalism, and Massage.

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

Maximum benefits per person, per calendar year are: \$200

I3 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

I3 15 Orthotics

See Non Surgically Implanted Prostheses and Appliances I3.21

I3 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

I3 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

I3 18 Naturopathy

Not applicable.

I3 19 Acupuncture

See Natural Therapies I3.13

I3 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

Note: the *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Osteopathy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined limit of \$200 per person, per calendar year for – Natural Therapy

13 21 Non Surgically Implanted Prostheses and Appliances

Benefits for Non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one appliance per person, per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device per person, per 2 calendar years.

Surgical (Compression) Stockings

Limited to 4 pairs per person, per calendar year.

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device per policy, per 3 calendar years

Blood Pressure Monitors

Limited to one device per policy, per calendar year

Hire, Repair and Maintenance of a Health Appliance

Benefit of 70% for the cost up to a maximum of \$100 per person, per calendar year.

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering hair loss following medical treatment, artificial eye, ear or nose, splints and braces.

Maximum benefits per person per calendar year for all Non Surgically Implanted Prostheses and Appliances: \$500.

13 22 Hearing Aids

Not available on this product.

13 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 50% of the cost up to a maximum of \$100 per person, per calendar year.

13 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover.

13 25 Accident Cover

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will provide payments to persons covered under this policy for the cost of accident related health care services, except for services that are covered by Medicare, incurred as a direct result of an Accident after joining where:

- (1) the costs are not paid or payable from any other source;
- (2) the limits for the relevant benefits in the *Policy holder's* Level of Cover have been exhausted.

The costs of such services for the purpose of determining benefits shall be limited to the set Benefits as set out in the *Company's* Schedule of benefits for the respective type of services involved.

Maximum benefits of \$2000 per person up to a maximum of \$4000 per policy, per calendar year apply.

An additional limit of \$2000 per accident per person and a maximum of \$4000 per accident, per policy apply regardless of the year of claim.

13 26 Accidental Death Funeral Expenses

Not available on this product.

13 27 Other Special

Not available on this product.

14 SCHEDULE GENERAL TREATMENT TABLES

14 1 Table Name or Group of Table Names

Select 80 Extras

14 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover.

14 3 General Conditions

See section E1 General Conditions

14 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

14 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental - \$250 (When this product is held in conjunction with Schedule J19 Advantage Hospital, J61 Gold Complete Hospital, J40 Silver Plus Hospital, and Top Hospital with Co-Payment, J54 Gold Hospital cover, this combined limit increases to \$300)

Major Dental - \$1000 (When this product is held in conjunction with Schedule J19 Advantage Hospital, J61 Gold Complete Hospital, J40 Silver Plus Hospital, and Top Hospital with Co-Payment, J54 Gold Hospital cover, this limit increases to \$1100)

Orthodontics - \$1250. Lifetime limit of \$2500 per person

14 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$150

14 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services, Dietetics and Acupuncture.

14 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services, Dietetics and Acupuncture.

14 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 100% of the cost of the balance of the prescription is payable. Benefit is limited to \$50 per script item.

Maximum benefits per person, per calendar year are: \$250 (When this product is held in conjunction with Schedule J54 Gold Hospital cover, this limit increases to \$300)

14 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services, Dietetics and Acupuncture.

14 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services, Dietetics and Acupuncture.

I4 12 Alternative Therapies

See Acupuncture I4.19

I4 13 Natural Therapies

See Acupuncture I4.19

I4 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services, Dietetics and Acupuncture.

I4 15 Orthotics

See Non Surgically Implanted Prostheses and Appliances I4.21

I4 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services, Dietetics and Acupuncture.

I4 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services, Dietetics and Acupuncture.

14 18 Naturopathy

Not applicable.

14 19 Acupuncture

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services, Dietetics and Acupuncture.

14 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services, Dietetics and Acupuncture.

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services, Dietetics and Acupuncture.

Note: the *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

14 21 Non Surgically Implanted Prostheses and Appliances

Benefits for non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one appliance per person, per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device per person, per 2 calendar years.

Surgical (Compression) Stockings

Limited to 4 pairs per person, per calendar year.

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device per policy, per 3 calendar years

Blood Pressure Monitors

Limited to one device per policy, per calendar year

Hire, Repair and Maintenance of a Health Appliance

Benefit of 70% for the cost up to a maximum of \$100 per person, per calendar year.

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering hair loss following medical treatment, artificial eye, ear or nose, splints and braces.

Maximum benefits per person, per calendar year for all Non Surgically Implanted Prostheses and Appliances are: \$500

14 22 Hearing Aids

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

This benefit is limited to one service per person per 3 calendar years. One service refers to one unit (one hearing aid) or two units (hearing aids for both ears).

Maximum benefits per person, per 3 calendar years are: \$600

14 23 Prevention Health Management**Bowel Cancer Screening Kits**

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

14 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped

ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover.

14 25 Accident Cover

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will provide payments to persons covered under this policy for the cost of accident related health care services, except for services that are covered by Medicare, incurred as a direct result of an Accident after joining where:

- (1) the costs are not paid or payable from any other source;
- (2) the limits for the relevant benefits in the *Policy holder's* Level of Cover have been exhausted.

The costs of such services for the purpose of determining benefits shall be limited to the set Benefits as set out in the *Company's* Schedule of benefits for the respective type of services involved.

Maximum benefits of \$2000 per person up to a maximum of \$4000 per policy, per calendar year apply.

An additional limit of \$2000 per accident per person and a maximum of \$4000 per accident, per policy apply regardless of the year of claim.

14 26 Accidental Death Funeral Expenses

Not available on this product.

14 27 Other Special

Not available on this product.

I5 SCHEDULE GENERAL TREATMENT TABLES

I5 1 Table Name or Group of Table Names

Premium Extras

I5 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover from 30 November 2010.

I5 3 General Conditions

See section E1 General Conditions

I5 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

I5 5 Dental

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

Preventative Dental – No maximum benefits apply, however service limits apply.

General Dental - \$400

Major Dental - \$1300

Orthodontics - \$1300. Lifetime limit of \$2500 per person.

I5 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$250

I5 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$900 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics, and Antenatal/Postnatal services.

15 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$900 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics, and Antenatal/Postnatal services.

15 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 100% of the cost of the balance of the prescription is payable. Benefit is limited to \$50 per script item.

Maximum benefits per person, per calendar year are: \$300

15 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$900 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics, and Antenatal/Postnatal services.

15 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

There is a combined limit of \$900 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics, and Antenatal/Postnatal services.

I5 12 Alternative Therapies

See Natural Therapies I5.13

I5 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: AcupunctureChinese herbalism, and Massage.

Maximum benefits per person, per calendar year for each therapy type are: \$200

Maximum benefits per person, per calendar year for all Natural Therapies are: \$400

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

I5 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$900 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics, and Antenatal/Postnatal services.

I5 15 Orthotics

See Non Surgically Implanted Prostheses and Appliances I5.21

I5 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$900 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics, and Antenatal/Postnatal services.

I5 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$900 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics, and Ante/Post-Natal services.

I5 18 Naturopathy

Not applicable.

I5 19 Acupuncture

See Natural Therapies I5.13

I5 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$900 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics, and Antenatal/Postnatal services.

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$900 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics, and Antenatal/Postnatal services.

Note: the *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Osteopathy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$900 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics, and Antenatal/Postnatal services.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined limit of \$400, per person, per calendar year for - Natural Therapy

15 21 Non Surgically Implanted Prostheses and Appliances

Benefits for non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one appliance per person, per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device per person, per 2 calendar years.

Surgical (Compression) Stockings

Limited to 4 pairs per person, per calendar year.

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device per policy, per 3 calendar years

Blood Pressure Monitors

Limited to one device per policy, per calendar year

Hire, Repair and Maintenance of a Health Appliance

Limited to a maximum of \$100 per person, per calendar year.

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

Maximum benefits per person, per calendar year for all Non Surgically Implanted Prostheses and Appliances are: \$500

15 22 Hearing Aids

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

This benefit is limited to one service per person every 3 years. One service refers to one unit (one hearing aid) or two units (hearing aids for both ears).

Maximum benefits per person, per 3 calendar years are: \$1000

15 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 50% of the cost up to a maximum of \$100 per person, per calendar year.

15 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover.

15 25 Accident Cover

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will provide payments to persons covered under this policy for the cost of accident related health care services, except for services that are covered by Medicare, incurred as a direct result of an Accident after joining where:

- (1) the costs are not paid or payable from any other source;
- (2) the limits for the relevant benefits in the *Policy holder's* Level of Cover have been exhausted.

The costs of such services for the purpose of determining benefits shall be limited to the set Benefits as set out in the *Company's* Schedule of benefits for the respective type of services involved.

Maximum benefits of \$2000 per person up to a maximum of \$4000 per policy, per calendar year apply.

An additional limit of \$2000 per accident per person and a maximum of \$4000 per accident, per policy apply regardless of the year of claim.

15 26 Accidental Death Funeral Expenses

Not available on this product.

15 27 Other Special

Not available on this product.

16 SCHEDULE GENERAL TREATMENT TABLES

16 1 Table Name or Group of Table Names

ExtraCover

16 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover.

16 3 General Conditions

See section E1 General Conditions

16 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

16 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental - No maximum benefits apply, however service limits apply.

Major Dental - Limits apply on the following service groups:-

- **Crowns, bridges and dentures - \$1000**
- **Inlays/onlays, posts and veneers - \$450**
- **Periodontics - \$1000 up to a maximum lifetime limit of \$1000 per person**

Orthodontics - \$875 up to a maximum lifetime limit of \$1650 per person where provided by a specialist orthodontist.

16 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

16 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$800

There is a combined limit of \$1250 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Speech Therapy, Eye Therapy, Occupational Therapy, Podiatry, Dietetics, Psychology, and Antenatal/Postnatal services.

16 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

There is a combined limit of \$1250 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Speech Therapy, Eye Therapy, Occupational Therapy, Podiatry, Dietetics, Psychology, and Antenatal/Postnatal services.

16 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 100% of the cost of the balance of the prescription is payable. Benefit is limited to \$50 per script item.

Maximum benefits per person, per calendar year are: \$500

16 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

There is a combined limit of \$1250 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Speech Therapy, Eye Therapy, Occupational Therapy, Podiatry, Dietetics, Psychology, and Antenatal/Post-Natal services.

16 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

There is a combined limit of \$1250 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Speech Therapy, Eye Therapy, Occupational Therapy, Podiatry, Dietetics, Psychology, and Antenatal/Postnatal services.

I6 12 Alternative Therapies

Not available on this product.

I6 13 Natural Therapies

Not available on this product.

I6 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

There is a combined limit of \$1250 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Speech Therapy, Eye Therapy, Occupational Therapy, Podiatry, Dietetics, Psychology, and Antenatal/Postnatal services.

I6 15 Orthotics

See Non Surgically Implanted Prostheses and Appliances I6.21

I6 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

There is a combined limit of \$1250 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Speech Therapy, Eye Therapy, Occupational Therapy, Podiatry, Dietetics, Psychology, and Antenatal/Postnatal services.

I6 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

There is a combined limit of \$1250 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Speech Therapy, Eye Therapy, Occupational Therapy, Podiatry, Dietetics, Psychology, and Antenatal/Postnatal services.

I6 18 Naturopathy

Not applicable.

16 19 Acupuncture

Not available on this product.

16 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

There is a combined limit of \$1250 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Speech Therapy, Eye Therapy, Occupational Therapy, Podiatry, Dietetics, Psychology, and Antenatal/Postnatal services.

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

There is a combined limit of \$1250 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Speech Therapy, Eye Therapy, Occupational Therapy, Podiatry, Dietetics, Psychology, and Antenatal/Postnatal services.

Note: the *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Osteopathy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

There is a combined limit of \$1250 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Speech Therapy, Eye Therapy, Occupational Therapy, Podiatry, Dietetics, Psychology, and Antenatal/Postnatal services.

16 21 Non Surgically Implanted Prostheses and Appliances

Benefits for non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one appliance per person, per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device per person, per 2 calendar years.

Surgical (Compression) Stockings

Limited to 4 pairs per person, per calendar year.

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device per policy, per 3 calendar years

Blood Pressure Monitors

Limited to one device per policy, per calendar year

Hire, Repair and Maintenance of a Health Appliance

Benefit of 85% of the cost up to a maximum of \$100 per person, per calendar year.

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering hair loss following medical treatment, artificial eye, ear or nose, splints and braces.

Maximum benefits per person, per calendar year are: \$1000

16 22 Hearing Aids

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

This benefit is limited to one service per person every 3 years. One service refers to one unit (one hearing aid) or two units (hearing aids for both ears).

Maximum benefits per person per calendar year are: \$500.

16 23 Prevention Health Management**Bowel Cancer Screening Kits**

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Approved Weight Loss Program

The *Company* will provide benefits towards selected *Company* approved weight management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 66% of the cost up to a maximum of \$100 per person and \$200 per policy, per calendar year.

16 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover.

16 25 Accident Cover

School Accident and School Sports Cover Benefit

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will provide payments for the cost of accident related health care services, except for services that are covered by Medicare, incurred by a Dependant aged 18 years or under and who is covered by the policy, as a result of an Accident at school or in any school activity provided that:

- (1) the costs are not paid or payable from any other source;
- (2) the limits for the relevant benefits in the *Policy holder's* Level of Cover have been exhausted.

The costs of such services for the purpose of determining benefits shall be limited to the set Benefit as set out in the *Company* Schedule of benefits for the respective type of services involved.

Maximum benefits per Dependant aged 18 years or under, per calendar year are: \$500.

16 26 Accidental Death Funeral Expenses

Funeral Benefit

The *Company* will pay a funeral expense benefit in respect of a deceased person for the cost of burial and/or cremation not paid or payable from any other source.

The benefits shall be determined according to the age at which the deceased person commenced continuously paying for this Policy.

Benefits are payable as follows:-

Age	<i>Policy holder/Spouse</i>	Other Dependants
Under 21 years	\$1000	\$500

21 years to 30 years	\$800	\$500
31 years to 40 years	\$600	\$500
41 years to 50 years	\$500	\$500
51 years to 60 years	\$350	\$350
61 years to 64 years	\$150	\$150
65 years and over	Nil*	\$150

*(1) *Policy holders* aged 65 years of age or over who joined this Policy prior to 1 February 1984 are entitled to a benefit of \$150.

(2) *Policy holders* aged 65 years of age or over who joined this Policy after 1 February 1984 are not entitled to a funeral benefit.

(3) *Policy holders* who joined this Policy after 31 January 1992 are not entitled to a funeral benefit.

Maximum benefits per person, per policy are: \$1000

16 27 Other Special

Home Nursing

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefits are payable for the following services:

(1) Home nursing attention by a registered general trained nurse in private practice where in the opinion of the Medical Referee appointed by the *Company* the services are for treatment of the person's illness and result in reduction of or avoidance of a Hospital admission.

Home Nursing includes the following coverage:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).
- Stomal Therapy

Palliative Care Services – RN Care, Personal Care Assistance

(2) Bush nursing attention by a registered nurse employed at a public hospital or bush nursing centre in areas having no resident doctor.

Maximum benefits per person, per calendar year are: \$500

Local and Interstate Travelling Expenses

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay the Policyholder a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

(1) The person must be referred by a *Medical Practitioner*; and

(2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year: \$100

Overnight Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay the Policyholder a benefit towards Overnight Non-Hospital Accommodation expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide

Maximum benefits per combined patient and attendant per calendar year: \$100

17 SCHEDULE GENERAL TREATMENT TABLES

17 1 Table Name or Group of Table Names

Everyday Extras

17 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover from 30 November 2010.

17 3 General Conditions

See section E1 General Conditions

17 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

17 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

Preventive Dental - No maximum benefits apply, however service limits apply.

General Dental - \$300

Major Dental - \$300

Orthodontics - No cover

17 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$185

17 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined limit of \$350 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech therapy, Eye Therapy, Antenatal/Postnatal services, and Dietetics.

17 8 Chiropractic

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined limit of \$350 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

17 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 100% of the cost of the balance of the prescription is payable. Benefit is limited to \$50 per script item.

Maximum benefits per person, per calendar year are: \$150

17 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined limit of \$350 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

17 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

There is a combined limit of \$350 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

17 12 Alternative Therapies

See Natural Therapies 17.13

17 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture, Chinese herbalism, and Massage.

Massage includes remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

Maximum benefits per person, per calendar year are: \$200

17 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined limit of \$350 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

17 15 Orthotics

Not available on this product.

17 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined limit of \$350 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics

17 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined limit of \$350 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

17 18 Naturopathy

Not applicable.

17 19 Acupuncture

See Natural Therapies 17.13

17 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined limit of \$350 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

Note: the *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Osteopathy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined limit of \$350 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

Combined maximums for – Natural therapy.

17 21 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

17 22 Hearing Aids

Not available on this product.

17 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 50% of the cost up to a maximum of \$100 per person, per calendar year.

17 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover.

17 25 Accident Cover

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will provide payments to persons covered under this policy for the cost of accident related health care services, except for services that are covered by Medicare, incurred as a direct result of an Accident after joining where:

- (1) the costs are not paid or payable from any other source;
- (2) the limits for the relevant benefits in the *Policy holder's* Level of Cover have been exhausted.

The costs of such services for the purpose of determining benefits shall be limited to the set Benefits as set out in the *Company's* Schedule of benefits for the respective type of services involved.

Maximum benefits of \$2000 per person up to a maximum of \$4000 per policy, per calendar year.

An additional limit of \$2000 per accident per person and a maximum of \$4000 per accident, per policy apply regardless of the year of claim

17 26 Accidental Death Funeral Expenses

Not available on this product.

17 27 Other Special

Not available on this product.

18 SCHEDULE GENERAL TREATMENT TABLES

18 1 Table Name or Group of Table Names

Essential Extras

18 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover.

18 3 General Conditions

See section E1 General Conditions

18 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

18 5 Dental

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental - \$250 (when this product is held in conjunction with Schedule J19 Advantage Hospital, J61 Gold Complete Hospital, J40 Silver Plus Hospital, and Top Hospital with Co-Payment, J54 Gold Hospital cover, this limit increases to \$300)

Major Dental - \$1000 (when this product is held in conjunction with Schedule J19 Advantage Hospital, J61 Gold Complete Hospital, J40 Silver Plus Hospital, and Top Hospital with Co-Payment, J54 Gold Hospital Cover, this limit increases to \$1,100)

Orthodontics - \$1250. Orthodontics Lifetime Limit \$2500

18 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$150

18 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services, Acupuncture and Dietetics.

18 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services, Acupuncture and Dietetics.

18 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 100% of the cost of the balance of the prescription is payable. Benefit is limited to \$50 per script item.

Maximum benefits per person, per calendar year are: \$250 (When this product is held in conjunction with Schedule J54 Gold Hospital, the pharmacy limit increases to \$300)

18 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services, Acupuncture and Dietetics.

18 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services, Acupuncture and Dietetics.

I8 12 Alternative Therapies

See Acupuncture I8.19

I8 13 Natural Therapies

See Acupuncture I8.19

I8 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services, Acupuncture and Dietetics.

I8 15 Orthotics

See Non Surgically Implanted Prostheses and Appliances I8.21

I8 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services, Acupuncture and Dietetics.

I8 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services, Acupuncture and Dietetics.

18 18 Naturopathy

Not applicable.

18 19 Acupuncture

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services, Acupuncture and Dietetics.

18 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services, Acupuncture and Dietetics.

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services, Acupuncture and Dietetics.

Note: the *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Osteopathy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services, Acupuncture and Dietetics.

18 21 Non Surgically Implanted Prostheses and Appliances

Benefits for Non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one appliance per person, per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device per person, per 2 calendar years.

Surgical (Compression) Stockings

Limited to 4 pairs per person, per calendar year.

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device per policy, per 3 calendar years

Blood Pressure Monitors

Limited to one device per policy, per calendar year

Hire, Repair and Maintenance of a Health Appliance

Limited to a maximum of \$100 per person, per calendar year.

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

Maximum benefits per person, per calendar year are: \$500

18 22 Hearing Aids

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Limited to one service per person per 3 calendar years. One service refers to one unit (one hearing aid) or two units (hearing aids for both ears).

Maximum benefits per person, per 3 calendar years are: \$600

18 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

18 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover.

18 25 Accident Cover

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will provide payments to persons covered under this policy for the cost of accident related health care services, except for services that are covered by Medicare, incurred as a direct result of an Accident after joining where:

- (1) the costs are not paid or payable from any other source;
- (2) the limits for the relevant benefits in the *Policy holder's* Level of Cover have been exhausted.

The costs of such services for the purpose of determining benefits shall be limited to the set Benefits as set out in the *Company's* Schedule of benefits for the respective type of services involved.

Maximum benefits of \$2000 per person up to a maximum of \$4000 per policy, per calendar year apply.

An additional limit of \$2000 per accident per person and a maximum of \$4000 per accident, per policy apply regardless of the year of claim.

18 26 Accidental Death Funeral Expenses

Not available on this product.

18 27 Other Special

Not available on this product.

19 SCHEDULE GENERAL TREATMENT TABLES

19 1 Table Name or Group of Table Names

Premier Extras

19 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover.

19 3 General Conditions

See section E1 General Conditions

19 4 Loyalty Bonuses

Loyalty Maximums

After 12 months continuous membership, and once waiting periods have been served, a *policy holder* is entitled to an increased benefit maximum equal to the first year benefit maximum for the relevant modality plus 20% of the first year benefit maximum. For each subsequent calendar year, the *policy holder* is entitled to an increased benefit maximum equal to their previous year's benefit maximum for the relevant modality plus 20% of the first year benefit maximum. No further increased benefit maximums apply once the yearly maximum is double that of the first year maximum.

19 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person during each benefit entitlement year are:

General Dental - No maximum benefits apply, however service limits apply

Major Dental -

	SA, VIC	NSW, QLD, TAS, WA	NT
Year 1	\$700	\$600	\$350
Year 2	\$840	\$720	\$420
Year 3	\$980	\$840	\$490
Year 4	\$1120	\$960	\$560
Year 5	\$1260	\$1080	\$630
Year 6+	\$1400	\$1200	\$700

Orthodontics - \$1350. Lifetime Limit of \$2700 per person

19 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$280

19 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

	SA	VIC ,NSW, QLD, TAS, WA	NT
Year 1	\$650	\$750	\$550
Year 2	\$780	\$900	\$660
Year 3	\$910	\$1050	\$770
Year 4	\$1040	\$1200	\$880
Year 5	\$1170	\$1350	\$990
Year 6+	\$1300	\$1500	\$1100

19 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$450
Year 2 - \$540
Year 3 - \$630
Year 4 - \$720
Year 5 - \$810
Year 6+ \$900

Maximum benefits per policy during each benefit entitlement year are:

Year 1- \$900
Year 2 -\$1080
Year 3 -\$1260
Year 4 - \$1440
Year 5 -\$1620
Year 6+ -\$1800

19 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 100% of the cost of the balance of the prescription is payable. Benefit is limited to \$40 per script item.

Maximum benefits per person during each benefit entitlement year are:

	NSW	QLD	SA, TAS, VIC	WA	NT
Year 1	\$750	\$650	\$400	\$500	\$600
Year 2	\$900	\$780	\$480	\$600	\$720
Year 3	\$1050	\$910	\$560	\$700	\$840
Year 4	\$1200	\$1040	\$640	\$800	\$960
Year 5	\$1350	1170	\$720	\$900	\$1080
Year 6+	\$1500	\$1300	\$800	\$1000	\$1200

19 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400
Year 2 - \$480
Year 3 - \$560
Year 4 - \$640
Year 5 - \$720
Year 6+ \$800

19 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400
Year 2 - \$480
Year 3 - \$560
Year 4 - \$640
Year 5 - \$720
Year 6+ \$800

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

I9 12 Alternative Therapies

See Natural Therapies I9.13

I9 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture, Chinese herbalism, and Massage.

Maximum benefits per person, during each benefit entitlement year are:

	SA	VIC ,NSW, NT, QLD, TAS, WA
Year 1	\$500	\$450
Year 2	\$600	\$540
Year 3	\$700	\$630
Year 4	\$800	\$720
Year 5	\$900	\$810
Year 6+	\$1000	\$900

Within this maximum, Massage benefits are limited to \$150 per person and \$300 per policy, per calendar year.

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

I9 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400
Year 2 - \$480
Year 3 - \$560
Year 4 - \$640
Year 5 - \$720
Year 6+ \$800

I9 15 Orthotics

See Non Surgically Implanted Prostheses and Appliances I9.21

I9 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400
Year 2 - \$480
Year 3 - \$560
Year 4 - \$640
Year 5 - \$720
Year 6+ \$800

19 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400
Year 2 - \$480
Year 3 - \$560
Year 4 - \$640
Year 5 - \$720
Year 6+ \$800

19 18 Naturopathy

Not applicable.

19 19 Acupuncture

See Natural Therapies I9.13

19 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400
Year 2 - \$480
Year 3 - \$560
Year 4 - \$640
Year 5 - \$720
Year 6+ \$800

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

	SA	VIC ,NSW, NT, QLD, TAS, WA
Year 1	\$500	\$450
Year 2	\$600	\$540
Year 3	\$700	\$630
Year 4	\$800	\$720
Year 5	\$900	\$810
Year 6+	\$1000	\$900

Combined maximums for – Natural therapy.

19 21 Non Surgically Implanted Prostheses and Appliances

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one appliance up to a maximum benefit of \$300 per person, per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance up to a maximum benefit of \$500 per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one appliance up to a maximum benefit of \$750 per person, per 2 calendar years.

Surgical (Compression) Stockings

Maximum benefits of \$100 per person per calendar year. Within this maximum benefits are limited to 4 pairs per person, per calendar year.

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device up to a maximum benefit of \$175 per policy, per 3 calendar years.

Blood Pressure Monitors

Limited to one device up to a maximum benefit of \$175 per policy, per calendar year.

Hearing Aids

Limited to one supply of hearing aids up to a maximum of \$850 per person, per 3 calendar years

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

A combined maximum benefit of \$500 per person, per calendar year applies.

Hire, Repair and Maintenance of a Health Appliance

Limited to \$100 per person, per calendar year.

Maximum benefits per person, per calendar year for all Non Surgically Implanted Prostheses and Appliances are: \$1000

19 22 Hearing Aids

See Non Surgically Implanted Prostheses and Appliances 19.21

19 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

19 24 Ambulance Transportation

Not available on this product.

19 25 Accident Cover

Not available on this product.

19 26 Accidental Death Funeral Expenses

Not available on this product.

19 27 Other Special

Local and Interstate Travelling Expenses

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay the Policyholder a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$100

Overnight Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay the Policyholder a benefit towards Overnight Non-Hospital Accommodation expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Benefit of up to \$40 per night

Maximum benefit per combined patient and attendant per calendar year are: \$150.

I10 SCHEDULE GENERAL TREATMENT TABLES

I10 1 Table Name or Group of Table Names

General Extras

I10 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover.

I10 3 General Conditions

See section E1 General Conditions

I10 4 Loyalty Bonuses

Loyalty Maximums

After 12 months continuous membership, and once waiting periods have been served, a *policy holder* is entitled to an increased benefit maximum equal to the first year benefit maximum for the relevant modality plus 20% of the first year benefit maximum. For each subsequent calendar year, the *policy holder* is entitled to an increased benefit maximum equal to their previous year's benefit maximum for the relevant modality plus 20% of the first year benefit maximum. No further increased benefit maximums apply once the yearly maximum is double that of the first year maximum.

I10 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person during each benefit entitlement year are:

General Dental - No maximum benefits apply, however service limits apply.

Major Dental -

	NSW, QLD, TAS, WA	NT	SA, VIC
Year 1	\$400	\$350	\$500
Year 2	\$480	\$420	\$600
Year 3	\$560	\$490	\$700
Year 4	\$640	\$560	\$800
Year 5	\$720	\$630	\$900
Year 6+	\$800	\$700	\$1000

Orthodontics - \$900. Lifetime limit of \$1800 per person

I10 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$180

I10 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

	NSW	NT, QLD	SA, VIC, TAS, WA
Year 1	\$600	\$500	\$450
Year 2	\$720	\$600	\$540
Year 3	\$840	\$700	\$630
Year 4	\$960	\$800	\$720
Year 5	\$1080	\$900	\$810
Year 6+	\$1200	\$1000	\$900

I10 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$350
Year 2 - \$420
Year 3 - \$490
Year 4 - \$560
Year 5 - \$630
Year 6+ \$700

Maximum benefits per policy during each benefit entitlement year are:

Year 1- \$700
Year 2 -\$840
Year 3 -\$980
Year 4 - \$1120
Year 5 -\$1260
Year 6+ -\$1400

I10 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 100% of the cost of the balance of the prescription is payable. Benefit is limited to \$40 per script item.

Maximum benefits per person during each benefit entitlement year are:

	NSW	NT	QLD	SA	TAS, VIC	WA
Year 1	\$650	\$550	\$600	\$300	\$350	\$400
Year 2	\$780	\$660	\$720	\$360	\$420	\$480
Year 3	\$910	\$770	\$840	\$420	\$490	\$560
Year 4	\$1040	\$880	\$960	\$480	\$560	\$640
Year 5	\$1170	\$990	\$1080	\$540	\$630	\$720
Year 6+	\$1300	\$1100	\$1200	\$600	\$700	\$800

I10 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$300
Year 2 - \$360
Year 3 - \$420
Year 4 - \$480
Year 5 - \$540
Year 6+ \$600

I10 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$300
Year 2 - \$360
Year 3 - \$420
Year 4 - \$480
Year 5 - \$540
Year 6+ \$600

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

I10 12 Alternative Therapies

See Natural Therapies I10.13

I10 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture, Chinese herbalism, and Massage.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400
Year 2 - \$480
Year 3 - \$560
Year 4 - \$640
Year 5 - \$720
Year 6+ \$800

Within this maximum Massage benefits are limited to \$100 per person and \$200 per policy, per calendar year.

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

I10 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$300
Year 2 - \$360
Year 3 - \$420
Year 4 - \$480
Year 5 - \$540
Year 6+ \$600

I10 15 Orthotics

See Non Surgically Implanted Prostheses and Appliances I10.21

I10 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$300
Year 2 - \$360
Year 3 - \$420
Year 4 - \$480
Year 5 - \$540
Year 6+ \$600

I10 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$300
Year 2 - \$360
Year 3 - \$420
Year 4 - \$480
Year 5 - \$540
Year 6+ \$600

I10 18 Naturopathy

Not applicable.

I10 19 Acupuncture

See Natural Therapies I10.13

I10 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$300
Year 2 - \$360
Year 3 - \$420
Year 4 - \$480
Year 5 - \$540
Year 6+ \$600

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400
Year 2 - \$480
Year 3 - \$560
Year 4 - \$640
Year 5 - \$720
Year 6+ \$800

Combined maximums for - Natural therapy.

I10 21 Non Surgically Implanted Prostheses and Appliances

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one appliance up to a maximum benefit of \$200 per person, per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance up to a maximum benefit of \$400 per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one appliance up to a maximum benefit of \$500 per person, per 2 calendar years.

Surgical (Compression) Stockings

Maximum benefits of \$100 per person per calendar year. Within this maximum benefits are limited to 4 pairs per person, per calendar year.

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device up to a maximum benefit of \$125 per policy, per 3 calendar years.

Blood Pressure Monitors

Limited to one device up to a maximum benefit of \$125 per policy, per calendar year.

Hearing Aids

Limited to one supply of hearing aids per person every 3 years up to a maximum of \$500 per policy, per 3 calendar years (including repairs).

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

A combined maximum benefit of \$300 per person, per calendar year applies.

Hire, Repair and Maintenance of a Health Appliance

Benefit of 60% for the cost and \$100 per person per calendar year.

Maximum benefits per person per calendar year for all Non Surgically Implanted Prostheses and Appliances are: \$500

I10 22 Hearing Aids

See Non Surgically Implanted Prostheses and Appliances I10.21

I10 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

I10 24 Ambulance Transportation

Not available on this product.

I10 25 Accident Cover

Not available on this product.

I10 26 Accidental Death Funeral Expenses

Not available on this product.

I10 27 Other Special

Local and Interstate Travelling Expenses

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay the Policyholder a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$100

Overnight Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay the Policyholder a benefit towards Overnight Non-Hospital Accommodation expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Benefit of up to \$40 per night

Maximum benefits per combined patient and attendant per calendar year: \$150.

I11 SCHEDULE GENERAL TREATMENT TABLES

Removed.

I12 SCHEDULE GENERAL TREATMENT TABLES

I12 1 Table Name or Group of Table Names

Your Choice Extras 60

I12 2 Eligibility

On Sale

I12 3 General Conditions

See section E1 General Conditions

A maximum of four services can be selected from the following:

General Dental	Major Dental;
Orthodontics	Optical;
Physiotherapy;	Chiropractic/Osteopathy
Natural Therapies	Pharmacy
Speech Therapy, Eye Therapy and Occupational Therapy	Health Management

One or more service selections can only be changed 12 months following the previous selection. Where Major Dental or Orthodontics is selected, the 12 month waiting period must be served before benefits are claimable.

I12 4 Loyalty Bonuses

Loyalty Maximums

After 12 months continuous membership, and once waiting periods have been served, a *policy holder* is entitled to an increased benefit maximum equal to the first year benefit maximum for the relevant modality plus 20% of the first year benefit maximum. For each subsequent calendar year, the *policy holder* is entitled to an increased benefit maximum equal to their previous year's benefit maximum for the relevant modality plus 20% of the first year benefit maximum. No further increased benefit maximums apply once the yearly maximum is double that of the first year maximum.

I12 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person during each benefit entitlement year are:
General Dental

Year 1 - \$700
Year 2 - \$840
Year 3 - \$980
Year 4 - \$1120
Year 5 - \$1260
Year 6+ - \$1400

Major Dental

Year 1 - \$500
Year 2 - \$600
Year 3 - \$700
Year 4 - \$800
Year 5 - \$900
Year 6+ - \$1000

Orthodontics - Lifetime limit of \$1300 per person

Year 1 - \$650
Year 2 - \$700
Year 3 - \$750
Year 4 - \$800
Year 5 - \$850
Year 6+ - \$900

I12 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$180

I12 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$450.00
Year 2 - \$540.00
Year 3 - \$630.00
Year 4 - \$720.00
Year 5 - \$810.00
Year 6+ \$900.00

Combined maximums for – Physiotherapy and Antenatal/Postnatal services. Within this maximum, Antenatal/Postnatal services are limited to \$350 per person per calendar year.

I12 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$350
Year 2 - \$420
Year 3 - \$490
Year 4 - \$560
Year 5 - \$630
Year 6+ \$700

Maximum benefits per policy during each benefit entitlement year are:

Year 1- \$700
Year 2 -\$840
Year 3 -\$980
Year 4 - \$1120
Year 5 -\$1260
Year 6+ -\$1400

I12 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 100% of the cost of the balance of the prescription is payable. Benefit is limited to \$40 per script item.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$300
Year 2 - \$360
Year 3 - \$420
Year 4 - \$480
Year 5 - \$540
Year 6+ \$600

I12 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$350
Year 2 - \$420
Year 3 - \$490
Year 4 - \$560
Year 5 - \$630
Year 6+ \$700

I12 11 Psychology and Counselling

Not available on this product.

I12 12 Alternative Therapies

See Natural Therapies I12.13

I12 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture, Chinese herbalism, and Massage.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$500
Year 2 - \$600
Year 3 - \$700
Year 4 - \$800
Year 5 - \$900
Year 6+ \$1000

Within this maximum Massage benefits are limited to \$100 per person, per calendar year.

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

I12 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400
Year 2 - \$480
Year 3 - \$560
Year 4 - \$640
Year 5 - \$720
Year 6+ \$800

Combined maximums for – Speech Therapy, Eye Therapy and Occupational Therapy.

I12 15 Orthotics

Not available on this product.

I12 16 Dietetics

Not available on this product.

I12 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400
Year 2 - \$480
Year 3 - \$560
Year 4 - \$640
Year 5 - \$720
Year 6+ \$800

Combined maximums for – Speech Therapy, Eye Therapy and Occupational Therapy.

I12 18 Naturopathy

Not applicable.

I12 19 Acupuncture

See Natural Therapies I12.13

I12 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400
Year 2 - \$480
Year 3 - \$560
Year 4 - \$640
Year 5 - \$720
Year 6+ \$800

Combined maximums for – Speech Therapy, Eye Therapy and Occupational Therapy.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$500
Year 2 - \$600
Year 3 - \$700
Year 4 - \$800
Year 5 - \$900
Year 6+ \$1000

Combined maximums for – Natural therapy.

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

Note: the *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Combined maximums for – Physiotherapy and Antenatal/Postnatal.

112 21 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

112 22 Hearing Aids

Not available on this product.

112 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 50% of the cost up to a maximum of \$100 per person per calendar year.

112 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers any other policy cover.

I12 25 Accident Cover

Not available on this product.

I12 26 Accidental Death Funeral Expenses

Not available on this product.

I12 27 Other Special

Not available on this product.

I13 SCHEDULE GENERAL TREATMENT TABLES

I13 1 Table Name or Group of Table Names

Base Extras

I13 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover.

I13 3 General Conditions

See section E1 General Conditions

I13 4 Loyalty Bonuses

Loyalty Maximums

After 12 months continuous membership, and once waiting periods have been served, a *policy holder* is entitled to an increased benefit maximum equal to the first year benefit maximum for the relevant modality plus 20% of the first year benefit maximum. For each subsequent calendar year, the *policy holder* is entitled to an increased benefit maximum equal to their previous year's benefit maximum for the relevant modality plus 20% of the first year benefit maximum. No further increased benefit maximums apply once the yearly maximum is double that of the first year maximum.

I13 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefits for Major Dental and Orthodontics are only payable on this table if the service was required as the result of an accident requiring immediate medical attention, occurring after joining this cover.

Maximum benefits per person during each benefit entitlement year are:

General Dental -

Year 1 - \$400

Year 2 - \$480

Year 3 - \$560

Year 4 - \$640

Year 5 - \$720

Year 6+ - \$800

Major Dental (if resulting from an accident) and Orthodontics (if resulting from an accident) combined maximums –

	NSW, QLD, TAS, VIC, WA	SA, NT
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Year 1	\$250	\$600
Year 2	\$300	\$720
Year 3	\$350	\$840
Year 4	\$400	\$960
Year 5	\$450	\$1080
Year 6+	\$500	\$1200

I13 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$120

I13 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

	NSW, QLD, TAS, VIC, WA	SA, NT
Year 1	\$450	\$350
Year 2	\$540	\$420
Year 3	\$630	\$490
Year 4	\$720	\$560
Year 5	\$810	\$630
Year 6+	\$900	\$700

I13 8 Chiropractic

Not available on this product.

I13 9 Non PBS Pharmaceuticals

Not available on this product.

I13 10 Podiatry

Not available on this product.

I13 11 Psychology and Counselling

Not available on this product.

I13 12 Alternative Therapies

Not available on this product.

I13 13 Natural Therapies

Not available on this product.

I13 14 Speech Therapy

Not available on this product.

I13 15 Orthotics

Not available on this product.

I13 16 Dietetics

Not available on this product.

I13 17 Occupational Therapy

Not available on this product.

I13 18 Naturopathy

Not applicable.

I13 19 Acupuncture

Not available on this product.

I13 20 Other Therapies

Not available on this product.

I13 21 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

I13 22 Hearing Aids

Not available on this product.

I13 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

I13 24 Ambulance Transportation

Not available on this product.

I13 25 Accident Cover

Not available on this product.

I13 26 Accidental Death Funeral Expenses

Not available on this product.

I13 27 Other Special

Not available on this product.

I14 SCHEDULE GENERAL TREATMENT TABLES

I14 1 Table Name or Group of Table Names

Standard Extras

I14 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover from 30 November 2010.

I14 3 General Conditions

See section E1 General Conditions.

I14 4 Loyalty Bonuses

Loyalty Maximums

After 12 months continuous membership, and once waiting periods have been served, a *policy holder* is entitled to an increased benefit maximum equal to the first year benefit maximum for the relevant modality plus 20% of the first year benefit maximum. For each subsequent calendar year, the *policy holder* is entitled to an increased benefit maximum equal to their previous year's benefit maximum for the relevant modality plus 20% of the first year benefit maximum. No further increased benefit maximums apply once the yearly maximum is double that of the first year maximum.

I14 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefits for Orthodontics are only payable on this table if the service was required as the result of an accident requiring immediate medical attention, occurring after joining this cover.

**Maximum benefits per person during each benefit entitlement year are:
General Dental, Major Dental and Orthodontics (if resulting from an accident) combined maximums -**

	NSW, QLD, TAS, VIC, WA	SA, NT
Year 1	\$400	\$500
Year 2	\$480	\$600
Year 3	\$560	\$700
Year 4	\$640	\$800
Year 5	\$720	\$900
Year 6+	\$800	\$1000

I14 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$150

I14 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$350
Year 2 - \$420
Year 3 - \$490
Year 4 - \$560
Year 5 - \$630
Year 6+ \$700

Maximum benefits per policy during each benefit entitlement year are:

Year 1- \$700
Year 2 -\$840
Year 3 -\$980
Year 4 - \$1120
Year 5 -\$1260
Year 6+ -\$1400

Combined maximums for - Physiotherapy, Chiropractic/Osteopathy and Acupuncture.

I14 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$350
Year 2 - \$420
Year 3 - \$490
Year 4 - \$560
Year 5 - \$630
Year 6+ \$700

Maximum benefits per policy during each benefit entitlement year are:

Year 1- \$700
Year 2 -\$840
Year 3 -\$980
Year 4 - \$1120

Year 5 -\$1260
Year 6+ -\$1400

Combined maximums for - Physiotherapy, Chiropractic/Osteopathy and Acupuncture..

I14 9 Non PBS Pharmaceuticals

Not available on this product.

I14 10 Podiatry

Not available on this product.

I14 11 Psychology and Counselling

Not available on this product.

I14 12 Alternative Therapies

See Acupuncture I14.19

I14 13 Natural Therapies

See Acupuncture I14.19

I14 14 Speech Therapy

Not available on this product.

I14 15 Orthotics

Not available on this product.

I14 16 Dietetics

Not available on this product.

I14 17 Occupational Therapy

Not available on this product.

I14 18 Naturopathy

Not applicable.

I14 19 Acupuncture

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$350
Year 2 - \$420
Year 3 - \$490
Year 4 - \$560
Year 5 - \$630
Year 6+ \$700

Maximum benefits per policy, during each benefit entitlement year are:

Year 1- \$700
Year 2 -\$840
Year 3 -\$980
Year 4 - \$1120
Year 5 -\$1260
Year 6+ -\$1400

Combined maximums for - Physiotherapy, Chiropractic/Osteopathy and Acupuncture.

I14 20 Other Therapies

Not available on this product.

I14 21 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

I14 22 Hearing Aids

Not available on this product.

I14 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

I14 24 Ambulance Transportation

Not available on this product.

I14 25 Accident Cover

Not available on this product.

I14 26 Accidental Death Funeral Expenses

Not available on this product.

114 27 Other Special

Not available on this product.

I15 SCHEDULE GENERAL TREATMENT TABLES

I15 1 Table Name or Group of Table Names

Corporate Extras

I15 2 Eligibility

On Sale

Previously available to Employees/Members of organisations which had the product included in their contracts with Bupa.

I15 3 General Conditions

See section E1 General Conditions

I15 4 Loyalty Bonuses

Loyalty Maximums

After 12 months continuous membership, and once waiting periods have been served, a *policy holder* is entitled to an increased benefit maximum equal to the first year benefit maximum for the relevant modality plus 20% of the first year benefit maximum. For each subsequent calendar year, the *policy holder* is entitled to an increased benefit maximum equal to their previous year's benefit maximum for the relevant modality plus 20% of the first year benefit maximum. No further increased benefit maximums apply once the yearly maximum is double that of the first year maximum.

I15 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

General Dental -

Year 1 - \$1000

Year 2 - \$1200

Year 3 - \$1400

Year 4 - \$1600

Year 5 - \$1800

Year 6+ - \$2000

Major Dental -

Year 1 - \$800

Year 2 - \$960

Year 3 - \$1120

Year 4 - \$1280

Year 5 - \$1440

Year 6+ - \$1600

Orthodontics - \$1350. Lifetime Limit of \$2700 per person

I15 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

I15 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$600.00
Year 2 - \$720.00
Year 3 - \$840.00
Year 4 - \$960.00
Year 5 - \$1080.00
Year 6+ \$1200.00

I15 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$600
Year 2 - \$720
Year 3 - \$840
Year 4 - \$960
Year 5 - \$1080
Year 6+ \$1200

Combined maximums for – Chiropractic/Osteopathy, Speech Therapy, Eye Therapy and Occupational Therapy.

I15 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 100% of the cost of the balance of the prescription is payable. Benefit is limited to \$40 per script item.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$300
Year 2 - \$360
Year 3 - \$420
Year 4 - \$480
Year 5 - \$540
Year 6+ \$600

I15 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$300
Year 2 - \$360
Year 3 - \$420
Year 4 - \$480
Year 5 - \$540
Year 6+ \$600

I15 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$300
Year 2 - \$360
Year 3 - \$420
Year 4 - \$480
Year 5 - \$540
Year 6+ \$600

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

I15 12 Alternative Therapies

See Natural Therapies I15.13

I15 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture, Chinese herbalism, and Massage.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$200

Year 2 - \$240
Year 3 - \$280
Year 4 - \$320
Year 5 - \$360
Year 6+ \$400

Within this maximum, Massage benefits are limited to \$150 per person, and \$300 per policy, per calendar year.

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

I15 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$600
Year 2 - \$720
Year 3 - \$840
Year 4 - \$960
Year 5 - \$1080
Year 6+ \$1200

Combined maximums for – Chiropractic/Osteopathy, Speech Therapy, Eye Therapy and Occupational Therapy.

I15 15 Orthotics

See Non Surgically Implanted Prostheses and Appliances I15.21

I15 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400
Year 2 - \$480
Year 3 - \$560
Year 4 - \$640
Year 5 - \$720
Year 6+ \$800

I15 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$600
Year 2 - \$720
Year 3 - \$840
Year 4 - \$960
Year 5 - \$1080
Year 6+ \$1200

Combined maximums for – Chiropractic/Osteopathy, Speech Therapy, Eye Therapy and Occupational Therapy.

I15 18 Naturopathy

Not applicable.

I15 19 Acupuncture

See Natural Therapies I15.13

I15 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$600
Year 2 - \$720
Year 3 - \$840
Year 4 - \$960
Year 5 - \$1080
Year 6+ \$1200

Combined maximums for – Chiropractic/Osteopathy, Speech Therapy, Eye Therapy and Occupational Therapy.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$200
Year 2 - \$240
Year 3 - \$280
Year 4 - \$320
Year 5 - \$360
Year 6+ \$400

Combined maximums for – Natural therapy.

I15 21 Non Surgically Implanted Prostheses and Appliances

Benefits for non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one appliance up to a maximum benefit of \$300 per person, per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance up to a maximum benefit of \$500 per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device up to a maximum benefit of \$750 per person, per 2 calendar years.

Surgical (Compression) Stockings

Maximum benefits of \$100 per person per calendar year. Within this maximum benefits are limited to 4 pairs per person, per calendar year

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device up to a maximum benefit of \$175 per policy, per 3 calendar years.

Blood Pressure Monitors

Limited to one device up to a maximum benefit of \$175 per policy, per calendar year.

Hearing Aids

Limited to one supply of hearing aids up to a maximum of \$850 per policy, per 3 calendar years.

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

A combined maximum benefit of \$500 per person, per calendar year applies.

Hire, Repair and Maintenance of a Health Appliance

Limited to \$100 per person, per calendar year.

Maximum benefits per person, per calendar year for all Non Surgically Implanted Prostheses and Appliances are: \$1000.

I15 22 Hearing Aids

See Non Surgically Implanted Prostheses and Appliances I15.21

I15 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

I15 24 Ambulance Transportation

Not available on this product.

I15 25 Accident Cover

Not available on this product.

I15 26 Accidental Death Funeral Expenses

Not available on this product.

I15 27 Other Special

Home Nursing

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Home Nursing includes the following coverage:

General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).

Stomal Therapy

Palliative Care Services – RN Care, Personal Care Assistance

Maximum benefits per person, per calendar year are: \$350

Local and Interstate Travelling Expenses

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

(1) The person must be referred by a *Medical Practitioner*; and

(2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$100

Overnight Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards Overnight Non-Hospital Accommodation expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Benefit of up to \$40 per night

Maximum benefit per combined patient and attendant per calendar year are: \$150.

I16 SCHEDULE GENERAL TREATMENT TABLES

I16 1 Table Name or Group of Table Names

Executive Extras

I16 2 Eligibility

On Sale

Available to Employees/Members of organisations which had the product included in their contracts with Bupa.

This product is subject to the provision that it can only be taken out in conjunction with a table in Schedules J34, J35 or J37.

I16 3 General Conditions

See section E1 General Conditions

I16 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

I16 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental - No maximum benefits apply, however service limits apply.

Major Dental - \$800 (sub-limit of \$400 for inlays/onlays)

Orthodontics - \$1200. Lifetime Limit - \$2400

I16 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

I16 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

I16 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$500

Maximum benefits per policy, per calendar year are: \$1000

I16 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 85% of the cost of the balance of the prescription is payable.

Maximum benefits per person, per calendar year are: \$350

I16 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

I16 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Maximum benefits per policy, per calendar year are: \$1000

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

I16 12 Alternative Therapies

See Natural Therapies I16.13

I16 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture, Chinese herbalism, and Massage.

Maximum benefits per person, per calendar year are: \$350

Within this maximum, Massage benefits are limited to \$150 per person, and \$300 per policy, per calendar year.

Massage includes - remedial massage, [myotherapy](#), and [Traditional Chinese Medicine remedial massage](#).

I16 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

I16 15 Orthotics

See Non Surgically Implanted Prostheses and Appliances I16.21

I16 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

I16 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

I16 18 Naturopathy

Not applicable.

I16 19 Acupuncture

See Natural Therapies I16.13

I16 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

Combined maximums for - Natural therapy.

116 21 Non Surgically Implanted Prostheses and Appliances

Benefits for Non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one appliance up to a maximum benefit of \$300 per person, per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance per person up to a maximum benefit of \$500 per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device up to a maximum benefit of \$750 per person, per 2 calendar years.

Surgical (Compression) Stockings

Maximum benefits of \$100 per person per calendar year. Within this maximum benefits are limited to 4 pairs per person, per calendar year

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device up to a maximum benefit of \$175 per policy, per 3 calendar years.

Blood Pressure Monitors

Limited to one device up to a maximum benefit of \$175 per policy, per calendar year.

Hearing Aids

Limited to one supply of hearing aids per up to a maximum of \$850 per policy, per 3 calendar years.

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

A combined maximum benefit of \$500 per person, per calendar year applies.

Hire, Repair and Maintenance of a Health Appliance

Benefit of 80% for the cost and \$100 per person, per calendar year.

Maximum benefits per person, per calendar year for all Non Surgically Implanted Prostheses and Appliances are: \$1000.

I16 22 Hearing Aids

See Non Surgically Implanted Prostheses and Appliances I16.21

I16 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 50% of the cost up to a maximum of \$100 per person, per calendar year.

I16 24 Ambulance Transportation

Not available on this product.

I16 25 Accident Cover

Not available on this product.

I16 26 Accidental Death Funeral Expenses

Not available on this product.

I16 27 Other Special

Home Nursing

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Home Nursing includes the following coverage:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).
- Stomal Therapy
- Palliative Care Services – RN Care, Personal Care Assistance

Maximum benefits per person, per calendar year are: \$350

Local and Interstate Travelling Expenses

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$100

Overnight Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards Overnight Non-Hospital Accommodation expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Benefit of up to \$40 per night

Maximum benefit per combined patient and attendant per calendar year are: \$150

I17 SCHEDULE GENERAL TREATMENT TABLES

I17 1 Table Name or Group of Table Names

Super Members Health Plan – Essential Extras

(Previously known as Industry Superannuation Health Benefits Plan Ancillary Table)

I17 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover.

Previously available to Employees/Members of organisations which had the product included in their contracts with Bupa.

I17 3 General Conditions

See section E1 General Conditions

I17 4 Loyalty Bonuses

Loyalty Reward

After 12 months continuous membership and once waiting periods have been served, a *policy holder* is entitled to an increased benefit maximum on Major Dental. For the subsequent calendar year, the *policy holder* is entitled to a further increased benefit maximum on Major Dental. No further benefit maximum increases will apply.

See Dental I17.5

I17 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person during each benefit entitlement year are:

General Dental - \$600

Major Dental -

Year 1 - \$300

Year 2 - \$600

Year 3+ - \$800

Orthodontics - No cover

I17 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$140

I17 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

Maximum benefits per policy, per calendar year are: \$700

Combined maximums for – Physiotherapy and Chiropractic/Osteopathy.

I17 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$350

Maximum benefits per policy, per calendar year are: \$700

Combined maximums for – Physiotherapy and Chiropractic/Osteopathy.

I17 9 Non PBS Pharmaceuticals

Not available on this product.

I17 10 Podiatry

Not available on this product.

I17 11 Psychology and Counselling

Not available on this product.

I17 12 Alternative Therapies

Not available on this product.

I17 13 Natural Therapies

Not available on this product.

I17 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Combined maximums for – Speech Therapy, Eye Therapy and Occupational Therapy.

I17 15 Orthotics

Not available on this product.

I17 16 Dietetics

Not available on this product.

I17 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Combined maximums for – Speech Therapy, Eye Therapy and Occupational Therapy.

I17 18 Naturopathy

Not applicable.

I17 19 Acupuncture

Not available on this product.

I17 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Combined maximums for – Speech Therapy, Eye Therapy and Occupational Therapy.

I17 21 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

I17 22 Hearing Aids

Not available on this product.

I17 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

117 24 Ambulance Transportation

Not available on this product.

117 25 Accident Cover

Not available on this product.

117 26 Accidental Death Funeral Expenses

Not available on this product.

117 27 Other Special

Not available on this product.

I20 SCHEDULE GENERAL TREATMENT TABLES

I20 1 Table Name or Group of Table Names

Corporate 80 Extras

I20 2 Eligibility

On Sale

This product is subject to the provision that it can only be taken out in conjunction with a table in Schedule J34, J17, J59, J64, J88, J89, J85, J86, J87.

Available to Employees/Members of organisations which have the product included in their contracts with Bupa

I20 3 General Conditions

See section E1 General Conditions

I20 4 Loyalty Bonuses

Loyalty Maximums

After 12 months continuous membership, and once waiting periods have been served, a *policy holder* is entitled to an increased benefit maximum equal to the first year benefit maximum for the relevant modality plus 10% of the first year benefit maximum. For each subsequent calendar year, the *policy holder* is entitled to an increased benefit maximum equal to their previous year's benefit maximum for the relevant modality plus 10% of the first year benefit maximum. No further increased benefit maximums apply beyond 150% of the first year maximum.

I20 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person during each benefit entitlement year are:

General Dental, Major Dental and Orthodontics combined maximums –

Benefits for Major Dental start after 12-month waiting period served

Year 1 - \$1200

Year 2 - \$1320

Year 3 - \$1440

Year 4 - \$1560

Year 5 - \$1680

Year 6+ - \$1800

I20 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$250

I20 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400
Year 2 - \$440
Year 3 - \$480
Year 4 - \$520
Year 5 - \$560
Year 6+ \$600

I20 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400
Year 2 - \$440
Year 3 - \$480
Year 4 - \$520
Year 5 - \$560
Year 6+ \$600

I20 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 80% of the cost of the balance of the prescription is payable.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$500
Year 2 - \$550
Year 3 - \$600
Year 4 - \$650
Year 5 - \$700

Year 6+ - \$750

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non PBS Pharmaceuticals and Non Surgically Implanted Prostheses and Appliances.

I20 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$500
Year 2 - \$550
Year 3 - \$600
Year 4 - \$650
Year 5 - \$700
Year 6+ - \$750

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non PBS Pharmaceuticals and Non Surgically Implanted Prostheses and Appliances.

I20 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$500
Year 2 - \$550
Year 3 - \$600
Year 4 - \$650
Year 5 - \$700
Year 6+ - \$750

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non PBS Pharmaceuticals and Non Surgically Implanted Prostheses and Appliances.

I20 12 Alternative Therapies

See Natural Therapies I20.13

I20 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture, Chinese herbalism, and Massage.

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$500

Year 2 - \$550

Year 3 - \$600

Year 4 - \$650

Year 5 - \$700

Year 6+ - \$750

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non PBS Pharmaceuticals and Non Surgically Implanted Prostheses and Appliances.

I20 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Combined maximums for - Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

I20 15 Orthotics

See Non Surgically Implanted Prostheses and Appliances I20.21

I20 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Combined maximums for - Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

I20 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Combined maximums for - Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

I20 18 Naturopathy

Not applicable.

I20 19 Acupuncture

See Natural Therapies I20.13

I20 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Combined maximums for - Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

Note: the *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$500

Year 2 - \$550

Year 3 - \$600

Year 4 - \$650

Year 5 - \$700

Year 6+ - \$750

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non PBS Pharmaceuticals and Non Surgically Implanted Prostheses and Appliances.

I20 21 Non Surgically Implanted Prostheses and Appliances

Benefits for non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one appliance per person, per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device per person, per 2 calendar years.

Surgical (Compression) Stockings

Limited to 4 pairs per person, per calendar year

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device per policy, per 3 calendar years.

Blood Pressure Monitors

Limited to one device per policy, per calendar year.

Hearing Aids

Limited to one supply of hearing aids per person, per 3 calendar years.

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

Hire, Repair and Maintenance of a Health Appliance

Limited to \$100 per person, per calendar year.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$500

Year 2 - \$550

Year 3 - \$600

Year 4 - \$650

Year 5 - \$700

Year 6+ - \$750

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non PBS Pharmaceuticals and Non Surgically Implanted Prostheses and Appliances.

I20 22 Hearing Aids

See Non Surgically Implanted Prostheses and Appliances I20.21

I20 23 Prevention Health Management**Bowel Cancer Screening Kits**

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person, per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 80% of the cost up to a maximum of \$100 per person per calendar year.

I20 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

I20 25 Accident Cover

Not available on this product.

I20 26 Accidental Death Funeral Expenses

Not available on this product.

I20 27 Other Special

Home Nursing

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Home Nursing includes the following coverage:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).
- Stomal Therapy
- Palliative Care Services – RN Care, Personal Care Assistance

Maximum benefits per person, per calendar year are: \$350

Local and Interstate Travelling Expenses

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$100

Overnight Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards Overnight Non-Hospital Accommodation expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Benefit of up to \$40 per night

Maximum benefit per combined patient and attendant per calendar year are: \$150.

I21 SCHEDULE GENERAL TREATMENT TABLES

I21 1 Table Name or Group of Table Names

Corporate 60 Extras

I21 2 Eligibility

On Sale

This product is subject to the provision that it can only be taken out in conjunction with a table in Schedule J34, J17, J59, J64, J88, J89, J85, J86, J87.

Available to Employees/Members of organisations which have the product included in their contracts with Bupa

I21 3 General Conditions

See section E1 General Conditions

I21 4 Loyalty Bonuses

Loyalty Maximums

After 12 months continuous membership, and once waiting periods have been served, a *policy holder* is entitled to an increased benefit maximum equal to the first year benefit maximum for the relevant modality plus 10% of the first year benefit maximum. For each subsequent calendar year, the *policy holder* is entitled to an increased benefit maximum equal to their previous year's benefit maximum for the relevant modality plus 10% of the first year benefit maximum. No further increased benefit maximums apply beyond 150% of the first year maximum.

I21 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person during each benefit entitlement year are:

General Dental, Major Dental and Orthodontics combined maximums –

Benefits for Major Dental start after 12-month waiting period served

Year 1 - \$800
Year 2 - \$880
Year 3 - \$960
Year 4 - \$1040
Year 5 - \$1120
Year 6+ - \$1200

I21 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$180

I21 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$350

Year 2 - \$385

Year 3 - \$420

Year 4 - \$455

Year 5 - \$490

Year 6+ \$525

I21 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$350

Year 2 - \$385

Year 3 - \$420

Year 4 - \$455

Year 5 - \$490

Year 6+ \$525

I21 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 60% of the cost of the balance of the prescription is payable.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400

Year 2 - \$440

Year 3 - \$480

Year 4 - \$520

Year 5 - \$560

Year 6+ - \$600

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non PBS Pharmaceuticals, Non Surgically Implanted Prostheses and Appliances, Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

I21 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400
Year 2 - \$440
Year 3 - \$480
Year 4 - \$520
Year 5 - \$560
Year 6+ - \$600

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non PBS Pharmaceuticals, Non Surgically Implanted Prostheses and Appliances, Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

I21 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400
Year 2 - \$440
Year 3 - \$480
Year 4 - \$520
Year 5 - \$560
Year 6+ - \$600

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non PBS Pharmaceuticals, Non Surgically Implanted Prostheses and Appliances, Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

I21 12 Alternative Therapies

See Natural Therapies I21.13

I21 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture, Chinese herbalism, and Massage.

Massage includes - remedial massage, [myotherapy](#), and [Traditional Chinese Medicine remedial massage](#).

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400
Year 2 - \$440
Year 3 - \$480
Year 4 - \$520
Year 5 - \$560
Year 6+ - \$600

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non PBS Pharmaceuticals, Non Surgically Implanted Prostheses and Appliances, Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

I21 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400
Year 2 - \$440
Year 3 - \$480
Year 4 - \$520
Year 5 - \$560
Year 6+ - \$600

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non PBS Pharmaceuticals, Non Surgically Implanted Prostheses and Appliances Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

I21 15 Orthotics

See Non Surgically Implanted Prostheses and Appliances I21.21

I21 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400
Year 2 - \$440
Year 3 - \$480
Year 4 - \$520

Year 5 - \$560
Year 6+ - \$600

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non PBS Pharmaceuticals, Non Surgically Implanted Prostheses and Appliances, Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

I21 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400
Year 2 - \$440
Year 3 - \$480
Year 4 - \$520
Year 5 - \$560
Year 6+ - \$600

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non PBS Pharmaceuticals, Non Surgically Implanted Prostheses and Appliances, Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

I21 18 Naturopathy

Not applicable.

I21 19 Acupuncture

See Natural Therapies I21.13

I21 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400
Year 2 - \$440
Year 3 - \$480
Year 4 - \$520
Year 5 - \$560
Year 6+ - \$600

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non PBS Pharmaceuticals, Non Surgically Implanted Prostheses and Appliances, Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Note: the *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400
Year 2 - \$440
Year 3 - \$480
Year 4 - \$520
Year 5 - \$560
Year 6+ - \$600

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non PBS Pharmaceuticals, Non Surgically Implanted Prostheses and Appliances, Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

121 21 Non Surgically Implanted Prostheses and Appliances

Benefits for non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one appliance per person, per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device per person, per 2 calendar years.

Surgical (Compression) Stockings

Limited to 4 pairs per person, per calendar year

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device per policy, per 3 calendar years.

Blood Pressure Monitors

Limited to one device per policy, per calendar year.

Hearing Aids

Limited to one supply of hearing aids per person every 3 years.

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

Hire, Repair and Maintenance of a Health Appliance

Benefit of 60% for the cost and \$100 per person, per calendar year.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400
Year 2 - \$440
Year 3 - \$480
Year 4 - \$520
Year 5 - \$560
Year 6+ - \$600

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non PBS Pharmaceuticals, Non Surgically Implanted Prostheses and Appliances, Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

I21 22 Hearing Aids

See Non Surgically Implanted Prostheses and Appliances I21.21

I21 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 60% of the cost up to a maximum of \$100 per person per calendar year.

121 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

121 25 Accident Cover

Not available on this product.

121 26 Accidental Death Funeral Expenses

Not available on this product.

121 27 Other Special

Home Nursing

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Home Nursing includes the following coverage:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).
- Stomal Therapy
- Palliative Care Services – RN Care, Personal Care Assistance

Maximum benefits per person, per calendar year are: \$350.

Local and Interstate Travelling Expenses

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$100

Overnight Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards Overnight Non-Hospital Accommodation expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*, and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Benefit of up to \$40 per night

Maximum benefit per combined patient and attendant per calendar year are: \$150.

I22 SCHEDULE GENERAL TREATMENT TABLES

I22 1 Table Name or Group of Table Names

General Dental

I22 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover from 30th November 2010.

This Table is subject to the provision that it can only be taken out in conjunction with a Hospital Treatment Table, with the exception of any combined Hospital Treatment Table and General Treatment Table as outlined in Schedule J of these Rules.

I22 3 General Conditions

See section E1 General Conditions

I22 4 Loyalty Bonuses

NSW, QLD, TAS, VIC, WA
No Loyalty Bonus available.

SA, NT
Loyalty Maximums

After 12 months continuous membership, and once waiting periods have been served, South Australian and Northern Territory *policy holders* are entitled to an increased benefit maximum equal to the first year benefit maximum plus 20% of the first year benefit maximum. For each subsequent calendar year, South Australian and Northern Territory *policy holders* are entitled to an increased benefit maximum equal to their previous years benefit maximum plus 20% of the first year benefit maximum. No further increased benefit maximums apply once the yearly maximum is double that of the first year maximum.

I22 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

NSW, QLD, TAS, VIC, WA
Maximum benefits per person, per calendar year are:
General Dental - \$400
Major Dental - No cover
Orthodontics - No cover

SA, NT
Maximum benefits per person, during each benefit entitlement year are:

General Dental -
Year 1 - \$400
Year 2 - \$480
Year 3 - \$560
Year 4 - \$640
Year 5 - \$720
Year 6+ \$800

Major Dental - No cover
Orthodontics - No cover

I22 6 Optical

Not available on this product.

I22 7 Physiotherapy

Not available on this product.

I22 8 Chiropractic

Not available on this product.

I22 9 Non PBS Pharmaceuticals

Not available on this product.

I22 10 Podiatry

Not available on this product.

I22 11 Psychology and Counselling

Not available on this product.

I22 12 Alternative Therapies

Not available on this product.

I22 13 Natural Therapies

Not available on this product.

I22 14 Speech Therapy

Not available on this product.

I22 15 Orthotics

Not available on this product.

I22 16 Dietetics

Not available on this product.

I22 17 Occupational Therapy

Not available on this product.

I22 18 Naturopathy

Not applicable.

I22 19 Acupuncture

Not available on this product.

I22 20 Other Therapies

Not available on this product.

I22 21 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

I22 22 Hearing Aids

Not available on this product.

I22 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

I22 24 Ambulance Transportation

Not available on this product.

I22 25 Accident Cover

Not available on this product.

122 26 Accidental Death Funeral Expenses

Not available on this product.

122 27 Other Special

Not available on this product.

I23 SCHEDULE GENERAL TREATMENT TABLES

I23 1 Table Name or Group of Table Names

Corporate 90 Extras

I23 2 Eligibility

On Sale

This product is subject to the provision that it can only be taken out in conjunction with a table in Schedule J34, J17, J59, J64, J88, J89, J85, J86, J87.

Available to Employees/Members of organisations which have the product included in their contracts with Bupa.

I23 3 General Conditions

See section E1 General Conditions

I23 4 Loyalty Bonuses

Loyalty Maximums

After 12 months continuous membership, and once waiting periods have been served, a *policy holder* is entitled to an increased benefit maximum equal to the first year benefit maximum for the relevant modality plus 10% of the first year benefit maximum. For each subsequent calendar year, the *policy holder* is entitled to an increased benefit maximum equal to their previous year's benefit maximum for the relevant modality plus 10% of the first year benefit maximum. No further increased benefit maximums apply beyond 150% of the first year maximum.

I23 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

**Maximum benefits per person during each benefit entitlement year are:
General Dental, Major Dental and Orthodontics combined maximums –**

Benefits for Major Dental start after 12-month waiting period served

Year 1 - \$1200
Year 2 - \$1320
Year 3 - \$1440
Year 4 - \$1560
Year 5 - \$1680
Year 6+ - \$1800

I23 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

I23 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$550

Year 2 - \$600

Year 3 - \$650

Year 4 - \$700

Year 5 - \$750

Year 6+ \$800

I23 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$550

Year 2 - \$600

Year 3 - \$650

Year 4 - \$700

Year 5 - \$750

Year 6+ \$800

I23 9 Non PBS Pharmaceuticals

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 80% of the cost of the balance of the prescription is payable.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$700

Year 2 - \$750

Year 3 - \$800

Year 4 - \$850

Year 5 - \$900

Year 6+ - \$950

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non PBS Pharmaceuticals and Non Surgically Implanted Prostheses and Appliances.

I23 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$700
Year 2 - \$750
Year 3 - \$800
Year 4 - \$850
Year 5 - \$900
Year 6+ - \$950

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non PBS Pharmaceuticals and Non Surgically Implanted Prostheses and Appliances.

I23 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$700
Year 2 - \$750
Year 3 - \$800
Year 4 - \$850
Year 5 - \$900
Year 6+ - \$950

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non PBS Pharmaceuticals and Non Surgically Implanted Prostheses and Appliances.

I23 12 Alternative Therapies

See Natural Therapies I23.13

I23 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture, Chinese herbalism, and Massage.

Massage includes - remedial Massage, myotherapy, and Traditional Chinese Medicine remedial massage.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$700

Year 2 - \$750

Year 3 - \$800

Year 4 - \$850

Year 5 - \$900

Year 6+ - \$950

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non PBS Pharmaceuticals and Non Surgically Implanted Prostheses and Appliances.

I23 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for - Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

I23 15 Orthotics

See Non Surgically Implanted Prostheses and Appliances I23.21

I23 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for - Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

I23 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for - Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

I23 18 Naturopathy

Not applicable.

I23 19 Acupuncture

See Natural Therapies I23.13

I23 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for - Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Note: the *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$700

Year 2 - \$750

Year 3 - \$800

Year 4 - \$850

Year 5 - \$900

Year 6+ - \$950

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non PBS Pharmaceuticals and Non Surgically Implanted Prostheses and Appliances.

I23 21 Non Surgically Implanted Prostheses and Appliances

Benefits for non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one appliance per person, per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device per person, per 2 calendar years.

Surgical (Compression) Stockings

Limited to 4 pairs per person, per calendar year

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device per policy, per 3 calendar years.

Blood Pressure Monitors

Limited to one device per policy per, per calendar year.

Hearing Aids

Limited to one supply of hearing aids per person, per 3 calendar years.

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

Hire, Repair and Maintenance of a Health Appliance

Limited to \$100 per person, per calendar year.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$700

Year 2 - \$750

Year 3 - \$800

Year 4 - \$850

Year 5 - \$900

Year 6+ - \$950

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non PBS Pharmaceuticals and Non Surgically Implanted Prostheses and Appliances.

I23 22 Hearing Aids

See Non Surgically Implanted Prostheses and Appliances I23.21

I23 23 Prevention Health Management**Bowel Cancer Screening Kits**

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 90% of the cost up to a maximum of \$100 per person per calendar year.

123 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

123 25 Accident Cover

Not available on this product.

123 26 Accidental Death Funeral Expenses

Not available on this product.

123 27 Other Special

Home Nursing

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Home Nursing includes the following coverage:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).
- Stomal Therapy
- Palliative Care Services – RN Care, Personal Care Assistance

Maximum benefits per person, per calendar year are: \$350.

Local and Interstate Travelling Expenses

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$100

Overnight Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards Overnight Non-Hospital Accommodation expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Benefit of up to \$40 per night

Maximum benefit per combined patient and attendant per calendar year are: \$150.

I24 SCHEDULE GENERAL TREATMENT TABLES

I24 1 Table Name or Group of Table Names

Top Extras 90

I24 2 Eligibility

On Sale

I24 3 General Conditions

See section E1 General Conditions

I24 4 Loyalty Bonuses

Benefit Bonus

After 12 months continuous membership, and once waiting periods have been served, a *policy holder* is entitled to an increased benefit equal to the first year benefit for the relevant modality plus 2% of the first year benefit. For each subsequent calendar year, the *policy holder* is entitled to an increased benefit equal to their previous year's benefit for the relevant modality plus 2% of the first year benefit. No further increased benefits apply beyond an additional 10% of the first year benefit.

I24 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental - No maximum benefits apply, however service limits apply.

Major Dental - \$1200

Orthodontics - \$1400. Lifetime Limit of \$2800 per person

I24 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$280

I24 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$900

I24 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$700

Maximum benefits per policy, per calendar year are: \$1400

I24 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 100% of the cost of the balance of the prescription is payable. Benefit is limited to \$45 per script item in the first benefit entitlement year, and then benefit bonus applies. See section I24.4

Maximum benefits per person, per calendar year are: \$750

I24 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$750

I24 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$750

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

I24 12 Alternative Therapies

See Natural Therapies I24.13

I24 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture, Chinese herbalism, and Massage.

Maximum benefits per person, per calendar year are: \$500

Within this maximum, Massage benefits are limited to \$200 per person and \$400 per policy per calendar year.

Massage includes- remedial massage, [myotherapy](#), and [Traditional Chinese Medicine remedial massage](#).

I24 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$750

I24 15 Orthotics

See Non Surgically Implanted Prostheses and Appliances I24.21

I24 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$750

I24 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$750

I24 18 Naturopathy

Not applicable.

I24 19 Acupuncture

See Natural Therapies I24.13

I24 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$750

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$450

Note: The *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per combined patient and attendant per calendar year are: \$500

Combined maximums for - Natural therapy.

124 21 Non Surgically Implanted Prostheses and Appliances

Benefits for non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one appliance up to a maximum benefit of \$400 per person, per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance up to a maximum benefit of \$600 per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device up to a maximum benefit of \$1000 per person, per 2 calendar years.

Surgical (Compression) Stockings

Maximum benefits of \$100 per person, per calendar year. Within this maximum, benefits are limited to 4 pairs per person, per calendar year

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device up to a maximum benefit of \$200 per policy, per 3 calendar years.

Blood Pressure Monitors

Limited to one device up to a maximum benefit of \$200 per policy, per calendar year.

Hearing Aids

Limited to one supply of hearing aids up to a maximum of \$850 per person, per 3 calendar years.

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

A combined maximum benefit of \$1000 per person, per calendar year applies

Hire, Repair and Maintenance of a Health Appliance

Limited to \$100 per person, per calendar year.

Maximum benefits per person, per calendar year for all Non Surgically Implanted Prostheses and Appliances are: \$1200

I24 22 Hearing Aids

See Non Surgically Implanted Prostheses and Appliances I24.21

I24 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit is limited to \$22.00 per bowel cancer screening kit in the first benefit entitlement year, and then benefit bonus applies. See section I24.4. Limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

During the first benefit entitlement year the benefit is 50% of the cost, up to a maximum of \$200 per person, per calendar year.

I24 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for

policy holders who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover.

I24 25 Accident Cover

Not available on this product.

I24 26 Accidental Death Funeral Expenses

Not available on this product.

I24 27 Other Special

Home Nursing

Maximum benefits per person, per calendar year are: \$400

Home Nursing includes the following coverage:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal/ vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).
- Stomal Therapy
- Palliative Care Services – RN Care, Personal Care Assistance

Local and Interstate Travel

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$100

Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards Overnight Non-Hospital Accommodation expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Benefit is limited to \$40 per night in the first benefit entitlement year, and then benefit bonus applies. See section I24.4

Maximum benefits per combined patient and attendant per calendar year are: \$150

I25 SCHEDULE GENERAL TREATMENT TABLES

I25 1 Table Name or Group of Table Names

Top Extras 75

I25 2 Eligibility

On Sale

I25 3 General Conditions

See section E1 General Conditions

I25 4 Loyalty Bonuses

Benefit Bonus

After 12 months continuous membership, a *policy holder* is entitled to an increased benefit equal to the first year benefit for the relevant modality plus 2% of the first year benefit. For each subsequent calendar year, the *policy holder* is entitled to an increased benefit equal to their previous year's benefit for the relevant modality plus 2% of the first year benefit. No further increased benefits apply beyond an additional 10% of the first year benefit.

I25 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental – No maximum benefits apply, however service limits apply

Major Dental - \$1100

Orthodontics - \$1300. Lifetime Limit of \$2600 per person

I25 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$240

I25 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$800

I25 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$600

Maximum benefits per policy, per calendar year are: \$1200

I25 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 100% of the cost of the balance of the prescription is payable. Benefit is limited to \$40 per script item in the first benefit entitlement year, and then benefit bonus applies. See section I25.4

Maximum benefits per person, per calendar year are: \$600

I25 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

I25 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

I25 12 Alternative Therapies

See Natural Therapies I25.13

I25 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture, Chinese herbalism, and Massage.

Maximum benefits per person, per calendar year are: \$500

Within this maximum, Massage benefits are limited to \$200 per person and \$400 per policy per calendar year.

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

I25 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

I25 15 Orthotics

See Non Surgically Implanted Prostheses and Appliances I25.21

I25 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

I25 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

I25 18 Naturopathy

Not applicable.

I25 19 Acupuncture

See Natural Therapies I25.13

I25 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Note: The *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for - Natural therapy.

125 21 Non Surgically Implanted Prostheses and Appliances

Benefits for non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one appliance up to a maximum benefit of \$300 per person, per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance up to a maximum benefit of \$500 per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device up to a maximum benefit of \$750 per person, per 2 calendar years.

Surgical (Compression) Stockings

Maximum benefits of \$100 per person per calendar year. Within this maximum, benefits are limited to 4 pairs per person, per calendar year

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device up to a maximum benefit of \$150 per policy, per 3 calendar years.

Blood Pressure Monitors

Limited to one device up to a maximum benefit of \$150 per policy, per calendar year.

Hearing Aids

Limited to one supply of hearing aids up to a maximum of \$800 per person, per 3 calendar years.

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

A combined maximum benefit of \$800 per person, per calendar year applies

Hire, Repair and Maintenance of a Health Appliance

Limited to \$100 per person, per calendar year.

Maximum benefits per person, per calendar year for all Non Surgically Implanted Prostheses and Appliances are: \$1000

I25 22 Hearing Aids

See Non Surgically Implanted Prostheses and Appliances I25.21

I25 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit is limited to \$22.00 per bowel cancer screening kit in the first benefit entitlement year, and then benefit bonus applies. See section I25.4 Limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable in accordance with the Rules set out in Section E3 General Treatment.

During the first benefit entitlement year the benefit is 50% of the cost, up to a maximum of \$150 per person, per calendar year.

I25 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover.

I25 25 Accident Cover

Not available on this product.

I25 26 Accidental Death Funeral Expenses

Not available on this product.

I25 27 Other Special

Home Nursing

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Home Nursing includes the following:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer, wound drainage).
- Stomal Therapy
- Palliative Care Services – RN Care, Personal Care Assistance

Maximum benefits per person, per calendar year are: \$350

Local and Interstate Travelling Expenses

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$100

Overnight Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards Overnight Non-Hospital Accommodation expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Benefit of up to \$40 per night in the first benefit entitlement year, and then benefit bonus applies. See section I25.4

Maximum benefits per combined patient and attendant per calendar year are: \$150

I26 SCHEDULE GENERAL TREATMENT TABLES

I26 1 Table Name or Group of Table Names

Top Extras 60

I26 2 Eligibility

On Sale

I26 3 General Conditions

See section E1 General Conditions

I26 4 Loyalty Bonuses

Benefit Bonus

After 12 months continuous membership, and once waiting periods have been served, a *policy holder* is entitled to an increased benefit equal to the first year benefit for the relevant modality plus 2% of the first year benefit. For each subsequent calendar year, the *policy holder* is entitled to an increased benefit equal to their previous year's benefit for the relevant modality plus 2% of the first year benefit. No further increased benefits apply beyond an additional 10% of the first year benefit.

I26 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental – No maximum benefits apply, however service limits apply.

Major Dental - \$1000

Orthodontics - \$1000. Lifetime Limit of \$2000 per person

I26 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

I26 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$700

I26 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$500

Maximum benefits per policy, per calendar year are: \$1000

I26 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 100% of the cost of the balance of the prescription is payable. Benefit is limited to \$40 per script item in the first benefit entitlement year, and then benefit bonus applies. See section I26.4

Maximum benefits per person, per calendar year are: \$500

I26 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

I26 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

I26 12 Alternative Therapies

See Natural Therapies I26.13

I26 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture, Chinese herbalism, and Massage.

Maximum benefits per person, per calendar year are: \$400

Within this maximum, Massage benefits are limited to \$150 per person and \$300 per policy per calendar year.

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine

I26 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

I26 15 Orthotics

See Non Surgically Implanted Prostheses and Appliances I26.21

I26 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

I26 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

I26 18 Naturopathy

Not applicable.

I26 19 Acupuncture

See Natural Therapies I26.13

I26 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

Note: The *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Combined maximums for - Natural therapy

126 21 Non Surgically Implanted Prostheses and Appliances

Benefits for non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one appliance up to a maximum benefit of \$200 per person, per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance up to a maximum benefit of \$400 per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device up to a maximum benefit of \$500 per person, per 2 calendar years.

Surgical (Compression) Stockings

Maximum benefits of \$100 per person, per calendar year. Within this maximum, benefits are limited to 4 pairs per person, per calendar year

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device up to a maximum benefit of \$125 per policy, per 3 calendar years.

Blood Pressure Monitors

Limited to one device up to a maximum benefit of \$125 per policy, per calendar year.

Hearing Aids

Limited to one supply of hearing aids per person every 3 years up to a maximum of \$500 per person, per 3 calendar years (includes \$100 sub-limit for repairs).

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for

patients suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

A combined maximum benefit of \$500 per person, per calendar year applies

Hire, Repair and Maintenance of a Health Appliance

Limited to \$100 per person, per calendar year.

Maximum benefits per person, per calendar year for all Non Surgically Implanted Prostheses and Appliances are: \$800.

I26 22 Hearing Aids

See Non Surgically Implanted Prostheses and Appliances I26.21

I26 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit is limited to \$22.00 per bowel cancer screening kit in the first benefit entitlement year, and then benefit bonus applies. See section I26.4. This is limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

During the first benefit entitlement year the benefit is 50% of the cost, up to a maximum of \$100 per person, per calendar year.

I26 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover.

I26 25 Accident Cover

Not available on this product.

I26 26 Accidental Death Funeral Expenses

Not available on this product.

I26 27 Other Special

Home Nursing

Maximum benefits per person, per calendar year are: \$350

Home Nursing includes the following coverage:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).
- Stomal Therapy
- Palliative Care Services – RN Care, Personal Care Assistance

Local and Interstate Travel

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$100

Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards Overnight Non-Hospital Accommodation expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Benefit is limited to \$40 per night in the first benefit entitlement year, and then benefit bonus applies. See section I25.4

Maximum benefits per combined patient and attendant per calendar year are: \$150

I27 SCHEDULE GENERAL TREATMENT TABLES

Health ManagementRemoved

I28 SCHEDULE GENERAL TREATMENT TABLES

I28 1 Table Name or Group of Table Names

All Extras

I28 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover from August 17 2010.

I28 3 General Conditions

See section E1 General Conditions

I28 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

I28 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental - \$600

Major Dental -

WA – After 12 months continuous membership, and once waiting periods have been served, benefits increase by \$50 per person, per calendar year up to a maximum of \$1300.

Year 1 - \$500.00

Year 2 - \$550.00

Year 3 - \$600.00

Year 4 - \$650.00

Year 5 - \$700.00

Year 6 - \$750.00

Year 7 - \$800.00

Year 8 - \$850.00

Year 9 - \$900.00

Year 10 - \$950.00

Year 11 - \$1000.00

Year 12 - \$1050.00

Year 13 - \$1100.00

Year 14 - \$1150.00
Year 15 - \$1200.00
Year 16 - \$1250.00
Year 17+ - \$1300.00

NSW, NT, QLD, SA, TAS, VIC - After 12 months continuous membership, and once waiting periods have been served, benefit maximums increase by \$50 per person, per calendar year up to a maximum of \$700.

Year 1 - \$350.00
Year 2 - \$400.00
Year 3 - \$450.00
Year 4 - \$500.00
Year 5 - \$550.00
Year 6 - \$600.00
Year 7 - \$650.00
Year 8+ - \$700.00

Orthodontics – Lifetime limit of \$1500 per person

I28 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

I28 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

I28 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are:

NSW, NT, QLD, SA, TAS VIC - \$450
WA - \$350

I28 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 100% of the cost of the balance of the prescription is payable. Benefit is limited to \$50 per script item.

Maximum benefits per person, per calendar year are: \$300

I28 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

NSW, NT, QLD, SA, TAS VIC - \$250

WA - \$300

I28 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

NSW, NT, QLD, SA, TAS VIC - \$350

WA - \$500

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

I28 12 Alternative Therapies

See Natural Therapies I28.13

I28 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture, Chinese herbalism, and Massage.

Maximum benefits per person, per calendar year are:

NSW, NT, QLD, SA, TAS VIC - \$450

WA - \$350

Within this maximum, Massage benefits are limited to \$50 per person, per calendar year.

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

I28 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

NSW, NT, QLD, SA, TAS VIC - \$450

WA - \$500

I28 15 Orthotics

See Non Surgically Implanted Prostheses and Appliances I28.21

I28 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$250

I28 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

NSW, NT, QLD, SA, TAS VIC - \$250

WA - \$500

I28 18 Naturopathy

Not applicable.

I28 19 Acupuncture

See Natural Therapies I28.13

I28 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

NSW, NT, QLD, SA, TAS VIC - \$250

WA - \$300

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

Note: The *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Exercise Pysiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

NSW, NT, QLD, SA, TAS VIC - \$450

WA - \$350

Combined maximums for - Natural therapy

128 21 Non Surgically Implanted Prostheses and Appliances

Benefits for Non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Surgical (Compression) Stockings

Limited to 4 pairs per person, per calendar year

Defined Appliances

Defined appliances include (but are not limited to): orthotics, callipers, mammary prostheses following mastectomy, orthopaedic footwear, artificial eye, splints and braces.

Hire, Repair and Maintenance of a Health Appliance

Selected appliances. Limited to \$100 per person, per calendar year.

Maximum benefits per person, per calendar year for the above listed Non Surgically Implanted Prostheses and Appliances are: \$500

Individual limits apply for the following Non Surgically Implanted Prostheses and Appliances:

Asthma Pumps

Limited to one appliance per person, per 2 calendar years.

Maximum benefits per person per 2 calendar years are:

NSW, NT, QLD, SA, TAS VIC - \$135

WA - \$140

Blood Glucose Monitors

Limited to one appliance up to a maximum of \$200 per person, per calendar year.

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device up to maximum of \$200 per policy, per 3 calendar years.

I28 22 Hearing Aids

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.]

Limited to one service per person every 3 years. One service refers to one unit (one hearing aid) or two units (hearing aids for both ears).

Maximum benefits per person, per 3 calendar years are: \$700

I28 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 50% of the cost up to a maximum of \$100 per person per calendar year.

I28 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover.

I28 25 Accident Cover

Not available on this product.

I28 26 Accidental Death Funeral Expenses

Not available on this product.

128 27 Other Special

Home Nursing

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

Home Nursing includes the following coverage:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).
- Stomal Therapy
- Palliative Care Services – RN Care, Personal Care Assistance

I29 SCHEDULE GENERAL TREATMENT TABLES

I29 1 Table Name or Group of Table Names

Extras Benefit

I29 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover from August 17 2010.

I29 3 General Conditions

See section E1 General Conditions

I29 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

I29 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental - \$600

Major Dental - \$600

Orthodontics - Lifetime limit of \$2000 per person

I29 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

I29 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

There is a combined limit of \$800 per person, per calendar year for – Chiropractic, Osteopathy, Acupuncture, Physiotherapy, Podiatry, Psychology, Dietetics, Occupational Therapy, Eye Therapy, Speech Therapy, and Natural Therapies.

I29 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

There is a combined limit of \$800 per person, per calendar year for – Chiropractic, Osteopathy, Acupuncture, Physiotherapy, Podiatry, Psychology, Dietetics, Occupational Therapy, Eye Therapy, Speech Therapy, and Natural Therapies.

I29 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 100% of the cost of the balance of the prescription. Benefit is limited to \$70 per script item.

Maximum benefits per person, per calendar year are: \$300

I29 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

There is a combined limit of \$800 per person, per calendar year for – Chiropractic, Osteopathy, Acupuncture, Physiotherapy, Podiatry, Psychology, Dietetics, Occupational Therapy, Eye Therapy, Speech Therapy, and Natural Therapies.

I29 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

There is a combined limit of \$800 per person, per calendar year for – Chiropractic, Osteopathy, Acupuncture, Physiotherapy, Podiatry, Psychology, Dietetics, Occupational Therapy, Eye Therapy, Speech Therapy, and Natural Therapies.

I29 12 Alternative Therapies

See Natural Therapies I29.13 and Acupuncture I29.19

I29 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Chinese herbalism, and Massage.
See also and Acupuncture I29.19

Maximum benefits per person, per calendar year are: \$200

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

There is a combined limit of \$800 per person, per calendar year for – Chiropractic, Osteopathy, Acupuncture, Physiotherapy, Podiatry, Psychology, Dietetics, Occupational Therapy, Eye Therapy, Speech Therapy, and Natural Therapies.

I29 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

There is a combined limit of \$800 per person, per calendar year for - Chiropractic, Osteopathy, Acupuncture, Physiotherapy, Podiatry, Psychology, Dietetics, Occupational Therapy, Eye Therapy, Speech Therapy, and Natural Therapies.

I29 15 Orthotics

See Non Surgically Implanted Prostheses and Appliances I29.21

I29 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

There is a combined limit of \$800 per person, per calendar year for – Chiropractic, Osteopathy, Acupuncture, Physiotherapy, Podiatry, Psychology, Dietetics, Occupational Therapy, Eye Therapy, Speech Therapy, and Natural Therapies.

I29 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

There is a combined limit of \$800 per person, per calendar year for – Chiropractic, Osteopathy, Acupuncture, Physiotherapy, Podiatry, Psychology, Dietetics, Occupational Therapy, Eye Therapy, Speech Therapy, and Natural Therapies.

I29 18 Naturopathy

Not applicable.

Maximum benefits per person, per calendar year are: \$400

There is a combined limit of \$800 per person, per calendar year for – Chiropractic, Osteopathy, , Acupuncture, Physiotherapy, Podiatry, Psychology, Dietetics, Occupational Therapy, Eye Therapy, Speech Therapy, and Natural Therapies.

I29 19 Acupuncture

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

There is a combined limit of \$800 per person, per calendar year for – Chiropractic, Osteopathy, Acupuncture, Physiotherapy, Podiatry, Psychology, Dietetics, Occupational Therapy, Eye Therapy, Speech Therapy, and Natural Therapies.

I29 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

There is a combined limit of \$800 per person, per calendar year for – Chiropractic, Osteopathy, Acupuncture, Physiotherapy, Podiatry, Psychology, Dietetics, Occupational Therapy, Eye Therapy, Speech Therapy, and Natural Therapies.

Osteopathy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

There is a combined limit of \$800 per person, per calendar year for – Chiropractic, Osteopathy, Acupuncture, Physiotherapy, Podiatry, Psychology, Dietetics, Occupational Therapy, Eye Therapy, Speech Therapy, and Natural Therapies.

129 21 Non Surgically Implanted Prostheses and Appliances

Benefits for Non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Surgical (Compression) Stockings

Limited to 4 pairs per person, per calendar year

Defined Appliances

Defined appliances include (but are not limited to): orthotics, callipers, mammary prostheses following mastectomy, orthopaedic footwear, artificial eye, splints and braces.

Hire, Repair and Maintenance of a Health Appliance

Selected appliances. Limited to \$100 per person, per calendar year.

Maximum benefits per person, per calendar year for the above listed Non Surgically Implanted Prostheses and Appliances are: \$500

Individual limits apply for the following Non Surgically Implanted Prostheses and Appliances:

Asthma Pumps

Limited to one appliance up to a maximum of \$140 per person, per 2 calendar years.

Blood Glucose Monitors

Limited to one appliance up to a maximum of \$200 per person, per calendar year.

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device up to a maximum of \$200 per policy, per 3 calendar years.

129 22 Hearing Aids

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Limited to one service per person, per 3 calendar years. One service refers to one unit (one hearing aid) or two units (hearing aids for both ears).

Maximum benefits per person, per 3 calendar years are: \$700

129 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 50% of the cost up to a maximum of \$100 per person and \$200 per policy per calendar year.

I29 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover.

I29 25 Accident Cover

Not available on this product.

I29 26 Accidental Death Funeral Expenses

Not available on this product.

I29 27 Other Special

Not available on this product.

I30 SCHEDULE GENERAL TREATMENT TABLES

Health ManagementRemoved.

I31 SCHEDULE GENERAL TREATMENT TABLES

I31 1 Table Name or Group of Table Names

Extras Super Benefit

I31 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover from August 17 2010.

I31 3 General Conditions

See section E1 General Conditions

I31 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

I31 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental - \$700

Major Dental - \$800

Orthodontics - Lifetime limit of \$2500 per person

I31 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$250

I31 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$1000 per person, per calendar year for – Chiropractic, Osteopathy, Acupuncture, Physiotherapy, Podiatry, Psychology, Dietetics, Occupational Therapy, Eye Therapy, Speech Therapy and Natural Therapies.

I31 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$1000 per person, per calendar year for – Chiropractic, Osteopathy, Acupuncture, Physiotherapy, Podiatry, Psychology, Dietetics, Occupational Therapy, Eye Therapy, Speech Therapy and Natural Therapies.

I31 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 100% of the cost of the balance of the prescription is payable. Benefit is limited to \$70 per script item.

Maximum benefits per person, per calendar year are: \$500

I31 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$1000 per person, per calendar year for – Chiropractic, Osteopathy, Acupuncture, Physiotherapy, Podiatry, Psychology, Dietetics, Occupational Therapy, Eye Therapy, Speech Therapy and Natural Therapies.

I31 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

There is a combined limit of \$1000 per person, per calendar year for – Chiropractic, Osteopathy, Acupuncture, Physiotherapy, Podiatry, Psychology, Dietetics, Occupational Therapy, Eye Therapy, Speech Therapy and Natural Therapies.

I31 12 Alternative Therapies

See Natural Therapies I31.13, and Acupuncture I31.19

I31 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Chinese herbalism, and Massage and Western Herbalism.

See also Acupuncture I31.19

Maximum benefits per person, per calendar year are: \$300

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

There is a combined limit of \$1000 per person, per calendar year for – Chiropractic, Osteopathy, Acupuncture, Physiotherapy, Podiatry, Psychology, Dietetics, Occupational Therapy, Eye Therapy, Speech Therapy and Natural Therapies.

I31 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$1000 per person, per calendar year for – Chiropractic, Osteopathy, Acupuncture, Physiotherapy, Podiatry, Psychology, Dietetics, Occupational Therapy, Eye Therapy, Speech Therapy and Natural Therapies.

I31 15 Orthotics

See Non Surgically Implanted Prostheses and Appliances I31.21

I31 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$1000 per person, per calendar year for – Chiropractic, Osteopathy, Acupuncture, Physiotherapy, Podiatry, Psychology, Dietetics, Occupational Therapy, Eye Therapy, Speech Therapy and Natural Therapies.

I31 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$1000 per person, per calendar year for – Chiropractic, Osteopathy, Acupuncture, Physiotherapy, Podiatry, Psychology, Dietetics, Occupational Therapy, Eye Therapy, Speech Therapy and Natural Therapies.

131 18 Naturopathy

Not applicable.

131 19 Acupuncture

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$1000 per person, per calendar year for – Chiropractic, Osteopathy, Acupuncture, Physiotherapy, Podiatry, Psychology, Dietetics, Occupational Therapy, Eye Therapy, Speech Therapy and Natural Therapies.

131 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$1000 per person, per calendar year for – Chiropractic, Osteopathy, Acupuncture, Physiotherapy, Podiatry, Psychology, Dietetics, Occupational Therapy, Eye Therapy, Speech Therapy and Natural Therapies.

Osteopathy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$1000 per person, per calendar year for – Chiropractic, Osteopathy, Acupuncture, Physiotherapy, Podiatry, Psychology, Dietetics, Occupational Therapy, Eye Therapy, Speech Therapy and Natural Therapies.

131 21 Non Surgically Implanted Prostheses and Appliances

Benefits for Non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Surgical (Compression) Stockings

Limited to 4 pairs per person, per calendar year

Defined Appliances

Defined appliances include (but are not limited to): orthotics, callipers, mammary prostheses following mastectomy, orthopaedic footwear, artificial eye, splints and braces.

Hire, Repair and Maintenance of a Health Appliance

Selected appliances. Limited to \$100 per person, per calendar year.

Maximum benefits per person, per calendar year for the above listed Non Surgically Implanted Prostheses and Appliances are: \$500

Individual limits apply for the following Non Surgically Implanted Prostheses and Appliances:

Asthma Pumps

Limited to one appliance up to a maximum of \$180 per person, per 2 calendar years.

Blood Glucose Monitors

Limited to one appliance up to a maximum of \$200 per person, per calendar year.

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device up to a maximum of \$180 per policy, per 3 calendar years.

131 22 Hearing Aids

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Limited to one service per person, per 3 calendar years. One service refers to one unit (one hearing aid) or two units (hearing aids for both ears).

Maximum benefits per person, per 3 calendar years are: \$700

131 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 50% of the cost up to a maximum of \$100 per person and \$200 per policy, per calendar year.

131 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover.

131 25 Accident Cover

Not available on this product.

131 26 Accidental Death Funeral Expenses

Not available on this product.

131 27 Other Special

Not available on this product.

I32 SCHEDULE GENERAL TREATMENT TABLES

I32 1 Table Name or Group of Table Names

Extras Select

I32 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover from August 17 2010.

I32 3 General Conditions

See section E1 General Conditions

I32 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

I32 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental - \$350 (\$700 per policy, per calendar year.)

Major Dental - No cover

Orthodontics - No cover

I32 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$150

Maximum benefits per policy, per calendar year are: \$300

I32 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

Maximum benefits per policy, per calendar year are: \$700

Combined maximums for - Physiotherapy, Chiropractic/Osteopathy and Antenatal/Postnatal services.

I32 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services

Maximum benefits per person, per calendar year are: \$350

Maximum benefits per policy, per calendar year are: \$700

Combined maximums for - Physiotherapy, Chiropractic/Osteopathy and Antenatal/Postnatal services.

I32 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 100% of the cost of the balance of the prescription is payable. Benefit is limited to \$50 per script item.

Maximum benefits per person, per calendar year are: \$100

Maximum benefits per policy, per calendar year are: \$200

I32 10 Podiatry

Not available on this product.

I32 11 Psychology and Counselling

Not available on this product.

I32 12 Alternative Therapies

See Natural Therapies I32.13

I32 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture, Chinese herbalism, and Massage.

Massage includes - remedial massage myotherapy, and Traditional Chinese Medicine remedial massage.

Maximum benefits per person, per calendar year are: \$100

Maximum benefits per policy, per calendar year are: \$200

I32 14 Speech Therapy

Not available on this product.

I32 15 Orthotics

Not available on this product.

I32 16 Dietetics

Not available on this product.

I32 17 Occupational Therapy

Not available on this product.

I32 18 Naturopathy

Not applicable.

I32 19 Acupuncture

See Natural Therapies I32.13

I32 20 Other Therapies

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

Maximum benefits per policy, per calendar year are: \$700

Combined maximums for - Physiotherapy, Chiropractic/Osteopathy and Antenatal/Postnatal services.

Note: the *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$100

Maximum benefits per policy, per calendar year are: \$200

Combined maximums for - Natural therapy

132 21 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

132 22 Hearing Aids

Not available on this product.

132 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 50% of the cost up to a maximum of \$100 per person, per calendar year.

132 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover.

132 25 Accident Cover

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will provide payments to persons covered under this policy for the cost of accident related health care services, except for services that are covered by Medicare, incurred as a direct result of an Accident after joining where:

- (1) the costs are not paid or payable from any other source;
- (2) the limits for the relevant benefits in the *Policy holder's* Level of Cover have been exhausted.

The costs of such services for the purpose of determining benefits shall be limited to the set Benefits as set out in the *Company's* Schedule of benefits for the respective type of services involved.

Maximum benefits of \$2000 per person up to a maximum of \$4000 per policy, per calendar year apply.

An additional limit of \$2000 per accident per person and a maximum of \$4000 per accident, per policy apply regardless of the year of claim.

132 26 Accidental Death Funeral Expenses

Not available on this product.

132 27 Other Special

133 SCHEDULE GENERAL TREATMENT TABLES

133 1 Table Name or Group of Table Names

Extras Select Value

133 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover from August 17 2010.

133 3 General Conditions

See section E1 General Conditions

133 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

133 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

Preventative Dental – No maximum benefits apply, however service limits apply.

General Dental - \$300

Major Dental - \$300

Orthodontics - No cover

I33 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$185

I33 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined limit of \$350 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Dietetics, Speech Therapy, Eye Therapy, and Antenatal/Postnatal services.

I33 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined limit of \$350 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Dietetics, Speech Therapy, Eye Therapy, and Antenatal/Postnatal services.

I33 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 100% of the cost of the balance of the prescription is payable. Benefit is limited to \$50 per script item.

Maximum benefits per person, per calendar year are: \$150

I33 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined limit of \$350 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Dietetics, Speech Therapy, Eye Therapy, and Antenatal/Postnatal services.

I33 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

There is a combined limit of \$350 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Dietetics, Speech Therapy, Eye Therapy, and Antenatal/Postnatal services.

I33 12 Alternative Therapies

See Natural Therapies I33.13

I33 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture, Chinese herbalism, and Massage.

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

Maximum benefits per person, per calendar year are: \$200

I33 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined limit of \$350 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Dietetics, Speech Therapy, Eye Therapy, and Antenatal/Postnatal services.

I33 15 Orthotics

Not available on this product.

I33 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined limit of \$350 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Dietetics, Speech Therapy, Eye Therapy, and Antenatal/Postnatal services.

I33 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined limit of \$350 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Dietetics, Speech Therapy, Eye Therapy, and Antenatal/Postnatal services.

I33 18 Naturopathy

Not applicable.

I33 19 Acupuncture

See Natural Therapies I33.13

I33 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined limit of \$350 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Dietetics, Speech Therapy, Eye Therapy, and Antenatal/Postnatal services.

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined limit of \$350 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Dietetics, Speech Therapy, Eye Therapy, and Antenatal/Postnatal services.

Note: The *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Osteopathy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined limit of \$350 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Dietetics, Speech Therapy, Eye Therapy, and Antenatal/Postnatal services.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

Combined maximums for - Natural therapy

133 21 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

133 22 Hearing Aids

Not available on this product.

133 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 50% of the cost up to a maximum of \$100 per person, per calendar year.

133 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover.

133 25 Accident Cover

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will provide payments to persons covered under this policy for the cost of accident related health care services, except for services that are covered by Medicare, incurred as a direct result of an Accident after joining where:

- (1) the costs are not paid or payable from any other source;
- (2) the limits for the relevant benefits in the Policy Holder's Level of Cover have been exhausted.

The costs of such services for the purpose of determining benefits shall be limited to the set Benefits as set out in the *Company's* Schedule of benefits for the respective type of services involved.

Maximum benefits of \$2000 per person up to a maximum of \$4000 per policy, per calendar year apply.

An additional limit of \$2000 per accident per person and a maximum of \$4000 per accident, per policy apply regardless of the year of claim.

133 26 Accidental Death Funeral Expenses

Not available on this product.

133 27 Other Special

Not available on this product.

134 SCHEDULE GENERAL TREATMENT TABLES

134 1 Table Name or Group of Table Names

Extras Select Benefit

I34 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover from August 17 2010.

I34 3 General Conditions

See section E1 General Conditions

I34 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

I34 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

Preventative Dental – No maximum benefits apply, however service limits apply.

General Dental - \$300

Major Dental - \$800

Orthodontics - \$1000. Lifetime Limit of \$2000 per person

I34 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$225

I34 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Dietetics, Speech Therapy, Eye Therapy, and Antenatal/Postnatal services.

I34 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Dietetics, Speech Therapy, Eye Therapy, and Antenatal/Postnatal services.

I34 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 100% of the cost of the balance of the prescription is payable. Benefit is limited to \$50 per script item.

Maximum benefits per person, per calendar year are: \$300

I34 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Dietetics, Speech Therapy, Eye Therapy, and Antenatal/Postnatal services.

I34 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Dietetics, Speech Therapy, Eye Therapy, and Antenatal/Postnatal services.

I34 12 Alternative Therapies

See Natural Therapies I34.13

I34 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture, Chinese herbalism, and Massage.

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

Maximum benefits per person, per calendar year are: \$200

I34 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Dietetics, Speech Therapy, Eye Therapy, and Antenatal/Postnatal services.

I34 15 Orthotics

See Non Surgically Implanted Prostheses and Appliances I34.21

I34 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Dietetics, Speech Therapy, Eye Therapy, and Antenatal/Postnatal services.

I34 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

Dietetics, Speech Therapy, Eye Therapy, and Antenatal/Postnatal services.

I34 18 Naturopathy

Not applicable.

I34 19 Acupuncture

See Natural Therapies I34.13

134 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Dietetics, Speech Therapy, Eye Therapy, and Antenatal/Postnatal services.

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Dietetics, Speech Therapy, Eye Therapy, and Antenatal/Postnatal services.

Note: The *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Osteopathy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$375

There is a combined limit of \$750 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Dietetics, Speech Therapy, Eye Therapy, and Antenatal/Postnatal services.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

Combined maximums for - Natural therapy

134 21 Non Surgically Implanted Prostheses and Appliances

Benefits for non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one appliance per person, per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device per person, per 2 calendar years.

Surgical (Compression) Stockings

Limited to 4 pairs per person, per calendar year

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device per policy, per 3 calendar years.

Blood Pressure Monitors

Limited to one device per policy, per calendar year.

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

Hire, Repair and Maintenance of a Health Appliance

Limited to \$100 per person, per calendar year.

Maximum benefits per person, per calendar year for all Non Surgically Implanted Prostheses and Appliances are: \$500

134 22 Hearing Aids

Not available on this product.

134 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 50% of the cost up to a maximum of \$100 per person, per calendar year.

134 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover.

134 25 Accident Cover

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will provide payments to persons covered under this policy for the cost of accident related health care services, except for services that are covered by Medicare, incurred as a direct result of an Accident after joining where:

- (1) the costs are not paid or payable from any other source;
- (2) the limits for the relevant benefits in the *Policy holder's* Level of Cover have been exhausted.

The costs of such services for the purpose of determining benefits shall be limited to the set Benefits as set out in the *Company's* Schedule of benefits for the respective type of services involved.

Maximum benefits of \$2000 per person up to a maximum of \$4000 per policy, per calendar year apply.

An additional limit of \$2000 per accident per person and a maximum of \$4000 per accident, per policy apply regardless of the year of claim.

134 26 Accidental Death Funeral Expenses

Not available on this product.

134 27 Other Special

Not available on this product.

I35 SCHEDULE GENERAL TREATMENT TABLES

I35 1 Table Name or Group of Table Names

Extras Select Super Benefit

I35 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover from August 17 2010.

I35 3 General Conditions

See section E1 General Conditions

I35 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

I35 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

Preventative Dental - No maximum benefits apply, however service limits apply.

General Dental - \$400

Major Dental - \$1300

Orthodontics - \$1300. Lifetime Limit of \$2500 per person.

I35 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$250

I35 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$900 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Dietetics, Speech Therapy, Eye Therapy, and Antenatal/Postnatal services.

I35 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$900 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Dietetics, Speech Therapy, Eye Therapy, and Antenatal/Postnatal services.

I35 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 100% of the cost of the balance of the prescription is payable. Benefit is limited to \$50 per script item.

Maximum benefits per person, per calendar year are: \$300

I35 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$900 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Dietetics, Speech Therapy, Eye Therapy, and Antenatal/Postnatal services.

I35 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

There is a combined limit of \$900 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Dietetics, Speech Therapy, Eye Therapy, and Antenatal/Postnatal services.

I35 12 Alternative Therapies

See Natural Therapies I35.13

I35 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture, Chinese herbalism, and Massage.

Maximum benefits per person, per calendar year for each therapy type are: \$200

Maximum benefits per person, per calendar year for all Natural Therapies are: \$400

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

I35 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$900 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Dietetics, Speech Therapy, Eye Therapy, and Antenatal/Postnatal services.

I35 15 Orthotics

See Non Surgically Implanted Prostheses and Appliances I35.21

I35 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$900 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Dietetics, Speech Therapy, Eye Therapy, and Antenatal/Postnatal services.

I35 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$900 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Dietetics, Speech Therapy, Eye Therapy, and Antenatal/Postnatal services.

I35 18 Naturopathy

Not applicable.

I35 19 Acupuncture

See Natural Therapies I35.13

I35 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$900 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Dietetics, Speech Therapy, Eye Therapy, and Antenatal/Postnatal services.

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$900 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Dietetics, Speech Therapy, Eye Therapy, and Antenatal/Postnatal services.

Note: The *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Osteopathy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$900 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Dietetics, Speech Therapy, Eye Therapy, and Antenatal/Postnatal services.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment

Maximum benefits per person, per calendar year are: \$200

Combined maximums for - Natural therapy

135 21 Non Surgically Implanted Prostheses and Appliances

Benefits for Non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one appliance per person, per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device per person, per 2 calendar years.

Surgical (Compression) Stockings

Limited to 4 pairs per person, per calendar year

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device per policy, per 3 calendar years.

Blood Pressure Monitors

Limited to one device per policy, per calendar year.

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

Hire, Repair and Maintenance of a Health Appliance

Limited to \$100 per person, per calendar year.

Maximum benefits per person, per calendar year for all Non Surgically Implanted Prostheses and Appliances are: \$500

135 22 Hearing Aids

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Limited to one service per person every 3 years. One service refers to one unit (one hearing aid) or two units (hearing aids for both ears).

Maximum benefits per person, per 3 calendar years are: \$1000

135 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 50% of the cost up to a maximum of \$100 per person, per calendar year.

135 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover.

135 25 Accident Cover

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will provide payments to persons covered under this policy for the cost of accident related health care services, except for services that are covered by Medicare, incurred as a direct result of an Accident after joining where:

- (1) the costs are not paid or payable from any other source;
- (2) the limits for the relevant benefits in the *Policy holder's* Level of Cover have been exhausted.

The costs of such services for the purpose of determining benefits shall be limited to the set Benefits as set out in the *Company's* Schedule of benefits for the respective type of services involved.

Maximum benefits of \$2000 per person up to a maximum of \$4000 per policy, per calendar year apply.

An additional limit of \$2000 per accident per person and a maximum of \$4000 per accident, per policy apply regardless of the year of claim.

135 26 Accidental Death Funeral Expenses

Not available on this product.

135 27 Other Special

Not available on this product.

I36 SCHEDULE GENERAL TREATMENT TABLES

I36 1 Table Name or Group of Table Names

Signature Extras

I36 2 Eligibility

On Sale

This product is subject to the provision that it can only be taken out in conjunction with a table in Schedule J34, J17, J59, J64, J88, J89, J85, J86, J87.

Available to Employees/Members of organisations which have the product included in their contracts with Bupa.

I36 3 General Conditions

See section E1 General Conditions

I36 4 Loyalty Bonuses

Loyalty Maximums

After 12 months continuous membership, and once waiting periods have been served, a *policy holder* is entitled to an increased benefit maximum equal to the first year benefit maximum for the relevant modality plus 10% of the first year benefit maximum. For each subsequent calendar year, the *policy holder* is entitled to an increased benefit maximum equal to their previous year's benefit maximum for the relevant modality plus 10% of the first year benefit maximum. No further increased benefit maximums apply beyond 150% of the first year maximum.

I36 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental - No maximum benefits apply, however service limits apply

Major Dental - \$2000 combined limit with Orthodontics

Orthodontics - Combined limit with Major Dental.

I36 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

I36 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$600
Year 2 - \$660
Year 3 - \$720
Year 4 - \$780
Year 5 - \$840
Year 6+ \$900

I36 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$600

Maximum benefits per policy, per calendar year are: \$1200

I36 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 80% of the cost of the balance of the prescription is payable.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$600
Year 2 - \$660
Year 3 - \$720
Year 4 - \$780
Year 5 - \$840
Year 6+ \$900

I36 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$600
Year 2 - \$660
Year 3 - \$720
Year 4 - \$780
Year 5 - \$840
Year 6+ \$900

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non Surgically Implanted Prostheses and Appliances and Home Nursing.

I36 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$600
Year 2 - \$660
Year 3 - \$720
Year 4 - \$780
Year 5 - \$840
Year 6+ \$900

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non Surgically Implanted Prostheses and Appliances and Home Nursing.

I36 12 Alternative Therapies

See Natural Therapies I36.13

I36 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture, Chinese herbalism, and Massage.

Massage includes - Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$600
Year 2 - \$660
Year 3 - \$720
Year 4 - \$780
Year 5 - \$840
Year 6+ \$900

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non Surgically Implanted Prostheses and Appliances and Home Nursing.

I36 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Combined maximums for - Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

I36 15 Orthotics

See Non Surgically Implanted Prostheses and Appliances I36.21

I36 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Combined maximums for - Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

I36 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Combined maximums for - Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

I36 18 Naturopathy

Not applicable.

I36 19 Acupuncture

See Natural Therapies I36.13

I36 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Combined maximums for - Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$450

Note: The *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$600
Year 2 - \$660
Year 3 - \$720
Year 4 - \$780
Year 5 - \$840
Year 6+ \$900

Combined maximums for - Natural therapy

136 21 Non Surgically Implanted Prostheses and Appliances

Benefits for non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one appliance per person, per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device per person, per 2 calendar years.

Surgical (Compression) Stockings

Limited to 4 pairs per person, per calendar year

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device per policy, per 3 calendar years.

Blood Pressure Monitors

Limited to one device per policy per, per calendar year.

Hearing Aids

Limited to one supply of hearing aids per person, per 3 calendar years.

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

Hire, Repair and Maintenance of a Health Appliance

Limited to \$100 per person, per calendar year.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$600

Year 2 - \$660

Year 3 - \$720

Year 4 - \$780

Year 5 - \$840

Year 6+ \$900

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non Surgically Implanted Prostheses and Appliances and Home Nursing.

I36 22 Hearing Aids

See Non Surgically Implanted Prostheses and Appliances I36.21

I36 23 Prevention Health Management**Bowel Cancer Screening Kits**

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide a cover towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 80% of the cost up to a maximum of \$100 per person, per calendar year.

136 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

136 25 Accident Cover

Not available on this product.

136 26 Accidental Death Funeral Expenses

Not available on this product.

136 27 Other Special

Home Nursing

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Home Nursing includes the following coverage:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).
- Stomal Therapy
- Palliative Care Services – RN Care, Personal Care Assistance

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$600

Year 2 - \$660

Year 3 - \$720

Year 4 - \$780

Year 5 - \$840

Year 6+ \$900

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non Surgically Implanted Prostheses and Appliances and Home Nursing.

Local and Interstate Travelling Expenses

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$100

Overnight Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards Overnight Non-Hospital Accommodation expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Benefit of up to \$40 per night

Maximum benefit per combined patient and attendant per calendar year are: \$150.

I37 SCHEDULE GENERAL TREATMENT TABLES

I37 1 Table Name or Group of Table Names

Corporate Advantage

I37 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover from 17 November 2017.

I37 3 General Conditions

See section E1 General Conditions

I37 4 Loyalty Bonuses

Loyalty Maximums

After 12 months continuous membership, and once waiting periods have been served, a *policy holder* is entitled to an increased benefit maximum equal to the first year benefit maximum for the relevant modality plus 20% of the first year benefit maximum. For each subsequent calendar year, the *policy holder* is entitled to an increased benefit maximum equal to their previous year's benefit maximum for the relevant modality plus 20% of the first year benefit maximum. No further increased benefit maximums apply once the yearly maximum is double that of the first year maximum.

I37 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental - No maximum benefits apply, however service limits apply.

Major Dental - \$1100

Orthodontics - \$1300. Lifetime Limit of \$2600 per person

I37 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$250

I37 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$500
Year 2 - \$600
Year 3 - \$700
Year 4 - \$800
Year 5 - \$900
Year 6+ \$1000

Combined maximums for – Physiotherapy and Antenatal/Postnatal services.

137 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$600

Maximum benefits per policy, per calendar year are: \$1200

137 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 90% of the cost of the balance of the prescription is payable.

Maximum benefits per person, per calendar year are: \$450

137 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for - Dietetics, Podiatry, Speech Therapy, Eye Therapy and Occupational Therapy.

137 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Maximum benefits per policy, per calendar year are: \$1000

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

I37 12 Alternative Therapies

See Natural Therapies I37.13

I37 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture, Chinese herbalism, and Massage.

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

Maximum benefits per person, per calendar year are: \$400

I37 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for - Dietetics, Podiatry, Speech Therapy, Eye Therapy and Occupational Therapy.

I37 15 Orthotics

See Non Surgically Implanted Prostheses and Appliances I37.21

I37 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for - Dietetics, Podiatry, Speech Therapy, Eye Therapy and Occupational Therapy.

I37 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for - Dietetics, Podiatry, Speech Therapy, Eye Therapy and Occupational Therapy.

I37 18 Naturopathy

Not applicable.

I37 19 Acupuncture

See Natural Therapies I37.13

I37 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for - Dietetics, Podiatry, Speech Therapy, Eye Therapy and Occupational Therapy.

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$500
Year 2 - \$600
Year 3 - \$700
Year 4 - \$800
Year 5 - \$900
Year 6+ \$1000

Combined maximums for - Physiotherapy and Antenatal/Postnatal services.

Note: The *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Combined maximums for – Natural therapy

137 21 Non Surgically Implanted Prostheses and Appliances

Benefits for Non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one device up to a maximum benefit of \$300 per person, per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one device up to a maximum benefit of \$500 per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device up to a maximum benefit of \$750 per person, per 2 calendar years.

Surgical (Compression) Stockings

Maximum benefits of \$100 per person, per calendar year. Within this maximum, benefits are limited to 4 pairs per person, per calendar year

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device up to a maximum benefit of \$175 per policy, per 3 calendar years.

Blood Pressure Monitors

Limited to one device up to a maximum benefit of \$175 per policy, per calendar year.

Hearing Aids

Limited to one supply of hearing aids up to a maximum of \$850 per person, per 3 calendar years

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

A combined maximum benefit of \$500 per person, per calendar year applies.

Hire, Repair and Maintenance of a Health Appliance

Limited to \$100 per person per calendar year.

Maximum benefits per person, per calendar year for all Non Surgically Implanted Prostheses and Appliances are: \$850.

137 22 Hearing Aids

See Non Surgically Implanted Prostheses and Appliances 137.21

137 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 50% of the cost up to a maximum of \$100 per person per calendar year.

137 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover.

137 25 Accident Cover

Not available on this product.

137 26 Accidental Death Funeral Expenses

Not available on this product.

137 27 Other Special

Home Nursing

Home Nursing includes coverage for the following services:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).
- Stomal Therapy
- Palliative Care Services – RN Care, Personal Care Assistance

Maximum benefits per person, per calendar year are: \$350

Local and Interstate Travelling Expenses

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*, and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$100

Overnight Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards Overnight Non-Hospital Accommodation expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*, and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Benefit is limited to \$40 per night

Maximum benefit per combined patient and attendant per calendar year are: \$150.

I38 SCHEDULE GENERAL TREATMENT TABLES

I38 1 Table Name or Group of Table Names

Corporate Classic

I38 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover from 17 November 2017.

I38 3 General Conditions

See section E1 General Conditions

I38 4 Loyalty Bonuses

Loyalty Maximums

After 12 months continuous membership, and once waiting periods have been served, a *policy holder* is entitled to an increased benefit maximum equal to the first year benefit maximum for the relevant modality plus 20% of the first year benefit maximum. For each subsequent calendar year, the *policy holder* is entitled to an increased benefit maximum equal to their previous year's benefit maximum for the relevant modality plus 20% of the first year benefit maximum. No further increased benefit maximums apply once the yearly maximum is double that of the first year maximum.

I38 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

General Dental

Year 1 - \$400
Year 2 – \$480
Year 3 – \$560
Year 4 – \$640
Year 5 – \$720
Year 6+ - \$800

Major Dental -

Year 1 - \$500
Year 2 – \$600
Year 3 – \$700
Year 4 – \$800
Year 5 – \$900
Year 6+ - \$1000

Orthodontics - \$1000. Lifetime Limit of \$1600 per person

I38 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$240

I38 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400

Year 2 - \$480

Year 3 - \$560

Year 4 - \$640

Year 5 - \$720

Year 6+ \$800

Combined maximums for – Physiotherapy and Antenatal/Postnatal services.

I38 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$500

Maximum benefits per policy, per calendar year are: \$1000

I38 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 80% of the cost of the balance of the prescription is payable.

Maximum benefits per person, per calendar year are: \$300

I38 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$600

Combined maximums for - Psychology, Dietetics, Podiatry, Speech Therapy, Eye Therapy, Occupational Therapy, Natural Therapies and Non Surgically Implanted Prostheses and Appliances.

I38 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$600

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

Combined maximums for - Psychology, Dietetics, Podiatry, Speech Therapy, Eye Therapy, Occupational Therapy, Natural Therapies and Non Surgically Implanted Prostheses and Appliances.

I38 12 Alternative Therapies

See Natural Therapies I38.13

I38 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture, Chinese herbalism, and Massage.

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

Maximum benefits per person, per calendar year are: \$600

Combined maximums for - Psychology, Dietetics, Podiatry, Speech Therapy, Eye Therapy, Occupational Therapy, Natural Therapies and Non Surgically Implanted Prostheses and Appliances.

I38 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$600

Combined maximums for - Psychology, Dietetics, Podiatry, Speech Therapy, Eye Therapy, Occupational Therapy, Natural Therapies and Non Surgically Implanted Prostheses and Appliances.

I38 15 Orthotics

See Non Surgically Implanted Prostheses and Appliances I38.21

I38 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$600

Combined maximums for - Psychology, Dietetics, Podiatry, Speech Therapy, Eye Therapy, Occupational Therapy, Natural Therapies and Non Surgically Implanted Prostheses and Appliances.

I38 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$600

Combined maximums for - Psychology, Dietetics, Podiatry, Speech Therapy, Eye Therapy, Occupational Therapy, Natural Therapies and Non Surgically Implanted Prostheses and Appliances.

I38 18 Naturopathy

Not applicable.

I38 19 Acupuncture

See Natural Therapies I38.13

I38 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$600

Combined maximums for - Psychology, Dietetics, Podiatry, Speech Therapy, Eye Therapy, Occupational Therapy, Natural Therapies and Non Surgically Implanted Prostheses and Appliances.

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400
Year 2 - \$480
Year 3 - \$560
Year 4 - \$640
Year 5 - \$720
Year 6+ \$800

Combined maximums for – Physiotherapy and Antenatal/Postnatal services.

Note: the *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$600

Combined maximums for – Natural therapy

138 21 Non Surgically Implanted Prostheses and Appliances

Benefits for Non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one device per person, per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one device per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device per person, per 2 calendar years.

Surgical (Compression) Stockings

Maximum benefits of \$100 per person, per calendar year. Within this maximum benefits are limited to 4 pairs per person, per calendar year

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device up to a maximum benefit of \$175 per policy, per 3 calendar years.

Blood Pressure Monitors

Limited to one device per policy, per calendar year.

Hearing Aids

Limited to one supply of hearing aids up to a maximum of \$600 per person, per 3 calendar years

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

Hire, Repair and Maintenance of a Health Appliance

Limited to \$100 per person per calendar year.

Maximum benefits per person, per calendar year for all Non Surgically Implanted Prostheses and Appliances are: \$600

Combined maximums for - Psychology, Dietetics, Podiatry, Speech Therapy, Eye Therapy, Occupational Therapy, Natural Therapies and Non Surgically Implanted Prostheses and Appliances.

I38 22 Hearing Aids

See Non Surgically Implanted Prostheses and Appliances I38.21

I38 23 Prevention Health Management**Bowel Cancer Screening Kits**

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 50% of the cost up to a maximum of \$100 per person per calendar year.

I38 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover.

138 25 Accident Cover

Not available on this product.

138 26 Accidental Death Funeral Expenses

Not available on this product.

138 27 Other Special

Home Nursing

Home Nursing includes coverage for the following services:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).
- Stomal Therapy
- Palliative Care Services – RN Care, Personal Care Assistance

Maximum benefits per person, per calendar year are: \$350

Local and Interstate Travelling Expenses

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$100

Overnight Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards Overnight Non-Hospital Accommodation expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Benefit of up to \$40 per night

Maximum benefit per combined patient and attendant per calendar year are: \$150

I39 SCHEDULE GENERAL TREATMENT TABLES

I39 1 Table Name or Group of Table Names

Corporate Essentials

I39 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover from 17 November 2017.

I39 3 General Conditions

See section E1 General Conditions

I39 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

I39 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental and Major Dental - \$400

Orthodontics - No cover

I39 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

I39 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for - Physiotherapy, Chiropractic/Osteopathy and Natural Therapies.

I39 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for - Physiotherapy, Chiropractic/Osteopathy and Natural Therapies.

I39 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 70% of the cost of the balance of the prescription is payable.

Maximum benefits per person, per calendar year are: \$150

I39 10 Podiatry

Not available on this product.

I39 11 Psychology and Counselling

Not available on this product.

I39 12 Alternative Therapies

See Natural Therapies I39.13

I39 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture, Chinese herbalism, and Massage.

Massage includes remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for - Physiotherapy, Chiropractic/Osteopathy and Natural Therapies.

I39 14 Speech Therapy

Not available on this product.

I39 15 Orthotics

Not available on this product.

I39 16 Dietetics

Not available on this product.

I39 17 Occupational Therapy

Not available on this product.

I39 18 Naturopathy

Not applicable.

I39 19 Acupuncture

See Natural Therapies I39.13

I39 20 Other Therapies

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for - Physiotherapy, Chiropractic/Osteopathy and Natural Therapies.

I39 21 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

I39 22 Hearing Aids

Not available on this product.

I39 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 50% of the cost up to a maximum of \$100 per person per calendar year.

139 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover.

139 25 Accident Cover

Not available on this product.

139 26 Accidental Death Funeral Expenses

Not available on this product.

139 27 Other Special

Not available on this product.

I40 SCHEDULE GENERAL TREATMENT TABLES

I40 1 Table Name or Group of Table Names

Budget Extras 60

I40 2 Eligibility

On Sale

I40 3 General Conditions

See section E1 General Conditions

I40 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

I40 5 Dental

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental - \$350 (\$700 per policy, per calendar year)

Major Dental - No cover

Orthodontics - No cover

I40 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$150

Maximum benefits per policy, per calendar year are: \$300

I40 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

Maximum benefits per policy, per calendar year are: \$700

Combined maximums for - Physiotherapy, Chiropractic/Osteopathy, Antenatal/Postnatal and Natural Therapies.

I40 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$350

Maximum benefits per policy, per calendar year are: \$700

Combined maximums for - Physiotherapy, Chiropractic/Osteopathy, Antenatal/Postnatal and Natural Therapies.

I40 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 100% of the cost of the balance of the prescription is payable. Benefit is limited to \$40 per script item.

Maximum benefits per person, per calendar year are: \$100

Maximum benefits per policy, per calendar year are: \$200

I40 10 Podiatry

Not available on this product.

I40 11 Psychology and Counselling

Not available on this product.

I40 12 Alternative Therapies

See Natural Therapies I40.13

I40 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture, Chinese herbalism, and Massage.

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

Maximum benefits per person, per calendar year are: \$100

Maximum benefits per policy, per calendar year are: \$200

There is a combined limit of \$350 per person and \$700 per policy, per calendar year for - Physiotherapy, Chiropractic/Osteopathy, Antenatal/Postnatal and Natural Therapies.

I40 14 Speech Therapy

Not available on this product.

I40 15 Orthotics

Not available on this product.

I40 16 Dietetics

Not available on this product.

I40 17 Occupational Therapy

Not available on this product.

I40 18 Naturopathy

Not applicable.

I40 19 Acupuncture

See Natural Therapies I40.13

I40 20 Other Therapies

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

Maximum benefits per policy, per calendar year are: \$700

Combined maximums for - Physiotherapy, Chiropractic/Osteopathy, Antenatal/Postnatal and Natural Therapies.

Note: From 1 November 2010, the *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

Maximum benefits per policy, per calendar year are: \$700

Combined maximums for - Physiotherapy, Chiropractic/Osteopathy, Antenatal/Postnatal and Natural Therapies.

I40 21 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

I40 22 Hearing Aids

Not available on this product.

I40 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 50% of the cost up to a maximum of \$50 per person, per calendar year.

I40 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover.

I40 25 Accident Cover

Not available on this product.

I40 26 Accidental Death Funeral Expenses

Not available on this product.

140 27 Other Special

Not available on this product.

I41 SCHEDULE GENERAL TREATMENT TABLES

I41 1 Table Name or Group of Table Names

Premium Ambulance

I41 2 Eligibility

On Sale

I41 3 General Conditions

See section E1 General Conditions.

A one month waiting period applies before benefits are payable for non-emergency ambulance transportation.

I41 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

I41 5 Dental

Not available on this product.

I41 6 Optical

Not available on this product.

I41 7 Physiotherapy

Not available on this product.

I41 8 Chiropractic

Not available on this product.

I41 9 Non PBS Pharmaceuticals

Not available on this product.

I41 10 Podiatry

Not available on this product.

I41 11 Psychology and Counselling

Not available on this product.

I41 12 Alternative Therapies

Not available on this product.

I41 13 Natural Therapies

Not available on this product.

I41 14 Speech Therapy

Not available on this product.

I41 15 Orthotics

Not available on this product.

I41 16 Dietetics

Not available on this product.

I41 17 Occupational Therapy

Not available on this product.

I41 18 Naturopathy

Not applicable..

I41 19 Acupuncture

Not available on this product.

I41 20 Other Therapies

Not available on this product.

I41 21 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

I41 22 Hearing Aids

Not available on this product.

I41 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

I41 24 Ambulance Transportation

Emergency Ambulance Transportation

The *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances.

An emergency is an unplanned event where you need immediate medical treatment. Benefits are only available for emergency or casualty transportation where, in the opinion of a medical officer, a person requires immediate medical treatment in circumstances where there is serious threat to the person/s life or health.

Maximum benefits per person, per calendar year for Emergency Ambulance Transportation are: No limit.

Non-Emergency Ambulance Transportation

The *Company* will pay a benefit of 100% of the cost for non-emergency ambulance trips including air services when provided by an organisation recognised by Bupa.

Maximum benefits per person, per calendar year for Non-Emergency Ambulance Transportation are: \$5000

The following providers are recognised by Bupa:

- ACT Ambulance Service
- Ambulance Service of NSW
- Ambulance Victoria
- Queensland Ambulance Service
- South Australia Ambulance Service
- St John Ambulance Service NT
- St John Ambulance Service WA
- Tasmanian Ambulance Service

Note: This Product does not include-

- Air services (including helicopter services) and road transport services that are not operated by a state or territory government or an organisation recognised by Bupa.
- Where the state Government provides an ambulance benefit (e.g. Queensland and Tasmania) or a policyholder is covered through a state based reciprocal arrangement.
- When a policyholder holds a subscription with their state ambulance service
- Where compensation, damages or benefits may be received from another source.

I41 25 Accident Cover

Not available on this product.

I41 26 Accidental Death Funeral Expenses

Not available on this product.

I41 27 Other Special

Not available on this product.

I42 SCHEDULE GENERAL TREATMENT TABLES

I42 1 Table Name or Group of Table Names

Corporate 70 Extras

I42 2 Eligibility

On Sale

This product is subject to the provision that it can only be taken out in conjunction with a table in Schedule J34, J17, J59, J64, J88, J89, J85, J86, J87.

Available to Employees/Members of organisations which have the product included in their contracts with Bupa

I42 3 General Conditions

See section E1 General Conditions

I42 4 Loyalty Bonuses

Loyalty Maximums

After 12 months continuous membership, and once waiting periods have been served, a *policy holder* is entitled to an increased benefit maximum equal to the first year benefit maximum for the relevant modality plus 10% of the first year benefit maximum. For each subsequent calendar year, the *policy holder* is entitled to an increased benefit maximum equal to their previous year's benefit maximum for the relevant modality plus 10% of the first year benefit maximum. No further increased benefit maximums apply beyond 150% of the first year maximum.

I42 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person during each benefit entitlement year are:

General Dental, Major Dental and Orthodontics combined maximums –

Benefits for Major Dental start after 12-month waiting period served

Year 1 - \$800

Year 2 - \$880

Year 3 - \$960

Year 4 - \$1040

Year 5 - \$1120

Year 6+ - \$1200

I42 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$250

I42 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$350

Year 2 - \$385

Year 3 - \$420

Year 4 - \$455

Year 5 - \$490

Year 6+ \$525

I42 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$350
Year 2 - \$385
Year 3 - \$420
Year 4 - \$455
Year 5 - \$490
Year 6+ \$525

I42 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 70% of the cost of the balance of the prescription is payable.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400
Year 2 - \$440
Year 3 - \$480
Year 4 - \$520
Year 5 - \$560
Year 6+ - \$600

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non PBS Pharmaceuticals, Non Surgically Implanted Prostheses and Appliances, Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

I42 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400
Year 2 - \$440
Year 3 - \$480
Year 4 - \$520

Year 5 - \$560

Year 6+ - \$600

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non PBS Pharmaceuticals, Non Surgically Implanted Prostheses and Appliances, Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

I42 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400

Year 2 - \$440

Year 3 - \$480

Year 4 - \$520

Year 5 - \$560

Year 6+ - \$600

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non PBS Pharmaceuticals, Non Surgically Implanted Prostheses and Appliances, Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

I42 12 Alternative Therapies

See Natural Therapies I42.13

I42 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture, Chinese herbalism, and Massage.

Massage includes - myotherapy, and Traditional Chinese Medicine remedial massage.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400
Year 2 - \$440
Year 3 - \$480
Year 4 - \$520
Year 5 - \$560
Year 6+ - \$600

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non PBS Pharmaceuticals, Non Surgically Implanted Prostheses and Appliances, Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

I42 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400
Year 2 - \$440
Year 3 - \$480
Year 4 - \$520
Year 5 - \$560
Year 6+ - \$600

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non PBS Pharmaceuticals, Non Surgically Implanted Prostheses and Appliances Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

I42 15 Orthotics

See Non Surgically Implanted Prostheses and Appliances I42.21

I42 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400
Year 2 - \$440
Year 3 - \$480
Year 4 - \$520
Year 5 - \$560
Year 6+ - \$600

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non PBS Pharmaceuticals, Non Surgically Implanted Prostheses and Appliances, Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

I42 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400
Year 2 - \$440
Year 3 - \$480
Year 4 - \$520
Year 5 - \$560
Year 6+ - \$600

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non PBS Pharmaceuticals, Non Surgically Implanted Prostheses and Appliances, Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

I42 18 Naturopathy

Not applicable.

I42 19 Acupuncture

See Natural Therapies I42.13

142 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400
Year 2 - \$440
Year 3 - \$480
Year 4 - \$520
Year 5 - \$560
Year 6+ - \$600

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non PBS Pharmaceuticals, Non Surgically Implanted Prostheses and Appliances, Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Note: the *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400
Year 2 - \$440
Year 3 - \$480
Year 4 - \$520
Year 5 - \$560
Year 6+ - \$600

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non PBS Pharmaceuticals, Non Surgically Implanted Prostheses and Appliances, Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

142 21 Non Surgically Implanted Prostheses and Appliances

Benefits for non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one appliance per person, per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device per person, per 2 calendar years.

Surgical (Compression) Stockings

Limited to 4 pairs per person, per calendar year

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device per policy, per 3 calendar years.

Blood Pressure Monitors

Limited to one device per policy, per calendar year.

Hearing Aids

Limited to one supply of hearing aids per person every 3 years.

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

Hire and Repair of a Health Appliance

Benefit of 70% for the cost and sub-limit of \$100 per person, per calendar year.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$400

Year 2 - \$440

Year 3 - \$480

Year 4 - \$520

Year 5 - \$560

Year 6+ - \$600

Combined maximums for - Psychology, Podiatry, Natural Therapies, Non PBS Pharmaceuticals, Non Surgically Implanted Prostheses and Appliances, Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

I42 22 Hearing Aids

See Non Surgically Implanted Prostheses and Appliances I42.21

I42 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 70% of the cost up to a maximum of \$100 per person per calendar year.

I42 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for policy holders who contribute to any other policy cover. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

142 25 Accident Cover

Not available on this product.

142 26 Accidental Death Funeral Expenses

Not available on this product.

142 27 Other Special

Home Nursing

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Home Nursing includes the following coverage:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).
- Stomal Therapy
- Palliative Care Services – RN Care, Personal Care

Assistance **Maximum benefits per person, per calendar year are:**

\$350. Local and Interstate Travelling Expenses

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$100

Overnight Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards Overnight Non-Hospital Accommodation expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Benefit of up to \$40 per night

Maximum benefit per combined patient and attendant per calendar year are: \$150.

I43 SCHEDULE GENERAL TREATMENT TABLES

I43 1 Table Name or Group of Table Names

OSHC Extras

I43 2 Eligibility

On Sale

I43 3 General Conditions

See section E1 General Conditions

I43 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

I43 5 Dental

The *Company* will pay benefits for services provided to a *policy holder* by a provider of general treatment with whom Bupa have entered into an agreement as outlined in section E3.6 General Treatment (a Bupa Members First Network recognized provider).

No benefits are payable for services provided to a *policy holder* by a non Bupa Members First Network recognized provider.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay the following benefits: One dental check-up per year comprised of:

1. one examination item number
2. one scale and clean
3. one fluoride application
4. two bitewing x-rays

I43 6 Optical

Not available on this product.

I43 7 Physiotherapy

The *Company* will pay benefits for services provided to a *policy holder* by a provider of general treatment with whom Bupa have entered into an agreement as outlined in section E3.6 General Treatment (Bupa Members First Network recognized provider).

No benefits are payable for services provided to a *policy holder* by a non Bupa Members First Network recognized provider.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

**Combined maximums per person during any one calendar year for
Physiotherapy Chiropractic and Podiatry are:** three consultations

I43 8 Chiropractic

The *Company* will pay benefits for services provided to a *policy holder* by a provider of general treatment with whom Bupa have entered into an agreement as outlined in section E3.6 General Treatment (Bupa Members First Network recognized provider).

No benefits are payable for services provided to a *policy holder* by a non Bupa Members First Network recognized provider.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Combined maximums per person during any one calendar year for Physiotherapy, Chiropractic and Podiatry are: three consultations

I43 9 Non PBS Pharmaceuticals

Not available on this product.

I43 10 Podiatry

The *Company* will pay benefits for services provided to a *policy holder* by a provider of general treatment with whom Bupa have entered into an agreement as outlined in section E3.6 General Treatment (Bupa Members First Network recognized provider).

No benefits are payable for services provided to a *policy holder* by a non Bupa Members First Network recognized provider.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Combined maximums per person during any one calendar year for Physiotherapy, Chiropractic and Podiatry are: three consultations

I43 11 Psychology and Counselling

Not available on this product.

I43 12 Alternative Therapies

Not available on this product.

I43 13 Natural Therapies

Not available on this product.

I43 14 Speech Therapy

Not available on this product.

I43 15 Orthotics

Not available on this product.

I43 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: two phone calls (comprising one 45-60 minute call and one 15-30 minute call) with a Bupa dietician.

I43 17 Occupational Therapy

Not available on this product.

I43 18 Naturopathy

Not applicable.

I43 19 Acupuncture

Not available on this product.

I43 20 Other Therapies

Not available on this product.

I43 21 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

I43 22 Hearing Aids

Not available on this product.

I43 23 Prevention Health Management

1. Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

I43 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance

where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover.

Policy holders with a OSHC policy in addition to their OSHC extras can only claim benefits for Ambulance transportation or on the spot treatment from either their OSHC policy, or their OSHC extras policy, but not both.

I43 25 Accident Cover

Not available on this product.

I43 26 Accidental Death Funeral Expenses

Not available on this product.

I43 27 Other Special General Treatment

Not available on this product.

I43 28 Hospital-Substitute Treatment

Not available on this product.

I44 SCHEDULE GENERAL TREATMENT TABLES

I44 1 Table Name or Group of Table Names

Freedom 50 Extras

I44 2 Eligibility

On Sale

I44 3 General Conditions

See section E1 General Conditions

I44 4 Loyalty Bonuses

Flexi-Limits

After 12 months continuous membership, and once waiting periods have been served, a *policy holder* is entitled to increasing flexible limits (Flexi-Limits). A combined flexi-limit applies for General Dental, Physiotherapy and Chiropractic/Osteopathy. For each subsequent calendar year, the *policy holder* is entitled to an increased flexible limit. Once the increased limit reaches \$700 per person and \$1400 per policy, no further increases apply.

I44 5 Dental

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental

Year 1 - \$500 (\$1,000 per policy, per calendar year)

Year 2 - \$600 (\$1,200 per policy, per calendar year)

Year 3 - \$700 (\$1,400 per policy, per calendar year)

Major Dental - No cover

Orthodontics - No cover

Combined flexi-limit for - General Dental, Physiotherapy and Chiropractic/Osteopathy.

I44 6 Optical

Not available on this product.

I44 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Year 1 - \$500 (\$1,000 per policy, per calendar year)

Year 2 - \$600 (\$1,200 per policy, per calendar year)

Year 3 - \$700 (\$1,400 per policy, per calendar year)

Combined flexi-limit for - General Dental, Physiotherapy and Chiropractic/Osteopathy.

I44 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Year 1 - \$500 (\$1,000 per policy, per calendar year)

Year 2 - \$600 (\$1,200 per policy, per calendar year)

Year 3 - \$700 (\$1,400 per policy, per calendar year)

Combined flexi-limit for - General Dental, Physiotherapy and Chiropractic/Osteopathy.

I44 9 Non PBS Pharmaceuticals

Not available on this product.

I44 10 Podiatry

Not available on this product.

I44 11 Psychology and Counselling

Not available on this product.

I44 12 Alternative Therapies

Not available on this product.

I44 13 Natural Therapies

Not available on this product.

I44 14 Speech Therapy

Not available on this product.

I44 15 Orthotics

Not available on this product.

I44 16 Dietetics

Not available on this product.

I44 17 Occupational Therapy

Not available on this product.

I44 18 Naturopathy

Not applicable.

I44 19 Acupuncture

Not available on this product.

I44 20 Other Therapies

Not available on this product.

I44 21 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

I44 22 Hearing Aids

Not available on this product.

I44 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

I44 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

I44 25 Accident Cover

Not available on this product.

I44 26 Accidental Death Funeral Expenses

Not available on this product.

I44 27 Other Special

Not available on this product.

I45 SCHEDULE GENERAL TREATMENT TABLES

I45 1 Table Name or Group of Table Names

Freedom 60 Extras

I45 2 Eligibility

On Sale

I45 3 General Conditions

See section E1 General Conditions

I45 4 Loyalty Bonuses

Flexi-Limits

After 12 months continuous membership, and once waiting periods have been served, a *policy holder* is entitled to increasing flexible limits (Flexi-Limits). A combined flexi-limit applies for General Dental, Physiotherapy and Chiropractic/Osteopathy. For each subsequent calendar year, the *policy holder* is entitled to an increased flexible limit. Once the increased limit reaches \$900 per person and \$1800 per policy, no further increases apply.

I45 5 Dental

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental

Year 1 - \$700 (\$1,400 per policy, per calendar year)

Year 2 - \$800 (\$1,600 per policy, per calendar year)

Year 3 - \$900 (\$1,800 per policy, per calendar year)

Major Dental - No cover

Orthodontics - No cover

Combined flexi-limit for - General Dental, Physiotherapy and Chiropractic/Osteopathy.

I45 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$150

Maximum benefits per policy, per calendar year are: \$300

I45 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Year 1 - \$700 (\$1,400 per policy, per calendar year)

Year 2 - \$800 (\$1,600 per policy, per calendar year)

Year 3 - \$900 (\$1,800 per policy, per calendar year)

Combined flexi-limit for - General Dental, Physiotherapy and Chiropractic/Osteopathy.

I45 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Year 1 - \$700 (\$1,400 per policy, per calendar year)

Year 2 - \$800 (\$1,600 per policy, per calendar year)

Year 3 - \$900 (\$1,800 per policy, per calendar year)

Combined flexi-limit for - General Dental, Physiotherapy and Chiropractic/Osteopathy.

I45 9 Non PBS Pharmaceuticals

Not available on this product.

I45 10 Podiatry

Not available on this product.

I45 11 Psychology and Counselling

Not available on this product.

I45 12 Alternative Therapies

Not available on this product.

I45 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Massage.

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

Maximum benefits per person, per calendar year are: \$100

Maximum benefits per policy, per calendar year are: \$200

I45 14 Speech Therapy

Not available on this product.

I45 15 Orthotics

Not available on this product.

I45 16 Dietetics

Not available on this product.

I45 17 Occupational Therapy

Not available on this product.

I45 18 Naturopathy

Not applicable.

I45 19 Acupuncture

Not available on this product.

I45 20 Other Therapies

Not available on this product.

I45 21 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

I45 22 Hearing Aids

Not available on this product.

I45 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

I45 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

I45 25 Accident Cover

Not available on this product.

I45 26 Accidental Death Funeral Expenses

Not available on this product.

I45 27 Other Special

Not available on this product.

I46 SCHEDULE GENERAL TREATMENT TABLES

I46 1 Table Name or Group of Table Names

Corporate Budget Extras

I46 2 Eligibility

Off Sale

Available to Employees/Members of organisations which have the product included in their contracts with Bupa.

This product must be taken out in conjunction with a table in Schedules J62, J63, J64, J65, J66, J67, J85, J86, J87 or J91.

I46 3 General Conditions

See section E1 General Conditions

I46 4 Loyalty Bonuses

I46 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Major Dental - No cover

Orthodontics - No cover

I46 6 Optical

Not available on this product.

I46 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

Combined maximums for Physiotherapy, Chiropractic & Osteopathy

I46 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$200

Combined maximums for Physiotherapy, Chiropractic & Osteopathy

I46 9 Non PBS Pharmaceuticals

Not available on this product.

I46 10 Podiatry

Not available on this product.

I46 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$100

Psychology - No cover

Counselling - No cover

Online-CBT from a Bupa recognised program for selected courses only.

I46 12 Alternative Therapies

See Natural Therapies I46.13

I46 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Massage only.

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

Maximum benefits per person, per calendar year are: \$150

I46 14 Speech Therapy

Not available on this product.

I46 15 Orthotics

Not available on this product.

I46 16 Dietetics

Not available on this product.

I46 17 Occupational Therapy

Not available on this product.

I46 18 Naturopathy

Not applicable.

I46 19 Acupuncture

Not available on this product.

I46 20 Other Therapies

Eye Therapy

Not available on this product.

Ante Natal and Post Natal

Not available on this product.

Exercise Physiology

Not available on this product.

I46 21 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

I46 22 Hearing Aids

Not available on this product.

I46 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

I46 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service,

including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

I46 25 Accident Cover

Not available on this product.

I46 26 Accidental Death Funeral Expenses

Not available on this product.

I46 27 Other Special

I47 SCHEDULE GENERAL TREATMENT TABLES

I47 1 Table Name or Group of Table Names

Corporate Everyday Extras

I47 2 Eligibility

Off Sale

Available to Employees/Members of organisations which have the product included in their contracts with Bupa.

This product must be taken out in conjunction with a table in Schedules J62, J63, J64, J65, J66, J67, J85, J86, J87 or J91.

I47 3 General Conditions

See section E1 General Conditions

I47 4 Loyalty Bonuses

I47 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$600

Major Dental - No cover

Orthodontics - No cover

I47 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

I47 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for Physiotherapy, Exercise Physiology, Chiropractic & Osteopathy, Natural therapies and Dietetics

I47 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for Physiotherapy, Exercise Physiology, Chiropractic & Osteopathy, Natural therapies and Dietetics

I47 9 Non PBS Pharmaceuticals

Not available on this product.

I47 10 Podiatry

Not available on this product.

I47 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$100

Psychology - No cover

Counselling - No cover

Online-CBT from a Bupa recognised program for selected courses only.

I47 12 Alternative Therapies

See Natural Therapies I47.13

I47 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture and Chinese herbalism

Maximum benefits per person, per calendar year are: \$300

Combined maximums for Physiotherapy, Exercise Physiology, Chiropractic & Osteopathy, Natural therapies and Dietetics

Remedial Massage:

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$150

I47 14 Speech Therapy

Not available on this product.

I47 15 Orthotics

Not available on this product.

I47 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for Physiotherapy, Exercise Physiology, Chiropractic & Osteopathy, Natural therapies and Dietetics

I47 17 Occupational Therapy

Not available on this product.

I47 18 Naturopathy

Not applicable.

I47 19 Acupuncture

See Natural Therapies I47.13

I47 20 Other Therapies

Eye Therapy

Not available on this product.

Ante Natal and Post Natal

Not available on this product.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for Physiotherapy, Exercise Physiology, Chiropractic & Osteopathy, Natural therapies and Dietetics

I47 21 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

I47 22 Hearing Aids

Not available on this product.

I47 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

During the first benefit entitlement year the benefit is 100% of the cost, up to a maximum of \$100 per person, per calendar year.

I47 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

I47 25 Accident Cover

Not available on this product.

I47 26 Accidental Death Funeral Expenses

Not available on this product.

I47 27 Other Special

Travel Vaccines

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 60% of the cost of the balance of travel vaccinations approved by the *Company* is payable. Benefit is limited to \$50 per script item.

Maximum benefits per person, per calendar year are 100

I48 SCHEDULE GENERAL TREATMENT TABLES

I48 1 Table Name or Group of Table Names

Corporate Advanced Extras

I48 2 Eligibility

Off Sale

Available to Employees/Members of organisations which have the product included in their contracts with Bupa.

This product must be taken out in conjunction with a table in Schedules J62, J63, J64, J65, J66, J67, J85, J86, J87 or J91.

I48 3 General Conditions

See section E1 General Conditions

I48 4 Loyalty Bonuses

I48 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental – \$900

Major Dental - \$800

Orthodontics - \$1000. Lifetime Limit of \$2000 per person

Combined maximums for Major Dental and Orthodontics

I48 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$250

I48 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$600

Combined maximums for Physiotherapy, Exercise Physiology, Ante natal and Post natal

I48 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$300

I48 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 70% of the cost of the balance of the prescription is payable.

Maximum benefits per person, per calendar year are: \$300

I48 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for Podiatry and Orthotics

I48 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

I48 12 Alternative Therapies

See Natural Therapies I48.13

I48 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture and Chinese herbalism,

Maximum benefits per person, per calendar year are: \$200

Remedial Massage:

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

I48 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$250

I48 15 Orthotics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for Podiatry and Orthotics

I48 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$250

I48 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$250

I48 18 Naturopathy

Not applicable.

I48 19 Acupuncture

See Natural Therapies I48.13

I48 20 Other Therapies**Eye Therapy**

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$250

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$600

Combined maximums for Physiotherapy, Exercise Physiology, Ante natal and Post natal

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$600

Combined maximums for Physiotherapy, Exercise Physiology, Ante natal and Post natal

148 21 Non Surgically Implanted Prostheses and Appliances

Benefits for non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one appliance up to a maximum benefit of \$200 per person, per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance up to a maximum benefit of \$300 per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device up to a maximum benefit of \$300 per person, per 2 calendar years.

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device up to a maximum benefit of \$175 per policy, per 3 calendar years.

Blood Pressure Monitors

Limited to one device up to a maximum benefit of \$175 per policy, per calendar year.

Hire, Repair and Maintenance of a Health Appliance

Limited to \$100 per person, per calendar year.

Defined Appliances

Defined appliances include (but are not limited to): compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients

suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

A combined maximum benefit of \$300 per person, per calendar year applies

Maximum benefits per person, per calendar year for all Non Surgically Implanted Prostheses and Appliances are: \$300

I48 22 Hearing Aids

Not available on this product

I48 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

During the first benefit entitlement year the benefit is 100% of the cost, up to a maximum of \$100 per person, per calendar year.

I48 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

I48 25 Accident Cover

Not available on this product.

I48 26 Accidental Death Funeral Expenses

Not available on this product.

148 27 Other Special

I49 SCHEDULE GENERAL TREATMENT TABLES

I49 1 Table Name or Group of Table Names

Corporate Mid Extras

I49 2 Eligibility

Off Sale

Available to Employees/Members of organisations which have the product included in their contracts with Bupa.

This product must be taken out in conjunction with a table in Schedules J62, J63, J64, J65, J66, J67, J85, J86, J87 or J91.

I49 3 General Conditions

See section E1 General Conditions

I49 4 Loyalty Bonuses

I49 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental – \$800

Major Dental - \$800

Orthodontics = not covered

I49 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$250

I49 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for Physiotherapy and Exercise Physiology

I49 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$400

I49 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 70% of the cost of the balance of the prescription is payable.

Maximum benefits per person, per calendar year are: \$300

I49 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Combined maximums for Podiatry and Orthotics

I49 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

I49 12 Alternative Therapies

See Natural Therapies I49.13

I49 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture and Chinese herbalism

Maximum benefits per person, per calendar year are: \$200

Remedial massage:

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

I49 14 Speech Therapy

Not available on this product.

I49 15 Orthotics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Combined maximums for Podiatry and Orthotics

I49 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$250

I49 17 Occupational Therapy

Not available on this product.

I49 18 Naturopathy

Not applicable.

I49 19 Acupuncture

See Natural Therapies I49.13

I49 20 Other Therapies

Eye Therapy

Not available on this product.

Ante Natal and Post Natal

Not available on this product.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for Physiotherapy and Exercise Physiology

I49 21 Non Surgically Implanted Prostheses and Appliances

Benefits for non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one appliance up to a maximum benefit of \$200 per person, per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance up to a maximum benefit of \$400 per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device up to a maximum benefit of \$500 per person, per 2 calendar years.

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device up to a maximum benefit of \$175 per policy, per 3 calendar years.

Blood Pressure Monitors

Limited to one device up to a maximum benefit of \$175 per policy, per calendar year.

Hearing Aids

Limited to one supply of hearing aids up to a maximum of \$600 per person, per 3 calendar years.

Defined Appliances

Defined appliances include (but are not limited to): compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

A combined maximum benefit of \$600 per person, per calendar year applies

Hire, Repair and Maintenance of a Health Appliance

Limited to \$100 per person, per calendar year.

Maximum benefits per person, per calendar year for all Non Surgically Implanted Prostheses and Appliances are: \$600

I49 22 Hearing Aids

See Non Surgically Implanted Prostheses and Appliances I49.21

I49 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

During the first benefit entitlement year the benefit is 100% of the cost, up to a maximum of \$100 per person, per calendar year.

I49 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

I49 25 Accident Cover

Not available on this product.

I49 26 Accidental Death Funeral Expenses

Not available on this product.

I49 27 Other Special

I50 SCHEDULE GENERAL TREATMENT TABLES

I50 1 Table Name or Group of Table Names

Corporate Total Extras

I50 2 Eligibility

Off Sale

Available to Employees/Members of organisations which have the product included in their contracts with Bupa.

This product must be taken out in conjunction with a table in Schedules J62, J63, J64, J65, J66, J67, J85, J86, J87 or J91.

I50 3 General Conditions

See section E1 General Conditions

I50 4 Loyalty Bonuses

I50 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental – \$1000

Major Dental - \$1100

Orthodontics - \$1300. Lifetime Limit of \$2600 per person

I50 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

I50 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$700

Combined maximums for Physiotherapy, Exercise Physiology, Ante natal and Post natal

I50 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$500

I50 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 80% of the cost of the balance of the prescription is payable.

Maximum benefits per person, per calendar year are: \$400

I50 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Combined maximums for Podiatry and Orthotics

I50 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

I50 12 Alternative Therapies

See Natural Therapies I50.13

I50 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture and Chinese herbalism

Maximum benefits per person, per calendar year are: \$250

Remedial massage:

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

I50 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

I50 15 Orthotics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Combined maximums for Podiatry and Orthotics

I50 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

I50 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

I50 18 Naturopathy

Not applicable.

I50 19 Acupuncture

See Natural Therapies I50.13

I50 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$700

Combined maximums for Physiotherapy, Exercise Physiology, Ante natal and Post natal

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$700

Combined maximums for Physiotherapy, Exercise Physiology, Ante natal and Post natal

150 21 Non Surgically Implanted Prostheses and Appliances

Benefits for non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one appliance up to a maximum benefit of \$300 per person, per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance up to a maximum benefit of \$500 per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device up to a maximum benefit of \$750 per person, per 2 calendar years.

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device up to a maximum benefit of \$175 per policy, per 3 calendar years.

Blood Pressure Monitors

Limited to one device up to a maximum benefit of \$175 per policy, per calendar year.

Hire, Repair and Maintenance of a Health Appliance

Limited to \$100 per person, per calendar year.

Hearing Aids

Limited to one supply of hearing aids up to a maximum of \$750 per person, per 3 calendar years.

Defined Appliances

Defined appliances include (but are not limited to): compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients

suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

A combined maximum benefit of \$750 per person, per calendar year applies

Maximum benefits per person, per calendar year for all Non Surgically Implanted Prostheses and Appliances are: \$750

I50 22 Hearing Aids

See Natural Therapies I50.13

I50 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

During the first benefit entitlement year the benefit is 100% of the cost, up to a maximum of \$100 per person, per calendar year.

I50 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

I50 25 Accident Cover

Not available on this product.

I50 26 Accidental Death Funeral Expenses

Not available on this product.

150 27 Other Special

Home Nursing

Home Nursing includes coverage for the following services:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).
- Stomal Therapy
- Palliative Care Services – RN Care, Personal Care Assistance

Maximum benefits per person, per calendar year are: \$350

J2 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J2 1 Table Name or Group of Table Names

1. HealthSmart with \$250 Excess – Silver Plus
2. HealthSmart with \$500 Excess – Silver Plus
3. HealthSmart with \$750 Excess – Silver Plus

J2 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover from 30 November 2010.

This table is only available as a Single (one Adult) policy or a Couples (two Adults) policy.

J2 3 General Conditions

See section E1 General Conditions

J2 4 Hospital Treatment Payments

See section E2 Hospital Treatment

J2 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J2 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J2 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J2 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J2 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J2 10 Co Payments

No co-payments apply on this product.

J2 11 Excesses

The following annual Excess options apply, capped at once per person, per calendar year to a maximum of twice per policy per calendar year: - \$250, \$500 or \$750.

J2 12 Restricted Cover

- 1. Rehabilitation**
No restricted cover applies
- 2. Hospital Psychiatric Services**
No restricted cover applies
- 3. Palliative Care**
No restricted cover applies
- 4. Brain and Nervous System**
No restricted cover applies
- 5. Eye (not Cataracts)**
No restricted cover applies
- 6. Ear, Nose and Throat**
No restricted cover applies
- 7. Tonsils, Adenoids and Grommets**
No restricted cover applies
- 8. Bone, Joint and Muscle**
No restricted cover applies
- 9. Joint reconstructions**

No restricted cover applies

10. Kidney and Bladder

No restricted cover applies

11. Male reproductive system

No restricted cover applies

12. Digestive system

No restricted cover applies

13. Hernia and Appendix

No restricted cover applies

14. Gastrointestinal endoscopy

No restricted cover applies

15. Gynaecology

No restricted cover applies

16. Miscarriage and termination of pregnancy

No restricted cover applies

17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

No restricted cover applies

18. Pain management

No restricted cover applies

19. Skin

No restricted cover applies

20. Breast surgery (medically necessary)

No restricted cover applies

21. Diabetes management (excluding insulin pumps)

No restricted cover applies

22. Heart and Vascular system

No restricted cover applies

23. Lung and Chest

No restricted cover applies

24. Blood

No restricted cover applies

25. Back, Neck and Spine

No restricted cover applies

26. Plastic and Reconstructive surgery (medically necessary)

No restricted cover applies

27. Dental surgery

No restricted cover applies

28. Podiatric surgery (provided by an accredited podiatric surgeon)

No restricted cover applies

29. Implantation of hearing devices

No restricted cover applies

30. Cataracts

No restricted cover applies

31. Joint replacements

No restricted cover applies

32. Dialysis for chronic kidney failure

No restricted cover applies

33. Pregnancy and birth

No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J2 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Not excluded

5. Eye (not Cataracts)

Not excluded

6. Ear, Nose and Throat

Not excluded

- 7. Tonsils, Adenoids and Grommets**
Not excluded
- 8. Bone, Joint and Muscle**
Not excluded
- 9. Joint reconstructions**
Not excluded
- 10. Kidney and Bladder**
Not excluded
- 11. Male reproductive system**
Not excluded
- 12. Digestive system**
Not excluded
- 13. Hernia and Appendix**
Not excluded
- 14. Gastrointestinal endoscopy**
Not excluded
- 15. Gynaecology**
Not excluded
- 16. Miscarriage and termination of pregnancy**
Not excluded
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
Not excluded
- 18. Pain management**
Not excluded
- 19. Skin**
Not excluded
- 20. Breast surgery (medically necessary)**
Not excluded
- 21. Diabetes management (excluding insulin pumps)**
Not excluded
- 22. Heart and Vascular system**
Not excluded
- 23. Lung and Chest**
Not excluded
- 24. Blood**
Not excluded

25. Back, Neck and Spine

Not excluded

26. Plastic and Reconstructive surgery (medically necessary)

Not excluded

27. Dental surgery

Not excluded

28. Podiatric surgery (provided by an accredited podiatric surgeon)

Not excluded

Note: Limited hospital accommodation and approved prostheses benefits only

29. Implantation of hearing devices

Not excluded

30. Cataracts

Not excluded

31. Joint replacements

Not excluded

32. Dialysis for chronic kidney failure

Not excluded

33. Pregnancy and birth

Excluded

34. Assisted reproductive services

Excluded

35. Weight loss surgery

Excluded

36. Insulin pumps

Not excluded

37. Pain management with device

Not excluded

38. Sleep studies

Not excluded

J2 14 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J2 15 Other Special Hospital Treatment

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J2 16 Dental

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

Preventative Dental - No maximum benefits apply, however service limits apply

General Dental - \$300

Major Dental - \$800

Orthodontics - No cover

J2 17 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$180

J2 18 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined limit of \$350, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology and Dietetics.

J2 19 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined limit of \$350, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology and Dietetics.

J2 20 Non PBS Pharmaceuticals

See Other Special General Treatment J2.39

J2 21 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined limit of \$350, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology and Dietetics.

J2 22 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

There is a combined limit of \$350, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology and Dietetics.

J2 23 Alternative Therapies

See Natural Therapies J2.25

J2 24 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: - Acupuncture, Chinese herbalism, and Massage.

Maximum benefits per person, per calendar year for each therapy type are: \$150

Maximum benefits per person, per calendar year for all Natural Therapies are: \$450

Massage remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

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J2 25 Speech Therapy

Not available on this product.

J2 26 Orthotics

Not available on this product.

J2 27 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined limit of \$350, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology and Dietetics.

J2 28 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined limit of \$350, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology and Dietetics.

J2 29 Naturopathy

Not applicable.

J2 30 Acupuncture

See Natural Therapies J2.25

J2 31 Other Therapies

Osteopathy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined limit of \$350, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology and Dietetics.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$150

Combined maximums for – Natural therapy

J2 32 Non Surgically Implanted Prostheses and Appliances

Benefits for Non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one device per person, per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one device per person, per calendar year.

Blood Pressure Monitors

Limited to one device per policy, per calendar year.

Defined Appliances

Defined appliances include (but are not limited to): mammary prostheses following mastectomy.

Hire, Repair and Maintenance of a Health Appliance

Limited to \$100 per person, per calendar year.

Maximum benefits per person, per calendar year for all Non Surgically Implanted Prostheses and Appliances are: \$750

J2 33 Hearing Aids

Not available on this product.

J2 34 Prevention Health Management**Bowel Cancer Screening Kits**

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits are payable in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 50% of the cost up to a maximum of \$100 per person, per calendar year.

J2 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay benefits of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances.

J2 36 Accident Cover

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will provide payments to persons covered under this policy for the cost of accident related health care services, except for services that are covered by Medicare, incurred as a direct result of an Accident after joining where:

- (1) the costs are not paid or payable from any other source;
- (2) the limits for the relevant benefits in the *Policy holder's* Level of Cover have been exhausted.

The costs of such services for the purpose of determining benefits shall be limited to the set Benefits as set out in the *Company's* Schedule of benefits for the respective type of services involved.

Maximum benefits of \$2000 per person up to a maximum of \$4000 per policy, per calendar year apply.

An additional limit of \$2000 per accident per person and a maximum of \$4000 per accident, per policy apply regardless of the year of claim.

J2 37 Accidental Death Funeral Expenses

Not available on this product.

J2 38 Other Special General Treatment

Travel Vaccines

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 100% of the cost of the balance of travel vaccinations approved by the *Company* is payable. Benefit is limited to \$50 per script item.

Maximum benefits per person, per calendar year are: \$225

J2 39 Hospital-Substitute Treatment

Not available on this Product.

J3 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J3 1 Table Name or Group of Table Names

1. FamilyFirst with \$250 Excess - Gold
2. FamilyFirst with \$500 Excess - Gold
3. FamilyFirst with \$750 Excess - Gold

J3 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover.

This table is only available as Family (2 Adults and Dependent Child(ren) and/or Dependent Student(s)), Single Parent (one Adult and Dependent Child(ren) and/or Dependent Student(s)), Single Parent Plus (one Adult and Dependant(s)) or Family Plus scale (two Adults and Dependants(s) policies.

J3 3 General Conditions

See section E1 General Conditions

J3 4 Hospital Treatment Payments

See section E2 Hospital Treatment

J3 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J3 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J3 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J3 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J3 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J3 10 Co Payments

A co-payment of \$50 is payable per person for each day in hospital and is deducted from the benefits that would otherwise be payable. This is limited to \$250 per hospital stay.

No co-payments apply for any admissions to hospital of a Dependant covered under the policy.

J3 11 Excesses

The following annual Excess options apply, capped at once per person per calendar year to a maximum of twice per policy per calendar year: - \$250, \$500 or \$750.

No excesses apply for any admissions to hospital of a Dependant covered under the policy.

J3 12 Restricted Cover

- 1. Rehabilitation**
No restricted cover applies
- 2. Hospital Psychiatric Services**
No restricted cover applies
- 3. Palliative Care**
No restricted cover applies
- 4. Brain and Nervous System**
No restricted cover applies
- 5. Eye (not Cataracts)**
No restricted cover applies
- 6. Ear, Nose and Throat**
No restricted cover applies
- 7. Tonsils, Adenoids and Grommets**
No restricted cover applies
- 8. Bone, Joint and Muscle**
No restricted cover applies
- 9. Joint reconstructions**
No restricted cover applies
- 10. Kidney and Bladder**
No restricted cover applies
- 11. Male reproductive system**
No restricted cover applies
- 12. Digestive system**
No restricted cover applies
- 13. Hernia and Appendix**
No restricted cover applies

- 14. Gastrointestinal endoscopy**
No restricted cover applies
- 15. Gynaecology**
No restricted cover applies
- 16. Miscarriage and termination of pregnancy**
No restricted cover applies
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 18. Pain management**
No restricted cover applies
- 19. Skin**
No restricted cover applies
- 20. Breast surgery (medically necessary)**
No restricted cover applies
- 21. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 22. Heart and Vascular system**
No restricted cover applies
- 23. Lung and Chest**
No restricted cover applies
- 24. Blood**
No restricted cover applies
- 25. Back, Neck and Spine**
No restricted cover applies
- 26. Plastic and Reconstructive surgery (medically necessary)**
No restricted cover applies
- 27. Dental surgery**
No restricted cover applies
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
No restricted cover applies
- 29. Implantation of hearing devices**
No restricted cover applies
- 30. Cataracts**
No restricted cover applies
- 31. Joint replacements**
No restricted cover applies
- 32. Dialysis for chronic kidney failure**

No restricted cover applies

33. Pregnancy and birth

No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J3 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Not excluded

5. Eye (not Cataracts)

Not excluded

6. Ear, Nose and Throat

Not excluded

7. Tonsils, Adenoids and Grommets

Not excluded

8. Bone, Joint and Muscle

Not excluded

9. Joint reconstructions

Not excluded

10. Kidney and Bladder

Not excluded

11. Male reproductive system

Not excluded

12. Digestive system

Not excluded

13. Hernia and Appendix

Not excluded

14. Gastrointestinal endoscopy

Not excluded

15. Gynaecology

Not excluded

16. Miscarriage and termination of pregnancy

Not excluded

17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

Not excluded

18. Pain management

Not excluded

19. Skin

Not excluded

20. Breast surgery (medically necessary)

Not excluded

21. Diabetes management (excluding insulin pumps)

Not excluded

22. Heart and Vascular system

Not excluded

23. Lung and Chest

Not excluded

24. Blood

Not excluded

25. Back, Neck and Spine

Not excluded

26. Plastic and Reconstructive surgery (medically necessary)

Not excluded

27. Dental surgery

Not excluded

28. Podiatric surgery (provided by an accredited podiatric surgeon)

Not excluded

Note: Limited hospital accommodation and approved prostheses benefits only

29. Implantation of hearing devices

Not excluded

30. Cataracts

Not excluded

31. Joint replacements

Not excluded

32. Dialysis for chronic kidney failure

Not excluded

33. Pregnancy and birth

Not excluded

34. Assisted reproductive services

Not excluded

35. Weight loss surgery

Not excluded

36. Insulin pumps

Not excluded

37. Pain management with device

Not excluded

38. Sleep studies

Not excluded

J3 14 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J3 15 Other Special Hospital Treatment Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J3 16 Dental

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

Preventative Dental - No maximum benefits apply, however service limits apply

General Dental - \$300 (\$600 per policy, per calendar year applies).

Major Dental - \$800

Orthodontics - \$1000. Lifetime limit of \$2000 per person

J3 17 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$150

J3 18 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined limit of \$350, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics and Antenatal/Post Natal Services.

J3 19 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined limit of \$350, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics and Antenatal/Post Natal Services.

J3 20 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 100% of the cost of the balance of the prescription is payable. Benefit is limited to \$50 per script item.

Maximum benefits per person, per calendar year are: \$525

J3 21 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined limit of \$350, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics and Antenatal/Post Natal Services.

J3 22 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

There is a combined limit of \$350, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics and Antenatal/Post Natal Services.

J3 23 Alternative Therapies

See Natural Therapies J3.25

J3 24 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: - Acupuncture, Chinese herbalism, and Massage.

Maximum benefits per person, per calendar year for each therapy type are: \$150.
Maximum benefits per person, per calendar year for all Natural Therapies are: \$450.

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

J3 25 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined limit of \$350, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics and Antenatal/Post Natal Services.

J3 26 Orthotics

See Non Surgically Implanted Prostheses and Appliances J3.33

J3 27 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined limit of \$350, per person per calendar year for - Physiotherapy, Chiropractic/Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics and Antenatal/Postnatal Services.

J3 28 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined limit of \$350, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics and Antenatal/Post Natal Services.

J3 29 Naturopathy

Not applicable.

J3 30 Acupuncture

See Natural Therapies J3.25

J3 31 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined limit of \$350, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics and Antenatal/Post Natal Services.

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined limit of \$350, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics and Antenatal/Post Natal Services.

Note: the *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Osteopathy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined limit of \$350, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics and Antenatal/Post Natal Services.

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$150

Combined maximums for - Natural therapy

J3 32 Non Surgically Implanted Prostheses and Appliances

Benefits for Non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device per person, per 2 calendar years.

Blood Pressure Monitors

Limited to one device per policy, per calendar year.

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering from a medical condition causing hair loss, artificial eye, splints and braces.

Hire, Repair and Maintenance of a Health Appliance

Limited to \$100 per person, per calendar year.

Maximum benefits per person, per calendar year for all Non Surgically Implanted Prostheses and Appliances are: \$750

J3 33 Hearing Aids

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Limited to one service per person per 3 calendar years. One service refers to one unit (one hearing aid) or two units (hearing aids for both ears).

Maximum benefits per person, per 3 calendar years are: \$600

J3 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 50% of the cost up to a maximum of \$100 per person up to \$200 per policy, per calendar year.

J3 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances.

J3 36 Accident Cover

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will provide payments to persons covered under this policy for the cost of accident related health care services, except for services that are covered by Medicare, incurred as a direct result of an Accident after joining where:

- (1) the costs are not paid or payable from any other source;
- (2) the limits for the relevant benefits in the *Policy holder's* Level of Cover have been exhausted.

The costs of such services for the purpose of determining benefits shall be limited to the set Benefits as set out in the *Company's* Schedule of benefits for the respective type of services involved.

Maximum benefits of \$2000 per person up to a maximum of \$4000 per policy, per calendar year apply.

An additional limit of \$2000 per accident per person and a maximum of \$4000 per accident, per policy apply regardless of the year of claim.

School Accident and School Sports Cover

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will provide payments for the cost of accident related health care services, except for services that are covered by Medicare, incurred by a Dependant aged 18 years or under and who is covered by the policy, as a result of an Accident at school or in any school activity provided that:

- (1) the costs are not paid or payable from any other source;
- (2) the limits for the relevant benefits in the *Policy holder's* Level of Cover have been exhausted; and
- (3) the costs of such services for the purpose of determining benefits shall be limited to the Set Benefit as set out in the *Company* Schedule of benefits for the respective type of services involved.

Maximum benefits per Dependant aged 18 years or under, per calendar year are: \$1000

J3 37 Accidental Death Funeral Expenses

Not available on this product.

J3 38 Other Special General Treatment

Not available on this product.

J3 39 Hospital-Substitute Treatment

Not available on this product.

J6 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J6 1 Table Name or Group of Table Names

1. HealthSmart 70 with \$250 Excess - Gold
2. HealthSmart 70 with \$500 Excess - Gold
3. HealthSmart 70 with \$750 Excess - Gold

J6 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover from 30 November 2010.

J6 3 General Conditions

See section E1 General Conditions

J6 4 Hospital Treatment Payments

See section E2 Hospital Treatment

J6 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J6 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J6 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J6 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J6 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J6 10 Co Payments

No co-payments apply on this product.

J6 11 Excesses

The following annual Excess options apply, capped at once per person, per calendar year to a maximum of twice per policy per calendar year: - \$250, \$500 or \$750

J6 12 Restricted Cover

- 1. Rehabilitation**
No restricted cover applies
- 2. Hospital Psychiatric Services**
No restricted cover applies
- 3. Palliative Care**
No restricted cover applies
- 4. Brain and Nervous System**
No restricted cover applies
- 5. Eye (not Cataracts)**
No restricted cover applies
- 6. Ear, Nose and Throat**
No restricted cover applies
- 7. Tonsils, Adenoids and Grommets**
No restricted cover applies
- 8. Bone, Joint and Muscle**
No restricted cover applies
- 9. Joint reconstructions**
No restricted cover applies
- 10. Kidney and Bladder**
No restricted cover applies
- 11. Male reproductive system**
No restricted cover applies
- 12. Digestive system**
No restricted cover applies
- 13. Hernia and Appendix**
No restricted cover applies
- 14. Gastrointestinal endoscopy**
No restricted cover applies
- 15. Gynaecology**
No restricted cover applies
- 16. Miscarriage and termination of pregnancy**
No restricted cover applies

- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 18. Pain management**
No restricted cover applies
- 19. Skin**
No restricted cover applies
- 20. Breast surgery (medically necessary)**
No restricted cover applies
- 21. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 22. Heart and Vascular system**
No restricted cover applies
- 23. Lung and Chest**
No restricted cover applies
- 24. Blood**
No restricted cover applies
- 25. Back, Neck and Spine**
No restricted cover applies
- 26. Plastic and Reconstructive surgery (medically necessary)**
No restricted cover applies
- 27. Dental surgery**
No restricted cover applies
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
No restricted cover applies
- 29. Implantation of hearing devices**
No restricted cover applies
- 30. Cataracts**
No restricted cover applies
- 31. Joint replacements**
No restricted cover applies
- 32. Dialysis for chronic kidney failure**
No restricted cover applies
- 33. Pregnancy and birth**
No restricted cover applies
- 34. Assisted reproductive services**
No restricted cover applies

35. Weight loss surgery
No restricted cover applies

36. Insulin pumps
No restricted cover applies

37. Pain management with device
No restricted cover applies

38. Sleep studies
No restricted cover applies

J6 13 Exclusions

1. Rehabilitation
Not excluded

2. Hospital Psychiatric Services
Not excluded

3. Palliative Care
Not excluded

4. Brain and Nervous System
Not excluded

5. Eye (not Cataracts)
Not excluded

6. Ear, Nose and Throat
Not excluded

7. Tonsils, Adenoids and Grommets
Not excluded

8. Bone, Joint and Muscle
Not excluded

9. Joint reconstructions
Not excluded

10. Kidney and Bladder
Not excluded

11. Male reproductive system
Not excluded

12. Digestive system
Not excluded

13. Hernia and Appendix
Not excluded

14. Gastrointestinal endoscopy

Not excluded

15. Gynaecology

Not excluded

16. Miscarriage and termination of pregnancy

Not excluded

17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

Not excluded

18. Pain management

Not excluded

19. Skin

Not excluded

20. Breast surgery (medically necessary)

Not excluded

21. Diabetes management (excluding insulin pumps)

Not excluded

22. Heart and Vascular system

Not excluded

23. Lung and Chest

Not excluded

24. Blood

Not excluded

25. Back, Neck and Spine

Not excluded

26. Plastic and Reconstructive surgery (medically necessary)

Not excluded

27. Dental surgery

Not excluded

28. Podiatric surgery (provided by an accredited podiatric surgeon)

Not excluded

Note: Limited hospital accommodation and approved prostheses benefits only

29. Implantation of hearing devices

Not excluded

30. Cataracts

Not excluded

31. Joint replacements

Not excluded

32. Dialysis for chronic kidney failure

Not excluded

33. Pregnancy and birth

Not excluded

34. Assisted reproductive services

Not excluded

35. Weight loss surgery

Not excluded

36. Insulin pumps

Not excluded

37. Pain management with device

Not excluded

38. Sleep studies

Not excluded

J6 14 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J6 15 Other Special Hospital Treatment

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J6 16 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

Preventative Dental - No maximum benefits apply, however service limits apply

General Dental - \$500

Major Dental - \$300

Orthodontics - \$1000. Lifetime limit of \$2000 per person

J6 17 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

J6 18 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for - Physiotherapy, Chiropractic/Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics and Antenatal/Postnatal Services

J6 19 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for - Physiotherapy, Chiropractic/Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics and Antenatal/Postnatal Services

J6 20 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 100% of the cost of the balance of the prescription is payable. Benefit is limited to \$50 per script item.

Maximum benefits per person, per calendar year are: \$300

J6 21 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for - Physiotherapy, Chiropractic/Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics and Antenatal/Postnatal Services

J6 22 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

Combined maximums for - Physiotherapy, Chiropractic/Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics and Antenatal/Postnatal Services

J6 23 Alternative Therapies

See Natural Therapies J6.25

J6 24 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: - Acupuncture, Chinese herbalism, and Massage.

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

Maximum benefits per person, per calendar year for all Natural Therapies are: \$300

J6 25 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for - Physiotherapy, Chiropractic/Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics and Antenatal/Postnatal Services.

J6 26 Orthotics

See Non Surgically Implanted Prostheses and Appliances J6.33

J6 27 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for - Physiotherapy, Chiropractic/Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics and Antenatal/Postnatal Services.

J6 28 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for - Physiotherapy, Chiropractic/Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics and Antenatal/Postnatal Services.

J6 29 Naturopathy

Not applicable.

J6 30 Acupuncture

See Natural Therapies J6.25

J6 31 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for - Physiotherapy, Chiropractic/Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics and Antenatal/Postnatal Services.

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for - Physiotherapy, Chiropractic/Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics and Antenatal/Postnatal Services.

Note: The *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for Natural therapy

J6 32 Non Surgically Implanted Prostheses and Appliances

Benefits for Non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one appliance per person, per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device per person, per 2 calendar years.

Surgical (Compression) Stockings

Limited to 4 pairs per person, per calendar year

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device per policy, per 3 calendar years.

Blood Pressure Monitors

Limited to one device per policy, per calendar year.

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

Hire, Repair and Maintenance of a Health Appliance

Limited to \$100 per person, per calendar year.

Maximum benefits per person, per calendar year for all Non Surgically Implanted Prostheses and Appliances are: \$750

J6 33 Hearing Aids

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Limited to one service per person every 3 years. One service refers to one unit (one hearing aid) or two units (hearing aids for both ears).

Maximum benefits per person, per 3 calendar years are: \$300

J6 34 Prevention Health Management**Bowel Cancer Screening Kits**

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 50% of the cost up to a maximum of \$100 per perso up to \$200 per policy, per calendar year.

J6 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances.

J6 36 Accident Cover

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will provide payments to persons covered under this policy for the cost of accident related health care services, except for services that are covered by Medicare, incurred as a direct result of an Accident after joining where:

- (1) the costs are not paid or payable from any other source;
- (2) the limits for the relevant benefits in the *Policy holder's* Level of Cover have been exhausted.

The costs of such services for the purpose of determining benefits shall be limited to the set Benefits as set out in the *Company's* Schedule of benefits for the respective type of services involved.

Maximum benefits of \$2000 per person up to a maximum of \$4000 per policy, per calendar year apply.

An additional limit of \$2000 per accident per person and a maximum of \$4000 per accident, per policy apply regardless of the year of claim.

School Accident and School Sports Cover Benefit

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will provide payments for the cost of accident related health care services, except for services that are covered by Medicare, incurred by a Dependant aged 18 years or under and who is covered by the policy, as a result of an Accident at school or in any school activity provided that:

- (1) the costs are not paid or payable from any other source;
- (2) the limits for the relevant benefits in the *Policy holder's* Level of Cover have been exhausted; and
- (3) the costs of such services for the purpose of determining benefits shall be limited to the Set Benefit as set out in the *Company* Schedule of benefits for the respective type of services involved.

Maximum benefits per Dependant aged 18 years or under, per calendar year are: \$1000

J6 37 Accidental Death Funeral Expenses

Not available on this product.

J6 38 Other Special General Treatment

Not available on this product.

J6 39 Hospital-Substitute Treatment

Not available on this product.

J9 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J9 1 Table Name or Group of Table Names

1. HealthSmart 80 with \$250 Excess - Gold
2. HealthSmart 80 with \$500 Excess - Gold
3. HealthSmart 80 with \$750 Excess - Gold

J9 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover from 30 November 2010.

J9 3 General Conditions

See section E1 General Conditions

J9 4 Hospital Treatment Payments

See section E2 Hospital Treatment.

J9 5 Medical Services Payments while admitted

See section E2 Hospital Treatment.

J9 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment.

J9 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment.

J9 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment.

J9 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment.

J9 10 Co Payments

A co-payment of \$50 is payable per person for each day in hospital and is deducted from the benefits that would otherwise be payable. This is limited to \$250 per hospital stay.

J9 11 Excesses

The following annual Excess options apply, capped at once per person, per calendar year to a maximum of twice per policy, per calendar year: - \$250, \$500 or \$750.

J6 12 Restricted Cover

- 1. Rehabilitation**
No restricted cover applies
- 2. Hospital Psychiatric Services**
No restricted cover applies
- 3. Palliative Care**
No restricted cover applies
- 4. Brain and Nervous System**
No restricted cover applies
- 5. Eye (not Cataracts)**
No restricted cover applies
- 6. Ear, Nose and Throat**
No restricted cover applies
- 7. Tonsils, Adenoids and Grommets**
No restricted cover applies
- 8. Bone, Joint and Muscle**
No restricted cover applies
- 9. Joint reconstructions**
No restricted cover applies
- 10. Kidney and Bladder**
No restricted cover applies
- 11. Male reproductive system**
No restricted cover applies
- 12. Digestive system**
No restricted cover applies
- 13. Hernia and Appendix**

No restricted cover applies

14. Gastrointestinal endoscopy

No restricted cover applies

15. Gynaecology

No restricted cover applies

16. Miscarriage and termination of pregnancy

No restricted cover applies

17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

No restricted cover applies

18. Pain management

No restricted cover applies

19. Skin

No restricted cover applies

20. Breast surgery (medically necessary)

No restricted cover applies

21. Diabetes management (excluding insulin pumps)

No restricted cover applies

22. Heart and Vascular system

No restricted cover applies

23. Lung and Chest

No restricted cover applies

24. Blood

No restricted cover applies

25. Back, Neck and Spine

No restricted cover applies

26. Plastic and Reconstructive surgery (medically necessary)

No restricted cover applies

27. Dental surgery

No restricted cover applies

28. Podiatric surgery (provided by an accredited podiatric surgeon)

No restricted cover applies

29. Implantation of hearing devices

No restricted cover applies

30. Cataracts

No restricted cover applies

31. Joint replacements

No restricted cover applies

32. Dialysis for chronic kidney failure

No restricted cover applies

33. Pregnancy and birth

No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J9 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Not excluded

5. Eye (not Cataracts)

Not excluded

6. Ear, Nose and Throat

Not excluded

7. Tonsils, Adenoids and Grommets

Not excluded

8. Bone, Joint and Muscle

Not excluded

9. Joint reconstructions

Not excluded

10. Kidney and Bladder

Not excluded

- 11. Male reproductive system**
Not excluded
- 12. Digestive system**
Not excluded
- 13. Hernia and Appendix**
Not excluded
- 14. Gastrointestinal endoscopy**
Not excluded
- 15. Gynaecology**
Not excluded
- 16. Miscarriage and termination of pregnancy**
Not excluded
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
Not excluded
- 18. Pain management**
Not excluded
- 19. Skin**
Not excluded
- 20. Breast surgery (medically necessary)**
Not excluded
- 21. Diabetes management (excluding insulin pumps)**
Not excluded
- 22. Heart and Vascular system**
Not excluded
- 23. Lung and Chest**
Not excluded
- 24. Blood**
Not excluded
- 25. Back, Neck and Spine**
Not excluded
- 26. Plastic and Reconstructive surgery (medically necessary)**
Not excluded
- 27. Dental surgery**
Not excluded
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
Not excluded
Note: Limited hospital accommodation and approved prostheses benefits only

29. Implantation of hearing devices

Not excluded

30. Cataracts

Not excluded

31. Joint replacements

Not excluded

32. Dialysis for chronic kidney failure

Not excluded

33. Pregnancy and birth

Not excluded

34. Assisted reproductive services

Not excluded

35. Weight loss surgery

Not excluded

36. Insulin pumps

Not excluded

37. Pain management with device

Not excluded

38. Sleep studies

Not excluded

J9 14 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J9 15 Other Special Hospital Treatment

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J9 16 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

Preventive Dental - No maximum benefits apply, however service limits apply

General Dental - \$1000

Major Dental - \$2000, with an \$800 sub-limit for the following service groups:-

- (a) **Endodontics**
- (b) **Crowns and Bridgework**
- (c) **Other Major Dental services**

Orthodontics - \$1250. Lifetime limit of \$2500 per person

J9 17 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$250

J9 18 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$2000 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics and Antenatal/Postnatal services.

J9 19 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$2000 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics and Antenatal/Postnatal services.

J9 20 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 100% of the cost of the balance of the prescription is payable. Benefit is limited to \$50 per script item.

Maximum benefits per person, per calendar year are: \$600

J9 21 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$2000 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics and Antenatal/Postnatal services.

J9 22 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

There is a combined limit of \$2000 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics and Antenatal/Postnatal services.

J9 23 Alternative Therapies

See Natural Therapies J9.25

J9 24 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: - Acupuncture, Chinese herbalism, and Massage.

Maximum benefits per person, per calendar year for each therapy type are: \$300

Maximum benefits per person, per calendar year for all Natural Therapies are: \$500

Massage includes Aromatherapy, Bowen Technique, Kinesiology, Reflexology, Shiatsu and Remedial Massage.

J9 25 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$2000 per person, per calendar year for - Physiotherapy, Chiropractic Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics and Antenatal/Postnatal services.

J9 26 Orthotics

See Non Surgically Implanted Prostheses and Appliances J9.33

J9 27 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$2000 per person, per calendar year for - Physiotherapy, Chiropractic Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics and Antenatal/Postnatal services.

J9 28 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$2000 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics and Antenatal/Postnatal services.

J9 29 Naturopathy

Not applicable.

J9 30 Acupuncture

See Natural Therapies J9.25

J9 31 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$2000 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics and Antenatal/Postnatal services.

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$2000 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics and Antenatal/Postnatal services.

Note: the *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Osteopathy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

There is a combined limit of \$2000 per person, per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Dietetics and Antenatal/Postnatal services.

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for - Natural therapy

J9 32 Non Surgically Implanted Prostheses and Appliances

Benefits for Non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one appliance per person, per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device per person, per 2 calendar years.

Surgical (Compression) Stockings

Limited to 4 pairs per person, per calendar year

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device per policy, per 3 calendar years

Blood Pressure Monitors

Limited to one device per policy, per calendar year.

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

Hire, Repair and Maintenance of a Health Appliance

Limited to \$100 per person, per calendar year.

Maximum benefits per person, per calendar year for all Non Surgically Implanted Prostheses and Appliances are: \$1000

J9 33 Hearing Aids

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Limited to one service per person per 3 calendar years. One service refers to one unit (one hearing aid) or two units (hearing aids for both ears).

Maximum benefits per person, per 3 calendar years are: \$1000

J9 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 50% of the cost up to a maximum of \$100 per person up to \$200 per policy, per calendar year.

J9 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances.

J9 36 Accident Cover

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will provide payments to persons covered under this policy for the cost of accident related health care services, except for services that are covered by Medicare, incurred as a direct result of an Accident after joining where:

(1) the costs are not paid or payable from any other source;

(2) the limits for the relevant benefits in the *Policy holder's* Level of Cover have been exhausted.

The costs of such services for the purpose of determining benefits shall be limited to the set Benefits as set out in the *Company's* Schedule of benefits for the respective type of services involved.

Maximum benefits of \$2000 per person up to a maximum of \$4000 per policy, per calendar year apply.

An additional limit of \$2000 per accident per person and a maximum of \$4000 per accident, per policy apply regardless of the year of claim.

School Accident and School Sports Cover Benefit

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will provide payments for the cost of accident related health care services, except for services that are covered by Medicare, incurred by a Dependant aged 18 years or under and who is covered by the policy, as a result of an Accident at school or in any school activity provided that:

- (1) the costs are not paid or payable from any other source;
- (2) the limits for the relevant benefits in the *Policy holder's* Level of Cover have been exhausted; and
- (3) the costs of such services for the purpose of determining benefits shall be limited to the Set Benefit as set out in the *Company* Schedule of benefits for the respective type of services involved.

Maximum benefits per Dependant aged 18 years or under, per calendar year are: \$1000

J9 37 Accidental Death Funeral Expenses

Not available on this product.

J9 38 Other Special General Treatment

Not available on this product.

J9 39 Hospital-Substitute Treatment

Not available on this product.

J11 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J11 1 Table Name or Group of Table Names

HealthLink Essentials - Gold

1. HealthLink Essentials with Nil Excess - Gold
2. HealthLink Essentials with \$250 Excess - Gold
3. HealthLink Essentials with \$500 Excess - Gold
4. HealthLink Essentials with \$750 Excess - Gold

HealthLink Classic - Gold

1. HealthLink Classic with Nil Excess - Gold
2. HealthLink Classic with \$250 Excess - Gold
3. HealthLink Classic with \$500 Excess - Gold
4. HealthLink Classic with \$750 Excess - Gold

HealthLink Advantage - Gold

1. HealthLink Advantage with Nil Excess - Gold
2. HealthLink Advantage with \$250 Excess - Gold
3. HealthLink Advantage with \$500 Excess - Gold
4. HealthLink Advantage with \$750 Excess - Gold

J11 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover from 17 November 2017.

J11 3 General Conditions

See section E1 General Conditions.

J11 4 Hospital Treatment Payments

See section E2 Hospital Treatment.

J11 5 Medical Services Payments while admitted

See section E2 Hospital Treatment.

J11 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment.

J11 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment.

J11 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment.

J11 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment.

J11 10 Co Payments

No co-payments apply on these products.

J11 11 Excesses

The following annual Excess options apply, capped at once per person, per calendar year to a maximum of twice per policy, per calendar year: - No Excess, \$250, \$500 or \$750

For any dependants covered on **HealthLink Advantage - Gold**, no excesses apply for any admissions to hospital of a Dependant covered under the policy.

J11 12 Restricted Cover

- 1. Rehabilitation**
No restricted cover applies
- 2. Hospital Psychiatric Services**
No restricted cover applies
- 3. Palliative Care**
No restricted cover applies
- 4. Brain and Nervous System**
No restricted cover applies
- 5. Eye (not Cataracts)**
No restricted cover applies
- 6. Ear, Nose and Throat**
No restricted cover applies
- 7. Tonsils, Adenoids and Grommets**
No restricted cover applies
- 8. Bone, Joint and Muscle**
No restricted cover applies
- 9. Joint reconstructions**
No restricted cover applies
- 10. Kidney and Bladder**
No restricted cover applies

- 11. Male reproductive system**
No restricted cover applies
- 12. Digestive system**
No restricted cover applies
- 13. Hernia and Appendix**
No restricted cover applies
- 14. Gastrointestinal endoscopy**
No restricted cover applies
- 15. Gynaecology**
No restricted cover applies
- 16. Miscarriage and termination of pregnancy**
No restricted cover applies
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 18. Pain management**
No restricted cover applies
- 19. Skin**
No restricted cover applies
- 20. Breast surgery (medically necessary)**
No restricted cover applies
- 21. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 22. Heart and Vascular system**
No restricted cover applies
- 23. Lung and Chest**
No restricted cover applies
- 24. Blood**
No restricted cover applies
- 25. Back, Neck and Spine**
No restricted cover applies
- 26. Plastic and Reconstructive surgery (medically necessary)**
No restricted cover applies
- 27. Dental surgery**
No restricted cover applies
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
No restricted cover applies
- 29. Implantation of hearing devices**

No restricted cover applies

30. Cataracts

No restricted cover applies

31. Joint replacements

No restricted cover applies

32. Dialysis for chronic kidney failure

No restricted cover applies

33. Pregnancy and birth

No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J11 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Not excluded

5. Eye (not Cataracts)

Not excluded

6. Ear, Nose and Throat

Not excluded

7. Tonsils, Adenoids and Grommets

Not excluded

8. Bone, Joint and Muscle

Not excluded

- 9. Joint reconstructions**
Not excluded
- 10. Kidney and Bladder**
Not excluded
- 11. Male reproductive system**
Not excluded
- 12. Digestive system**
Not excluded
- 13. Hernia and Appendix**
Not excluded
- 14. Gastrointestinal endoscopy**
Not excluded
- 15. Gynaecology**
Not excluded
- 16. Miscarriage and termination of pregnancy**
Not excluded
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
Not excluded
- 18. Pain management**
Not excluded
- 19. Skin**
Not excluded
- 20. Breast surgery (medically necessary)**
Not excluded
- 21. Diabetes management (excluding insulin pumps)**
Not excluded
- 22. Heart and Vascular system**
Not excluded
- 23. Lung and Chest**
Not excluded
- 24. Blood**
Not excluded
- 25. Back, Neck and Spine**
Not excluded
- 26. Plastic and Reconstructive surgery (medically necessary)**
Not excluded

27. Dental surgery

Not excluded

28. Podiatric surgery (provided by an accredited podiatric surgeon)

Not excluded

Note: Limited hospital accommodation and approved prostheses benefits only

29. Implantation of hearing devices

Not excluded

30. Cataracts

Not excluded

31. Joint replacements

Not excluded

32. Dialysis for chronic kidney failure

Not excluded

33. Pregnancy and birth

Not excluded

34. Assisted reproductive services

Not excluded

35. Weight loss surgery

Not excluded

36. Insulin pumps

Not excluded

37. Pain management with device

Not excluded

38. Sleep studies

Not excluded

J11 14 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J11 15 Other Special Hospital Treatment

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J11 16 Dental

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

HealthLink Essentials - Gold

Maximum benefits per person, per calendar year are:

Preventative Dental and General Dental - \$350 (\$700 per policy, per calendar year)

Major Dental - No cover

Orthodontics - No cover

HealthLink Classic - Gold

Maximum benefits per person, per calendar year are:

Preventative Dental: No maximum benefits apply, however service limits apply.

General Dental - \$300

Major Dental - \$800

Orthodontics - \$1000. Lifetime Limit of \$2000 per person.

HealthLink Advantage - Gold

Maximum benefits per person, per calendar year are:

Preventative Dental: No maximum benefits apply, however service limits apply.

General Dental - \$400

Major Dental - \$1300

Orthodontics - \$1300. Lifetime Limit of \$2500 per person.

J11 17 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

HealthLink Essentials - Gold

Maximum benefits per person, per calendar year are: \$150

Maximum benefits per policy, per calendar year are: \$300

HealthLink Classic - Gold

Maximum benefits per person, per calendar year are: \$225

HealthLink Advantage - Gold

Maximum benefits per person, per calendar year are: \$250

J11 18 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

HealthLink Essentials - Gold

Maximum benefits per person, per calendar year are: \$350

Maximum benefits per policy, per calendar year are: \$700

Combined maximums for - Physiotherapy, Chiropractic, Osteopathy and Antenatal/Postnatal services.

HealthLink Classic - Gold**Maximum benefits per person, per calendar year are: \$375**

Combined limit of \$750, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

HealthLink Advantage - Gold**Maximum benefits per person, per calendar year are: \$500**

Combined limit of \$900, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

J11 19 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

HealthLink Essentials - Gold**Maximum benefits per person, per calendar year are: \$350****Maximum benefits per policy, per calendar year are: \$700**

Combined maximums for - Physiotherapy, Chiropractic, Osteopathy and Antenatal/Postnatal services.

HealthLink Classic - Gold**Maximum benefits per person, per calendar year are: \$375**

Combined limit of \$750, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

HealthLink Advantage - Gold**Maximum benefits per person, per calendar year are: \$500**

Combined limit of \$900, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

J11 20 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 100% of the cost of the balance of the prescription is payable. Benefit is limited to \$50 per script item.

HealthLink Essentials - Gold**Maximum benefits per person, per calendar year are: \$100****Maximum benefits per policy, per calendar year are: \$200**

HealthLink Classic - Gold

Maximum benefits per person, per calendar year are: \$300

HealthLink Advantage - Gold

Maximum benefits per person, per calendar year are: \$300

J11 21 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

HealthLink Essentials - Gold

Not available on this product.

HealthLink Classic - Gold

Maximum benefits per person, per calendar year are: \$375

Combined limit of \$750, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

HealthLink Advantage - Gold

Maximum benefits per person, per calendar year are: \$500

Combined limit of \$900, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

J11 22 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

HealthLink Essentials - Gold

Not available on this product.

HealthLink Classic - Gold

Maximum benefits per person, per calendar year are: \$375

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

Combined limit of \$750, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

HealthLink Advantage - Gold

Maximum benefits per person, per calendar year are: \$500

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

Combined limit of \$900, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

J11 23 Alternative Therapies

See Natural Therapies J11.25

J11 24 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: - Chinese herbalism, and Massage.

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

HealthLink Essentials - Gold

Maximum benefits per person, per calendar year for all Natural Therapies are: \$100

Maximum benefits per policy, per calendar year for all Natural Therapies are: \$200

HealthLink Classic - Gold

Maximum benefits per person, per calendar year for all Natural Therapies are: \$200

HealthLink Advantage - Gold

Maximum benefits per person, per calendar year for each therapy type are: \$200

Maximum benefits per person, per calendar year for all Natural Therapies are: \$400

J11 25 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

HealthLink Essentials - Gold

Not available on this product.

HealthLink Classic - Gold

Maximum benefits per person, per calendar year are: \$375

Combined limit of \$750, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

HealthLink Advantage - Gold

Maximum benefits per person, per calendar year are: \$500

Combined limit of \$900, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

J11 26 Orthotics

See Non Surgically Implanted Prostheses and Appliances J11.33

J11 27 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

HealthLink Essentials - Gold

Not available on this product.

HealthLink Classic - Gold

Maximum benefits per person, per calendar year are: \$375

Combined limit of \$750, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

HealthLink Advantage - Gold

Maximum benefits per person, per calendar year are: \$500

Combined limit of \$900, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

J11 28 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

HealthLink Essentials - Gold

Not available on this product.

HealthLink Classic - Gold

Maximum benefits per person, per calendar year are: \$375

Combined limit of \$750, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

HealthLink Advantage - Gold

Maximum benefits per person, per calendar year are: \$500

Combined limit of \$900, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

J11 29 Naturopathy

Not applicable.

J11 30 Acupuncture

See Natural Therapies J11.25

J11 31 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

HealthLink Essentials - Gold

Not available on this product.

HealthLink Classic - Gold

Maximum benefits per person, per calendar year are: \$375

Combined limit of \$750, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

HealthLink Advantage - Gold

Maximum benefits per person, per calendar year are: \$500

Combined limit of \$900, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Note: The *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

HealthLink Essentials - Gold

Maximum benefits per person, per calendar year are: \$350

Maximum benefits per policy, per calendar year are: \$700

Combined maximums for - Physiotherapy, Chiropractic, Osteopathy and Antenatal/Postnatal.

HealthLink Classic - Gold

Maximum benefits per person, per calendar year are: \$375

Combined limit of \$750, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

HealthLink Advantage - Gold

Maximum benefits per person, per calendar year are: \$500

Combined limit of \$900, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

Osteopathy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

HealthLink Essentials - Gold

Maximum benefits per person, per calendar year are: \$350

Maximum benefits per policy, per calendar year are: \$700

Combined maximums for - Physiotherapy, Chiropractic, Osteopathy and Antenatal/Postnatal services.

HealthLink Classic - Gold

Maximum benefits per person, per calendar year are: \$375

Combined limit of \$750, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

HealthLink Advantage - Gold

Maximum benefits per person, per calendar year are: \$500

Combined limit of \$900, per person per calendar year for - Physiotherapy, Chiropractic, Osteopathy, Occupational Therapy, Podiatry, Psychology, Speech Therapy, Eye Therapy, Antenatal/Postnatal services and Dietetics.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

HealthLink Essentials - Gold

Maximum benefits per person, per calendar year for all Natural Therapies are: \$100

Combined maximums for - Natural therapy

HealthLink Classic - Gold

Maximum benefits per person, per calendar year for all Natural Therapies are: \$200

Combined maximums for - Natural therapy

HealthLink Advantage - Gold

Maximum benefits per person, per calendar year for all Natural Therapies are: \$200

Combined maximums for - Natural therapy

J11 32 Non Surgically Implanted Prostheses and Appliances

Benefits for Non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

HealthLink Essentials - Gold

Not available on this product.

HealthLink Classic - Gold

Asthma Pumps

Limited to one appliance per person, per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device per person, per 2 calendar years.

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device per policy, per 3 calendar years.

Blood Pressure Monitors

Limited to one device per policy, per calendar year.

Hearing Aids

Limited to one supply of hearing aids per person, per 3 calendar years.

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

Hire, Repair and Maintenance of a Health Appliance

Limited to \$100 per person, per calendar year.

Maximum benefits per person per calendar year for all Non Surgically Implanted Prostheses and Appliances are: \$500

HealthLink Advantage - Gold

Asthma Pumps

Limited to one appliance per person, per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device per person, per 2 calendar years.

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device per policy, per 3 calendar years.

Blood Pressure Monitors

Limited to one device per policy, per calendar year.

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

Hire, Repair and Maintenance of a Health Appliance

Limited to \$100 per person, per calendar year applies.

Maximum benefits per person per calendar year for above listed Non Surgically Implanted Prostheses and Appliances are: \$500

Hearing Aids

Limited to one supply of hearing aids up to a maximum of \$600 per person, per 3 calendar years

Maximum benefits per person per calendar year for all listed Non Surgically Implanted Prostheses and Appliances (including Hearing Aids) are: \$850

J11 33 Hearing Aids

See Non Surgically Implanted Prostheses and Appliances J11.33

J11 34 Prevention Health Management**Bowel Cancer Screening Kits**

HealthLink Essentials - Gold

HealthLink Classic - Gold

HealthLink Advantage - Gold

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

HealthLink Essentials - Gold

Benefit of 50% of the cost up to a maximum of \$50 per person, per calendar year.

HealthLink Classic - Gold
HealthLink Advantage - Gold

Benefit of 50% of the cost up to a maximum of \$100 per person, per calendar year.

J11 35 Ambulance Transportation

HealthLink Essentials - Gold
HealthLink Classic - Gold
HealthLink Advantage - Gold

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances.

J11 36 Accident Cover

HealthLink Essentials - Gold
HealthLink Classic - Gold
HealthLink Advantage - Gold

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will provide payments to persons covered under this policy for the cost of accident related health care services, except for services that are covered by Medicare, incurred as a direct result of an Accident after joining where:

- (1) The costs are not paid or payable from any other source;
- (2) The limits for the relevant benefits in the *Policy holder's* Level of Cover have been exhausted.

The costs of such services for the purpose of determining benefits shall be limited to the set Benefits as set out in the *Company's* Schedule of benefits for the respective type of services involved.

Maximum benefits of \$2000 per person up to a maximum of \$4000 per policy, per calendar year apply.

An additional limit of \$2000 per accident per person and a maximum of \$4000 per accident, per policy apply regardless of the year of claim.

J11 37 Accidental Death Funeral Expenses

HealthLink Essentials - Gold
HealthLink Classic - Gold
HealthLink Advantage - Gold

Not available on any of these products.

J11 38 Other Special General Treatment

HealthLink Essentials - Gold

HealthLink Classic - Gold

HealthLink Advantage - Gold

Not available on any of these products.

J11 39 Hospital-Substitute Treatment

HealthLink Essentials - Gold

HealthLink Classic - Gold

HealthLink Advantage - Gold

Not available on any of these products.

J13 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J13 1 Table Name or Group of Table Names

1. Choices with 70% back - Basic Plus
2. Choices with 80% back - Basic Plus
3. Choices with 90% back - Basic Plus

J13 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover from 1 June 2016.

This table is only available as a Single (one Adult) policy or a Couples (two Adults) policy.

J13 3 General Conditions

See section E1 General Conditions

J13 4 Hospital Treatment Payments

Providing a hospital admission is not related to an excluded service described in rule J13.14, the *Company* will pay to Hospitals for Hospital Treatment received by a *Policy holder*, the following payments:

(A) For the services listed below:-

- Tonsils, Adenoids and Grommets
- Joint reconstructions
- Hernia and Appendix
- Dental surgery
- Podiatric surgery (provided by an accredited podiatric surgeon)*
- Lung and Chest

In Network Hospitals – the Network Hospital Payment;

In Public Hospitals – the Public Hospital Benefit; and

In non-agreement Private Hospitals – the Non-Agreement Hospital Benefit (Private); or

* Limited hospital accommodation and approved prostheses benefits only.

See also section E2 Hospital Treatment.

J13 5 Medical Services Payments while admitted

Providing a hospital admission is not related to an excluded service described in Rule J13.14, benefits are payable as outlined in section E2 Hospital Treatment.

J13 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

Providing a hospital admission is not related to an excluded service described in Rule J13.14, benefits are payable as outlined in section E2.6 Hospital Treatment.

J13 7 Non PBS Pharmaceuticals

Providing a hospital admission is not related to an excluded service described in Rule J13.14, benefits are payable as outlined in section E2.7 Hospital Treatment.

J13 8 Surgically Implanted Prostheses

Providing a hospital admission is not related to an excluded service described in Rule J13.14, benefits are payable as outlined in section E2.8 Hospital Treatment.

J13 9 Nursing Home Type Patients

Providing a hospital admission is not related to an excluded service described in Rule J13.14, benefits are payable as outlined in section E2.10 and E2.11 Hospital Treatment.

J13 10 Co Payments

No co-payments apply on this product.

J13 11 Excesses

An excess of \$250 applies, capped at once per person, per calendar year to a maximum of twice per policy, per calendar year.

J13 12 Restricted Cover

Except as set out in J13.4, the *Company* will pay restricted cover, including for the following services:

- 1. Rehabilitation**
Restricted cover applies
- 2. Hospital Psychiatric Services**
Restricted cover applies
- 3. Palliative Care**
Restricted cover applies
- 4. Brain and Nervous System**
No restricted cover applies
- 5. Eye (not Cataracts)**
No restricted cover applies
- 6. Ear, Nose and Throat**
No restricted cover applies

- 7. Tonsils, Adenoids and Grommets**
No restricted cover applies
- 8. Bone, Joint and Muscle**
No restricted cover applies
- 9. Joint reconstructions**
No restricted cover applies
- 10. Kidney and Bladder**
No restricted cover applies
- 11. Male reproductive system**
No restricted cover applies
- 12. Digestive system**
No restricted cover applies
- 13. Hernia and Appendix**
No restricted cover applies
- 14. Gastrointestinal endoscopy**
No restricted cover applies
- 15. Gynaecology**
No restricted cover applies
- 16. Miscarriage and termination of pregnancy**
No restricted cover applies
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 18. Pain management**
No restricted cover applies
- 19. Skin**
No restricted cover applies
- 20. Breast surgery (medically necessary)**
No restricted cover applies
- 21. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 22. Heart and Vascular system**
No restricted cover applies
- 23. Lung and Chest**
No restricted cover applies
- 24. Blood**
No restricted cover applies
- 25. Back, Neck and Spine**

No restricted cover applies

26. Plastic and Reconstructive surgery (medically necessary)

No restricted cover applies

27. Dental surgery

No restricted cover applies

28. Podiatric surgery (provided by an accredited podiatric surgeon)

No restricted cover applies

29. Implantation of hearing devices

No restricted cover applies

30. Cataracts

No restricted cover applies

31. Joint replacements

No restricted cover applies

32. Dialysis for chronic kidney failure

No restricted cover applies

33. Pregnancy and birth

No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J13 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Excluded

- 5. Eye (not Cataracts)**
Excluded
- 6. Ear, Nose and Throat**
Excluded
- 7. Tonsils, Adenoids and Grommets**
Not excluded
- 8. Bone, Joint and Muscle**
Excluded
- 9. Joint reconstructions**
Not excluded
- 10. Kidney and Bladder**
Excluded
- 11. Male reproductive system**
Excluded
- 12. Digestive system**
Excluded
- 13. Hernia and Appendix**
Not excluded
- 14. Gastrointestinal endoscopy**
Excluded
- 15. Gynaecology**
Excluded
- 16. Miscarriage and termination of pregnancy**
Excluded
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
Excluded
- 18. Pain management**
Excluded
- 19. Skin**
Excluded
- 20. Breast surgery (medically necessary)**
Excluded
- 21. Diabetes management (excluding insulin pumps)**
Excluded
- 22. Heart and Vascular system**
Excluded

23. Lung and Chest

Not Excluded

24. Blood

Excluded

25. Back, Neck and Spine

Excluded

26. Plastic and Reconstructive surgery (medically necessary)

Excluded

27. Dental surgery

Not excluded

28. Podiatric surgery (provided by an accredited podiatric surgeon)

Not excluded

Note: Limited hospital accommodation and approved prostheses benefits only

29. Implantation of hearing devices

Excluded

30. Cataracts

Excluded

31. Joint replacements

Excluded

32. Dialysis for chronic kidney failure

Excluded

33. Pregnancy and birth

Excluded

34. Assisted reproductive services

Excluded

35. Weight loss surgery

Excluded

36. Insulin pumps

Excluded

37. Pain management with device

Excluded

38. Sleep studies

Excluded

J13 14 Loyalty Bonuses

Flexi-Limits

After 12 months continuous membership, and once waiting periods have been served, a *policy holder* is entitled to increasing flexible limits (Flexi-Limits) apply to all listed general treatment services other than Dental. For each subsequent calendar year, the *policy holder* is entitled to an increased flexible limit. Once the increased limit reaches \$500, no further increases apply.

J13 15 Other Special Hospital Treatment

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J13 16 Dental

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental and Major Dental - \$600

Orthodontics - No cover

J13 17 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

Year 1 - \$300

Year 2 - \$350

Year 3 - \$400

Year 4 - \$450

Year 5+ - \$500

Combined flexi-limit for - Optical, Physiotherapy, Chiropractic/Osteopathy, Non-PBS Pharmaceuticals, Psychology, Natural Therapies and Travel Vaccines benefits.

J13 18 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

Year 1 - \$300

Year 2 - \$350

Year 3 - \$400

Year 4 - \$450

Year 5+ - \$500

Combined flexi-limit for - Optical, Physiotherapy, Chiropractic/Osteopathy, Non-PBS Pharmaceuticals, Psychology, Natural Therapies and Travel Vaccines benefits.

J13 19 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are:

Year 1 - \$300
Year 2 - \$350
Year 3 - \$400
Year 4 - \$450
Year 5+ - \$500

Combined flexi-limit for - Optical, Physiotherapy, Chiropractic/Osteopathy, Non-PBS Pharmaceuticals, Psychology, Natural Therapies and Travel Vaccines benefits.

J13 20 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 100% of the cost of the balance of the prescription is payable. Benefit is limited to \$50 per script item.

Maximum benefits per person, per calendar year are:

Year 1 - \$300
Year 2 - \$350
Year 3 - \$400
Year 4 - \$450
Year 5+ - \$500

Combined flexi-limit for – Optical, Physiotherapy, Chiropractic/Osteopathy, Non-PBS Pharmaceuticals, Psychology, Natural Therapies and Travel Vaccines benefits.

J13 21 Podiatry

Not available on this product.

J13 22

Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

Year 1 - \$300
Year 2 - \$350

Year 3 - \$400
Year 4 - \$450
Year 5+ - \$500

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

Combined flexi-limit for – Optical, Physiotherapy, Chiropractic/Osteopathy, Non-PBS Pharmaceuticals, Psychology, Natural Therapies and Travel Vaccines benefits.

J13 23 Alternative Therapies

See Natural Therapies J13.25

J13 24 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture, Chinese herbalism, and Massage

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

Maximum benefits per person, per calendar year are:

Year 1 - \$300
Year 2 - \$350
Year 3 - \$400
Year 4 - \$450
Year 5+ - \$500

Combined flexi-limit for – Optical, Physiotherapy, Chiropractic/Osteopathy, Non-PBS Pharmaceuticals, Psychology, Natural Therapies and Travel Vaccines benefits.

J13 25 Speech Therapy

Not available on this product.

J13 26 Orthotics

Not available on this product.

J13 27 Dietetics

Not available on this product.

J13 28 Occupational Therapy

Not available on this product.

J13 29 Naturopathy

Not applicable.

J13 30 Acupuncture

See Natural Therapies J13.25

J13 31 Other Therapies

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

Year 1 - \$300

Year 2 - \$350

Year 3 - \$400

Year 4 - \$450

Year 5+ - \$500

Combined flexi-limit for – Optical, Physiotherapy, Chiropractic/Osteopathy, Non-PBS Pharmaceuticals, Psychology, Natural Therapies and Travel Vaccines benefits.

J13 32 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

J13 33 Hearing Aids

Not available on this product.

J13 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J13 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover.

J13 36 Accident Cover

Not available on this product.

J13 37 Accidental Death Funeral Expenses

Not available on this product.

J13 38 Other Special General Treatment

Travel Vaccines

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 100% of the cost of the balance of travel vaccinations approved by the *Company* is payable. Benefit is limited to \$50 per script item.

Maximum benefits per person, per calendar year are:

Year 1 - \$300
Year 2 - \$350
Year 3 - \$400
Year 4 - \$450
Year 5+ - \$500

Combined flexi-limit for – Optical, Physiotherapy, Chiropractic/Osteopathy, Non-PBS Pharmaceuticals, Psychology, Natural Therapies and Travel Vaccines benefits

J13 39 Hospital-Substitute Treatment

Not available on this product.

J15 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J15 1 Table Name or Group of Table Names

1. HealthLink Hospital Nil Excess - Gold
2. HealthLink Hospital \$250 Excess - Gold
3. HealthLink Hospital \$500 Excess - Gold
4. HealthLink Hospital \$750 Excess - Gold

J15 2 Eligibility

On Sale – HealthLink Hospital Nil Excess - **Gold**, HealthLink Hospital \$250 Excess - **Gold** and HealthLink Hospital \$500 Excess - **Gold**

Off Sale – HealthLink Hospital \$750 Excess - **Gold**. Product closed to new members and existing members changing cover from November 17 2017.

Available to Employees/Members of organisations which have the product included in their contracts with Bupa.

J15 3 General Conditions

See section E1 General Conditions.

J15 4 Hospital Treatment Payments

See section E2 Hospital Treatment.

J15 5 Medical Services Payments while admitted

See section E2 Hospital Treatment.

J15 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment.

J15 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment.

J15 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment.

J15 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment.

J15 10 Co Payments

No co-payments apply on this product.

J15 11 Excesses

The following annual Excess options apply, capped at once per person, per calendar year to a maximum of twice per policy per calendar year: - No excess, \$250, \$500 or \$750 (\$750 excess option not available to new members).

J15 12 Restricted Cover

- 1. Rehabilitation**
No restricted cover applies
- 2. Hospital Psychiatric Services**
No restricted cover applies
- 3. Palliative Care**
No restricted cover applies
- 4. Brain and Nervous System**
No restricted cover applies
- 5. Eye (not Cataracts)**
No restricted cover applies
- 6. Ear, Nose and Throat**
No restricted cover applies
- 7. Tonsils, Adenoids and Grommets**
No restricted cover applies
- 8. Bone, Joint and Muscle**
No restricted cover applies
- 9. Joint reconstructions**
No restricted cover applies
- 10. Kidney and Bladder**
No restricted cover applies
- 11. Male reproductive system**
No restricted cover applies
- 12. Digestive system**
No restricted cover applies
- 13. Hernia and Appendix**
No restricted cover applies
- 14. Gastrointestinal endoscopy**
No restricted cover applies
- 15. Gynaecology**
No restricted cover applies

- 16. Miscarriage and termination of pregnancy**
No restricted cover applies
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 18. Pain management**
No restricted cover applies
- 19. Skin**
No restricted cover applies
- 20. Breast surgery (medically necessary)**
No restricted cover applies
- 21. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 22. Heart and Vascular system**
No restricted cover applies
- 23. Lung and Chest**
No restricted cover applies
- 24. Blood**
No restricted cover applies
- 25. Back, Neck and Spine**
No restricted cover applies
- 26. Plastic and Reconstructive surgery (medically necessary)**
No restricted cover applies
- 27. Dental surgery**
No restricted cover applies
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
No restricted cover applies
- 29. Implantation of hearing devices**
No restricted cover applies
- 30. Cataracts**
No restricted cover applies
- 31. Joint replacements**
No restricted cover applies
- 32. Dialysis for chronic kidney failure**
No restricted cover applies
- 33. Pregnancy and birth**
No restricted cover applies
- 34. Assisted reproductive services**

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J15 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Not excluded

5. Eye (not Cataracts)

Not excluded

6. Ear, Nose and Throat

Not excluded

7. Tonsils, Adenoids and Grommets

Not excluded

8. Bone, Joint and Muscle

Not excluded

9. Joint reconstructions

Not excluded

10. Kidney and Bladder

Not excluded

11. Male reproductive system

Not excluded

12. Digestive system

Not excluded

13. Hernia and Appendix

Not excluded

- 14. Gastrointestinal endoscopy**
Not excluded
- 15. Gynaecology**
Not excluded
- 16. Miscarriage and termination of pregnancy**
Not excluded
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
Not excluded
- 18. Pain management**
Not excluded
- 19. Skin**
Not excluded
- 20. Breast surgery (medically necessary)**
Not excluded
- 21. Diabetes management (excluding insulin pumps)**
Not excluded
- 22. Heart and Vascular system**
Not excluded
- 23. Lung and Chest**
Not excluded
- 24. Blood**
Not excluded
- 25. Back, Neck and Spine**
Not excluded
- 26. Plastic and Reconstructive surgery (medically necessary)**
Not excluded
- 27. Dental surgery**
Not excluded
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
Not excluded
Note: Limited hospital accommodation and approved prostheses benefits only
- 29. Implantation of hearing devices**
Not excluded
- 30. Cataracts**
Not excluded
- 31. Joint replacements**
Not excluded

32. Dialysis for chronic kidney failure

Not excluded

33. Pregnancy and birth

Not excluded

34. Assisted reproductive services

Not excluded

35. Weight loss surgery

Not excluded

36. Insulin pumps

Not excluded

37. Pain management with device

Not excluded

38. Sleep studies

Not excluded

J15 14 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J15 15 Other Special Hospital Treatment

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J15 16 Dental

J15 17 Optical

J15 18 Physiotherapy

J15 19 Chiropractic

J15 20 Non PBS Pharmaceuticals

J15 21 Podiatry

J15 22 Psychology and Counselling

J15 23 Alternative Therapies

J15 24 Natural Therapies

J15 25 Speech Therapy

J15 26 Orthotics

J15 27 Dietetics

J15 28 Occupational Therapy

J15 29 Naturopathy

J15 30 Acupuncture

J15 31 Other Therapies

J15 32 Non Surgically Implanted Prostheses and Appliances

J15 33 Hearing Aids

J15 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit, limited to one kit per person per calendar year.

J15 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances.

J15 36 Accident Cover

Not available on this product.

J15 37 Accidental Death Funeral Expenses

Not available on this product.

J15 38 Other Special General Treatment

Not available on this product.

J15 39 Hospital-Substitute Treatment

Not available on this product.

J17 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J17 1 Table Name or Group of Table Names

1. Mid Hospital with \$250 Excess – Silver Plus
2. Mid Hospital with \$500 Excess – Silver Plus
3. Mid Hospital with \$750 Excess – Silver Plus
4. Budget Hospital with \$750 Excess – Bronze Plus

Other products aligned to this table include:

Mid Hospital with \$250 Excess – Silver Plus: Hospital Select Value with \$250 Excess

Mid Hospital with \$500 Excess – Silver Plus: Hospital Select Value with \$500 Excess and Hospital Saver

Budget Hospital with \$750 Excess – Bronze Plus: Hospital Select Value with \$750 Excess

J17 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover.

J17 3 General Conditions

See section E1 General Conditions.

J17 4 Hospital Treatment Payments

See section E2 Hospital Treatment.

J17 5 Medical Services Payments while admitted

See section E2 Hospital Treatment.

J17 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment.

J17 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment.

J17 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment.

J17 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment.

J17 10 Co Payments

No co-payments apply on this product.

J17 11 Excesses

The following annual Excess options apply, capped at once per person, per calendar year to a maximum of twice per Policy: - \$250, \$500 or \$750

No excesses apply for any admissions to hospital of a Dependant covered under Mid Hospital policies with a \$250, \$500 or \$750 excess.

J17 12 Restricted Cover

- 1. Rehabilitation**
No restricted cover applies
- 2. Hospital Psychiatric Services**
Restricted cover applies
- 3. Palliative Care**
No restricted cover applies
- 4. Brain and Nervous System**
No restricted cover applies
- 5. Eye (not Cataracts)**
No restricted cover applies
- 6. Ear, Nose and Throat**
No restricted cover applies
- 7. Tonsils, Adenoids and Grommets**
No restricted cover applies
- 8. Bone, Joint and Muscle**
No restricted cover applies
- 9. Joint reconstructions**
No restricted cover applies
- 10. Kidney and Bladder**
No restricted cover applies
- 11. Male reproductive system**
No restricted cover applies
- 12. Digestive system**
No restricted cover applies
- 13. Hernia and Appendix**
No restricted cover applies

- 14. Gastrointestinal endoscopy**
No restricted cover applies
- 15. Gynaecology**
No restricted cover applies
- 16. Miscarriage and termination of pregnancy**
No restricted cover applies
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 18. Pain management**
No restricted cover applies
- 19. Skin**
No restricted cover applies
- 20. Breast surgery (medically necessary)**
No restricted cover applies
- 21. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 22. Heart and Vascular system**
No restricted cover applies
- 23. Lung and Chest**
No restricted cover applies
- 24. Blood**
No restricted cover applies
- 25. Back, Neck and Spine**
No restricted cover applies
- 26. Plastic and Reconstructive surgery (medically necessary)**
No restricted cover applies
- 27. Dental surgery**
No restricted cover applies
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
No restricted cover applies
- 29. Implantation of hearing devices**
No restricted cover applies
- 30. Cataracts**
No restricted cover applies
- 31. Joint replacements**
No restricted cover applies
- 32. Dialysis for chronic kidney failure**

No restricted cover applies

33. Pregnancy and birth

No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J17 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Not excluded

5. Eye (not Cataracts)

Not excluded

6. Ear, Nose and Throat

Not excluded

7. Tonsils, Adenoids and Grommets

Not excluded

8. Bone, Joint and Muscle

Not excluded

9. Joint reconstructions

Not excluded

10. Kidney and Bladder

Not excluded

11. Male reproductive system

Not excluded

12. Digestive system

Not excluded

13. Hernia and Appendix

Not excluded

14. Gastrointestinal endoscopy

Not excluded

15. Gynaecology

Not excluded

16. Miscarriage and termination of pregnancy

Not excluded

17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

Not excluded

18. Pain management

Not excluded

19. Skin

Not excluded

20. Breast surgery (medically necessary)

Not excluded

21. Diabetes management (excluding insulin pumps)

Not excluded

22. Heart and Vascular system

Not excluded

23. Lung and Chest

Not excluded

24. Blood

Not excluded

25. Back, Neck and Spine

Not excluded

26. Plastic and Reconstructive surgery (medically necessary)

Not excluded

27. Dental surgery

Not excluded

28. Podiatric surgery (provided by an accredited podiatric surgeon)

Not excluded

Note: Limited hospital accommodation and approved prostheses benefits only

29. Implantation of hearing devices

Not excluded

30. Cataracts

Excluded

31. Joint replacements

Excluded

32. Dialysis for chronic kidney failure

Excluded

33. Pregnancy and birth

Excluded

34. Assisted reproductive services

Excluded

35. Weight loss surgery

Excluded

36. Insulin pumps

Not excluded

37. Pain management with device

Not excluded

38. Sleep studies

Not excluded

J17 14 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J17 15 Other Special Hospital Treatment

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J17 16 Dental

J17 17 Optical

J17 18 Physiotherapy

J17 19 Chiropractic

J17 20 Non PBS Pharmaceuticals

J17 21 Podiatry

J17 22 Psychology and Counselling

J17 23 Alternative Therapies

J17 24 Natural Therapies

J17 25 Speech Therapy

J17 26 Orthotics

J17 27 Dietetics

J17 28 Occupational Therapy

J17 29 Naturopathy

J17 30 Acupuncture

J17 31 Other Therapies

J17 32 Non Surgically Implanted Prostheses and Appliances

J17 33 Hearing Aids

J17 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J17 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover.

J17 36 Accident Cover

Not available on this product.

J17 37 Accidental Death Funeral Expenses

Not available on this product.

J17 38 Other Special General Treatment

Not available on this product.

J17 39 Hospital-Substitute Treatment

Not available on this product.

J18 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J18 1 Table Name or Group of Table Names

1. Standard Hospital with \$250 Excess – Silver Plus
2. Standard Hospital with \$500 Excess – Silver Plus
3. Standard Hospital with \$750 Excess – Silver Plus

Other products aligned to this table include:

Standard Hospital with \$250 Excess – Silver Plus: Hospital Saver Plus (Levels 2, 3 and 4) and Hospital Select Plus with \$250 Excess

Standard Hospital with \$500 Excess – Silver Plus: Hospital Saver Plus Level 5 and Hospital Select Plus with \$500 Excess

Standard Hospital with \$750 Excess – Silver Plus: Hospital Select Plus with \$1000 Excess

J18 2 Eligibility

On Sale - Standard Hospital with \$250 Excess – Silver Plus and Standard Hospital with \$500 Excess – Silver Plus.

Off Sale - Standard Hospital \$750 Excess – Silver Plus. Product closed to new members and existing members changing cover from 30th November 2010.

J18 3 General Conditions

See section E1 General Conditions

J18 4 Hospital Treatment Payments

See section E2 Hospital Treatment

J18 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J18 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J18 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J18 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J18 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J18 10 Co Payments

No co-payments apply on this product.

J18 11 Excesses

The following annual Excess options apply per person, capped at once per person, per calendar year to a maximum of twice per Policy: - \$250, \$500 or \$750 excess option is not available to new members from 30th of November 2010).

No excesses apply for any admissions to hospital of a Dependant covered under Standard Hospital policies with a \$250 or \$500 excess.

J18 12 Restricted Cover

- 1. Rehabilitation**
No restricted cover applies
- 2. Hospital Psychiatric Services**
No restricted cover applies
- 3. Palliative Care**
No restricted cover applies
- 4. Brain and Nervous System**
No restricted cover applies
- 5. Eye (not Cataracts)**
No restricted cover applies
- 6. Ear, Nose and Throat**
No restricted cover applies
- 7. Tonsils, Adenoids and Grommets**
No restricted cover applies
- 8. Bone, Joint and Muscle**
No restricted cover applies
- 9. Joint reconstructions**
No restricted cover applies
- 10. Kidney and Bladder**
No restricted cover applies
- 11. Male reproductive system**
No restricted cover applies
- 12. Digestive system**
No restricted cover applies
- 13. Hernia and Appendix**
No restricted cover applies

- 14. Gastrointestinal endoscopy**
No restricted cover applies
- 15. Gynaecology**
No restricted cover applies
- 16. Miscarriage and termination of pregnancy**
No restricted cover applies
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 18. Pain management**
No restricted cover applies
- 19. Skin**
No restricted cover applies
- 20. Breast surgery (medically necessary)**
No restricted cover applies
- 21. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 22. Heart and Vascular system**
No restricted cover applies
- 23. Lung and Chest**
No restricted cover applies
- 24. Blood**
No restricted cover applies
- 25. Back, Neck and Spine**
No restricted cover applies
- 26. Plastic and Reconstructive surgery (medically necessary)**
No restricted cover applies
- 27. Dental surgery**
No restricted cover applies
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
No restricted cover applies
- 29. Implantation of hearing devices**
No restricted cover applies
- 30. Cataracts**
No restricted cover applies
- 31. Joint replacements**
No restricted cover applies

32. Dialysis for chronic kidney failure

No restricted cover applies

33. Pregnancy and birth

No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J18 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Not excluded

5. Eye (not Cataracts)

Not excluded

6. Ear, Nose and Throat

Not excluded

7. Tonsils, Adenoids and Grommets

Not excluded

8. Bone, Joint and Muscle

Not excluded

9. Joint reconstructions

Not excluded

10. Kidney and Bladder

Not excluded

- 11. Male reproductive system**
Not excluded
- 12. Digestive system**
Not excluded
- 13. Hernia and Appendix**
Not excluded
- 14. Gastrointestinal endoscopy**
Not excluded
- 15. Gynaecology**
Not excluded
- 16. Miscarriage and termination of pregnancy**
Not excluded
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
Not excluded
- 18. Pain management**
Not excluded
- 19. Skin**
Not excluded
- 20. Breast surgery (medically necessary)**
Not excluded
- 21. Diabetes management (excluding insulin pumps)**
Not excluded
- 22. Heart and Vascular system**
Not excluded
- 23. Lung and Chest**
Not excluded
- 24. Blood**
Not excluded
- 25. Back, Neck and Spine**
Not excluded
- 26. Plastic and Reconstructive surgery (medically necessary)**
Not excluded
- 27. Dental surgery**
Not excluded
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
Not excluded
Note: Limited hospital accommodation and approved prostheses benefits only

29. Implantation of hearing devices

Not excluded

30. Cataracts

Excluded

31. Joint replacements

Excluded

32. Dialysis for chronic kidney failure

Excluded

33. Pregnancy and birth

Not excluded

34. Assisted reproductive services

Excluded

35. Weight loss surgery

Not excluded

36. Insulin pumps

Not excluded

37. Pain management with device

Not excluded

38. Sleep studies

Not excluded

J18 14 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J18 15 Other Special Hospital Treatment

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J18 16 Dental

J18 17 Optical

J18 18 Physiotherapy

J18 19 Chiropractic

J18 20 Non PBS Pharmaceuticals

J18 21 Podiatry

J18 22 Psychology and Counselling

J18 23 Alternative Therapies

J18 24 Natural Therapies

J18 25 Speech Therapy

J18 26 Orthotics

J18 27 Dietetics

J18 28 Occupational Therapy

J18 29 Naturopathy

J18 30 Acupuncture

J18 31 Other Therapies

J18 32 Non Surgically Implanted Prostheses and Appliances

J18 33 Hearing Aids

J18 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J18 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover

J18 36 Accident Cover

Not available on this product.

J18 37 Accidental Death Funeral Expenses

Not available on this product.

J18 38 Other Special General Treatment

Not available on this product.

J18 39 Hospital-Substitute Treatment

Not available on this product.

J19 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J19 1 Table Name or Group of Table Names

Advantage Hospital Cover with \$750 Excess - Gold

Other products aligned to this table include: Hospital Value with \$750 Excess

J19 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover from 30 November 2010.

J19 3 General Conditions

See section E1 General Conditions

J19 4 Hospital Treatment Payments

See section E2 Hospital Treatment

J19 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J19 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J19 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J19 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J19 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J19 10 Co Payments

No co-payments apply on this product.

J19 11 Excesses

An excess of \$750 applies capped at once per person, per calendar year to a maximum of twice per policy per calendar.

No excesses apply for any admissions to hospital of a Dependant covered under the policy.

J19 12 Restricted Cover

- 1. Rehabilitation**
No restricted cover applies
- 2. Hospital Psychiatric Services**
No restricted cover applies
- 3. Palliative Care**
No restricted cover applies
- 4. Brain and Nervous System**
No restricted cover applies
- 5. Eye (not Cataracts)**
No restricted cover applies
- 6. Ear, Nose and Throat**
No restricted cover applies
- 7. Tonsils, Adenoids and Grommets**
No restricted cover applies
- 8. Bone, Joint and Muscle**
No restricted cover applies
- 9. Joint reconstructions**
No restricted cover applies
- 10. Kidney and Bladder**
No restricted cover applies
- 11. Male reproductive system**
No restricted cover applies
- 12. Digestive system**
No restricted cover applies
- 13. Hernia and Appendix**
No restricted cover applies
- 14. Gastrointestinal endoscopy**
No restricted cover applies
- 15. Gynaecology**
No restricted cover applies

- 16. Miscarriage and termination of pregnancy**
No restricted cover applies
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 18. Pain management**
No restricted cover applies
- 19. Skin**
No restricted cover applies
- 20. Breast surgery (medically necessary)**
No restricted cover applies
- 21. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 22. Heart and Vascular system**
No restricted cover applies
- 23. Lung and Chest**
No restricted cover applies
- 24. Blood**
No restricted cover applies
- 25. Back, Neck and Spine**
No restricted cover applies
- 26. Plastic and Reconstructive surgery (medically necessary)**
No restricted cover applies
- 27. Dental surgery**
No restricted cover applies
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
No restricted cover applies
- 29. Implantation of hearing devices**
No restricted cover applies
- 30. Cataracts**
No restricted cover applies
- 31. Joint replacements**
No restricted cover applies
- 32. Dialysis for chronic kidney failure**
No restricted cover applies
- 33. Pregnancy and birth**
No restricted cover applies
- 34. Assisted reproductive services**

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J19 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Not excluded

5. Eye (not Cataracts)

Not excluded

6. Ear, Nose and Throat

Not excluded

7. Tonsils, Adenoids and Grommets

Not excluded

8. Bone, Joint and Muscle

Not excluded

9. Joint reconstructions

Not excluded

10. Kidney and Bladder

Not excluded

11. Male reproductive system

Not excluded

12. Digestive system

Not excluded

13. Hernia and Appendix

Not excluded

14. Gastrointestinal endoscopy

Not excluded

15. Gynaecology

Not excluded

16. Miscarriage and termination of pregnancy

Not excluded

17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

Not excluded

18. Pain management

Not excluded

19. Skin

Not excluded

20. Breast surgery (medically necessary)

Not excluded

21. Diabetes management (excluding insulin pumps)

Not excluded

22. Heart and Vascular system

Not excluded

23. Lung and Chest

Not excluded

24. Blood

Not excluded

25. Back, Neck and Spine

Not excluded

26. Plastic and Reconstructive surgery (medically necessary)

Not excluded

27. Dental surgery

Not excluded

28. Podiatric surgery (provided by an accredited podiatric surgeon)

Not excluded

Note: Limited hospital accommodation and approved prostheses benefits only

29. Implantation of hearing devices

Not excluded

30. Cataracts

Not excluded

31. Joint replacements

Not excluded

32. Dialysis for chronic kidney failure

Not excluded

33. Pregnancy and birth

Not excluded

34. Assisted reproductive services

Not excluded

35. Weight loss surgery

Not excluded

36. Insulin pumps

Not excluded

37. Pain management with device

Not excluded

38. Sleep studies

Not excluded

J19 14 Loyalty Bonuses

Health Subscriptions

After 2 months membership on this Table, a benefit of 50% of the cost of a subscription to the Arthritis Foundation, Asthma Foundation, Diabetes Australia or Parkinson's in Western Australia is payable.

J19 15 Other Special Hospital Treatment

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J19 16 Dental

J19 17 Optical

J19 18 Physiotherapy

J19 19 Chiropractic

J19 20 Non PBS Pharmaceuticals

J19 21 Podiatry

J19 22 Psychology and Counselling

J19 23 Alternative Therapies

J19 24 Natural Therapies

J19 25 Speech Therapy

J19 26 Orthotics

J19 27 Dietetics

J19 28 Occupational Therapy

J19 29 Naturopathy

J19 30 Acupuncture

J19 31 Other Therapies

J19 32 Non Surgically Implanted Prostheses and Appliances

J19 33 Hearing Aids

J19 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J19 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances.

J19 36 Accident Cover

Not available on this product.

J19 37 Accidental Death Funeral Expenses

Not available on this product.

J19 38 Other Special General Treatment

Not available on this product.

J19 39 Hospital-Substitute Treatment

Not available on this product.

J20 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J20 1 Table Name or Group of Table Names

Gold Ultimate Health Cover

J20 2 Eligibility

On Sale

J20 3 General Conditions

See section E1 General Conditions

J20 4 Hospital Treatment Payments

See section E2 Hospital Treatment

J20 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J20 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J20 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J20 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J20 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J20 10 Co Payments

No co-payments apply on this product.

J20 11 Excesses

No excesses apply on this product.

J20 12 Restricted Cover

- 1. Rehabilitation**
No restricted cover applies
- 2. Hospital Psychiatric Services**
No restricted cover applies
- 3. Palliative Care**
No restricted cover applies
- 4. Brain and Nervous System**
No restricted cover applies
- 5. Eye (not Cataracts)**
No restricted cover applies
- 6. Ear, Nose and Throat**
No restricted cover applies
- 7. Tonsils, Adenoids and Grommets**
No restricted cover applies
- 8. Bone, Joint and Muscle**
No restricted cover applies
- 9. Joint reconstructions**
No restricted cover applies
- 10. Kidney and Bladder**
No restricted cover applies
- 11. Male reproductive system**
No restricted cover applies
- 12. Digestive system**
No restricted cover applies
- 13. Hernia and Appendix**
No restricted cover applies
- 14. Gastrointestinal endoscopy**
No restricted cover applies
- 15. Gynaecology**
No restricted cover applies
- 16. Miscarriage and termination of pregnancy**
No restricted cover applies
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 18. Pain management**
No restricted cover applies
- 19. Skin**

No restricted cover applies

20. Breast surgery (medically necessary)

No restricted cover applies

21. Diabetes management (excluding insulin pumps)

No restricted cover applies

22. Heart and Vascular system

No restricted cover applies

23. Lung and Chest

No restricted cover applies

24. Blood

No restricted cover applies

25. Back, Neck and Spine

No restricted cover applies

26. Plastic and Reconstructive surgery (medically necessary)

No restricted cover applies

27. Dental surgery

No restricted cover applies

28. Podiatric surgery (provided by an accredited podiatric surgeon)

No restricted cover applies

29. Implantation of hearing devices

No restricted cover applies

30. Cataracts

No restricted cover applies

31. Joint replacements

No restricted cover applies

32. Dialysis for chronic kidney failure

No restricted cover applies

33. Pregnancy and birth

No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J20 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Not excluded

5. Eye (not Cataracts)

Not excluded

6. Ear, Nose and Throat

Not excluded

7. Tonsils, Adenoids and Grommets

Not excluded

8. Bone, Joint and Muscle

Not excluded

9. Joint reconstructions

Not excluded

10. Kidney and Bladder

Not excluded

11. Male reproductive system

Not excluded

12. Digestive system

Not excluded

13. Hernia and Appendix

Not excluded

14. Gastrointestinal endoscopy

Not excluded

15. Gynaecology

Not excluded

16. Miscarriage and termination of pregnancy

Not excluded

17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

Not excluded

18. Pain management

Not excluded

19. Skin

Not excluded

20. Breast surgery (medically necessary)

Not excluded

21. Diabetes management (excluding insulin pumps)

Not excluded

22. Heart and Vascular system

Not excluded

23. Lung and Chest

Not excluded

24. Blood

Not excluded

25. Back, Neck and Spine

Not excluded

26. Plastic and Reconstructive surgery (medically necessary)

Not excluded

27. Dental surgery

Not excluded

28. Podiatric surgery (provided by an accredited podiatric surgeon)

Not excluded

Note: Limited hospital accommodation and approved prostheses benefits only

29. Implantation of hearing devices

Not excluded

30. Cataracts

Not excluded

31. Joint replacements

Not excluded

32. Dialysis for chronic kidney failure

Not excluded

33. Pregnancy and birth

Not excluded

34. Assisted reproductive services

Not excluded

35. Weight loss surgery

Not excluded

36. Insulin pumps

Not excluded

37. Pain management with device

Not excluded

38. Sleep studies

Not excluded

J20 14 Loyalty Bonuses

Gap Bonus

The *Company* will establish a pool to which it will credit, in respect of each *policy holder* at the time the *policy holder* joins - \$200

\$200 will be credited to the pool on December 31 each year.

The *policy holder* may draw from the pool, accrued credits in respect of;

- a) Any Co-payment that may result from services rendered to the *policy holder*, his spouse or dependants by a *Medical Practitioner* with which the *Company* has a Medical Purchaser Provider Agreement; or
- b) Any amount exceeding 100% of the Government Schedule Fee for services rendered to the *policy holder*, his spouse or dependants by a *Medical Practitioner*, where the services were as a result of a hospital admission.

Health Subscriptions

After 2 months membership on this Table, a benefit of 100% of the cost of a subscription to the Arthritis Foundation, Asthma Foundation, Diabetes Australia or Parkinson's in Western Australia is payable.

J20 15 Other Special Hospital Treatment

Family In-Hospital Benefit

Benefits will be offered to a partner, immediate family member, carer/parent, next of kin who is required to stay at the hospital with the patient. The benefit is payable on the admitted person's policy.

Benefits payable are:

- Accommodation in hospital up to \$60 per night whilst a boarder in hospital
- Benefit up to \$30 per day towards the cost of any meals provided by the hospital or purchased from the hospital cafeteria for the non- admitted person staying with the patient in hospital.

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$200 per person, per trip for travel expenses and \$75 per night up to \$300 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

Note: where applicable, benefits will be paid under your Hospital cover (cannot claim benefits on both hospital and extras for the same trip).

J20 16 Dental

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental - No maximum benefits apply, however service limits apply

Major Dental - \$1600

Orthodontics - \$1600. Lifetime limit of \$3200 per person

J20 17 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$420

J20 18 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$1500

J20 19 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$1000

Maximum benefits per policy, per calendar year are: \$2000

J20 20 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 100% of the cost of the balance of the prescription is payable. Benefit is limited to \$75 per script item.

Maximum benefits per person, per calendar year are: \$1500

J20 21 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$1000

J20 22 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$1000

Within this maximum, Online-CBT benefits are limited to \$150 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

J20 23 Alternative Therapies

See Natural Therapies J20.25

J20 24 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture, Chinese herbalism, and Massage.

Maximum benefits per person, per calendar year are: \$1000

Within this maximum, Massage benefits are limited to \$250 per person and \$500 per policy per, calendar year.

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage

J20 25 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per, person per calendar year are: \$1000

J20 26 Orthotics

See Non Surgically Implanted Prostheses and Appliance J20.33

J20 27 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per, person per calendar year are: \$1000.

J20 28 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per, person per calendar year are: \$1000

J20 29 Naturopathy

Not applicable.

J20 30 Acupuncture

See Natural Therapies J20.25

J20 31 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per, person per calendar year are: \$1000

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per, person per calendar year are: \$500

Note: The *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per, person per calendar year are: \$1000

Combined maximums for - Natural therapy

J20 32 Non Surgically Implanted Prostheses and Appliances

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Surgical (Compression) Stockings

Maximum benefits of \$100 per person per calendar year applies. Within this maximum, benefits are limited to 4 pairs per customer, per year.

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device per policy, per 3 calendar years.

Blood Pressure Monitors

Limited to one device per policy, per calendar year.

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

Hire, Repair and Maintenance of a Health Appliance

Limited to \$100 per person, per calendar year.

Maximum benefits per person, per calendar year for the above listed Non Surgically Implanted Prostheses and Appliances are: \$1000

Individual limits apply for the following Non Surgically Implanted Prostheses and Appliances:

Asthma Pumps

Limited to one appliance up to a maximum benefit of \$500 per person, per 2 calendar years

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance up to a maximum benefit of \$600 per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device up to a maximum benefit of \$1500 per person, per 2 calendar years.

Hearing Aids

Limited to one supply of hearing aids up to a maximum benefit of \$850 per policy, per 3 calendar years.

J20 33 Hearing Aids

See Non Surgically Implanted Prostheses and Appliances J20.33

J20 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$24.20 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 50% of the cost up to a maximum of \$300 per person, per calendar year.

J20 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J20 36 Accident Cover

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will provide payments to persons covered under this policy for the cost of accident related health care services, except for services that are covered by Medicare, incurred as a direct result of an Accident after joining where:

- (1) the costs are not paid or payable from any other source;
- (2) the limits for the relevant benefits in the *Policy holder's* Level of Cover have been exhausted.

The costs of such services for the purpose of determining benefits shall be limited to the set Benefits as set out in the *Company's* Schedule of benefits for the respective type of services involved.

Maximum benefits of \$2000 per person up to a maximum of \$4000 per policy, per calendar year apply.

J20 37 Accidental Death Funeral Expenses

Not available on this product.

J20 38 Other Special General Treatment

Home Nursing

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Home Nursing includes coverage for the following services:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).
- Stomal Therapy
- Palliative Care Services – RN Care, Personal Care Assistance

Maximum benefits per person, per calendar year are: \$400

Local and Interstate Travelling Expenses

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay the Policyholder a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$200

Overnight Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay the Policyholder a benefit towards Overnight Non-Hospital Accommodation expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide;

Benefit of up to \$75 per night.

Maximum benefits per combined patient and attendant per calendar year are: \$300.

Laser Eye Correction Surgery

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

From 1 July 2018, a 3 year waiting period applies towards Laser Eye Correction Surgery.

Members who joined prior 1 July 2018 retain 2 month initial waiting period for new condition or 1 year waiting period for pre-existing condition.

J20 39 Hospital-Substitute Treatment

Not available on this product

J21 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J21 1 Table Name or Group of Table Names

Singles Choice Saver – Basic Plus

J21 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover.

This table is only available as a Single (one person) policy

J21 3 General Conditions

See section E1 General Conditions

J21 4 Hospital Treatment Payments

Providing a hospital admission is not related to an excluded service described in rule J21.14, the *Company* will pay to Hospitals for Hospital Treatment received by a *Policy holder*, the following payments:

For the services listed below:-

- Tonsils, Adenoids and Grommets
- Joint reconstructions
- Hernia and Appendix
- Gynaecology
- Miscarriage and termination of pregnancy
- Dental surgery
- Podiatric surgery (provided by an accredited podiatric surgeon)*
- Lung and Chest

- (1) In Network Hospitals – the Network Hospital Payment;
- (2) In Public Hospitals – the Public Hospital Benefit; and
- (3) In non-agreement Private Hospitals – the Non-Agreement Hospital Benefit (Private)

* Limited hospital accommodation and approved prostheses benefits only.

See also section E2 Hospital Treatment.

J21 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J21 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J21 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J21 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J21 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J21 10 Co Payments

No co-payments apply on this product.

J21 11 Excesses

No excesses apply on this product.

J21 12 Restricted Cover

- 1. Rehabilitation**
Restricted cover applies
- 2. Hospital Psychiatric Services**
Restricted cover applies
- 3. Palliative Care**
Restricted cover applies
- 4. Brain and Nervous System**
No restricted cover applies
- 5. Eye (not Cataracts)**
No restricted cover applies
- 6. Ear, Nose and Throat**
No restricted cover applies
- 7. Tonsils, Adenoids and Grommets**
No restricted cover applies
- 8. Bone, Joint and Muscle**
No restricted cover applies
- 9. Joint reconstructions**
No restricted cover applies
- 10. Kidney and Bladder**
No restricted cover applies
- 11. Male reproductive system**

No restricted cover applies

12. Digestive system

No restricted cover applies

13. Hernia and Appendix

No restricted cover applies

14. Gastrointestinal endoscopy

No restricted cover applies

15. Gynaecology

No restricted cover applies

16. Miscarriage and termination of pregnancy

No restricted cover applies

17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

No restricted cover applies

18. Pain management

No restricted cover applies

19. Skin

No restricted cover applies

20. Breast surgery (medically necessary)

No restricted cover applies

21. Diabetes management (excluding insulin pumps)

No restricted cover applies

22. Heart and Vascular system

No restricted cover applies

23. Lung and Chest

No restricted cover applies

24. Blood

No restricted cover applies

25. Back, Neck and Spine

No restricted cover applies

26. Plastic and Reconstructive surgery (medically necessary)

No restricted cover applies

27. Dental surgery

No restricted cover applies

28. Podiatric surgery (provided by an accredited podiatric surgeon)

No restricted cover applies

29. Implantation of hearing devices

No restricted cover applies

30. Cataracts

No restricted cover applies

31. Joint replacements

No restricted cover applies

32. Dialysis for chronic kidney failure

No restricted cover applies

33. Pregnancy and birth

No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J21 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Excluded

5. Eye (not Cataracts)

Excluded

6. Ear, Nose and Throat

Excluded

7. Tonsils, Adenoids and Grommets

Not excluded

8. Bone, Joint and Muscle

Excluded

- 9. Joint reconstructions**
Not excluded
- 10. Kidney and Bladder**
Excluded
- 11. Male reproductive system**
Excluded
- 12. Digestive system**
Excluded
- 13. Hernia and Appendix**
Not excluded
- 14. Gastrointestinal endoscopy**
Excluded
- 15. Gynaecology**
Not excluded
- 16. Miscarriage and termination of pregnancy**
Not excluded
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
Excluded
- 18. Pain management**
Excluded
- 19. Skin**
Excluded
- 20. Breast surgery (medically necessary)**
Excluded
- 21. Diabetes management (excluding insulin pumps)**
Excluded
- 22. Heart and Vascular system**
Excluded
- 23. Lung and Chest**
Not excluded
- 24. Blood**
Excluded
- 25. Back, Neck and Spine**
Excluded
- 26. Plastic and Reconstructive surgery (medically necessary)**
Excluded

27. Dental surgery

Not excluded

28. Podiatric surgery (provided by an accredited podiatric surgeon)

Not excluded

Note: Limited hospital accommodation and approved prostheses benefits only

29. Implantation of hearing devices

Excluded

30. Cataracts

Excluded

31. Joint replacements

Excluded

32. Dialysis for chronic kidney failure

Excluded

33. Pregnancy and birth

Excluded

34. Assisted reproductive services

Excluded

35. Weight loss surgery

Excluded

36. Insulin pumps

Excluded

37. Pain management with device

Excluded

38. Sleep studies

Excluded

J21 14 Loyalty Bonuses

Loyalty Maximums

After 12 months continuous membership, and once waiting periods have been served, a *policy holder* is entitled to an increased benefit maximum equal to the first year benefit maximum for the relevant modality plus 20% of the first year benefit maximum. For each subsequent calendar year, the *policy holder* is entitled to an increased benefit maximum equal to their previous year's benefit maximum for the relevant modality plus 20% of the first year benefit maximum. No further increased benefit maximums apply once the yearly maximum is double that of the first year maximum.

J21 15 Other Special Hospital Treatment

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J21 16 Dental

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefits for orthodontics are only payable on this table if the service was required as the result of an accident requiring immediate medical attention, occurring after joining this cover.

Maximum benefits per person, during each benefit entitlement year are:

General Dental, Major Dental and Orthodontics (if resulting from an accident) combined maximums -

	NSW, QLD, TAS, VIC, WA	SA, NT
Year 1	\$400	\$500
Year 2	\$480	\$600
Year 3	\$560	\$700
Year 4	\$640	\$800
Year 5	\$720	\$900
Year 6+	\$800	\$1000

J21 17 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$150

J21 18 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$350
Year 2 - \$420
Year 3 - \$490
Year 4 - \$560
Year 5 - \$630
Year 6+ \$700

Combined maximums for - Physiotherapy, Chiropractic/Osteopathy, and Acupuncture.

J21 19 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$350

Year 2 - \$420

Year 3 - \$490

Year 4 - \$560

Year 5 - \$630

Year 6+ \$700

Combined maximums for - Physiotherapy, Chiropractic/Osteopathy, and Acupuncture.

J21 20 Non PBS Pharmaceuticals

Not available on this product.

J21 21 Podiatry

Not available on this product.

J21 22 Psychology and Counselling

Not available on this product.

J21 23 Alternative Therapies

See Acupuncture J21.31

J21 24 Natural Therapies

See Acupuncture J21.31

J21 25 Speech Therapy

Not available on this product.

J21 25 Orthotics

Not available on this product.

J21 28 Dietetics

Not available on this product.

J21 29 Occupational Therapy

Not available on this product.

J21 30 Naturopathy

Not applicable.

J21 31 Acupuncture

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, during each benefit entitlement year are:

Year 1 - \$350

Year 2 - \$420

Year 3 - \$490

Year 4 - \$560

Year 5 - \$630

Year 6+ \$700

Combined maximums for - Physiotherapy, Chiropractic/Osteopathy, and Acupuncture.

J21 32 Other Therapies

Not available on this product.

J21 33 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

J21 34 Hearing Aids

Not available on this product.

J21 35 Prevention Health Management **Bowel Cancer Screening Kits**

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per calendar year

J21 36 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover.

J21 37 Accident Cover

Not available on this product.

J21 38 Accidental Death Funeral Expenses

Not available on this product.

J21 39 Other Special General Treatment

Not available on this product.

J21 40 Hospital-Substitute Treatment

Not available on this product.

J24 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J24 1 Table Name or Group of Table Names

1. Basic Plus Young Singles Saver
2. Basic Plus Young Couples Saver

J24 2 Eligibility

On Sale

This table is only available as a Single (one Adult) policy or a Couples (two Adults) policy.

J24 3 General Conditions

See section E1 General Conditions

J24 4 Hospital Treatment Payments

Providing a hospital admission is not related to an excluded service described in rule J24.14, the *Company* will pay to Hospitals for Hospital Treatment received by a *Policy holder*, the following payments:

(A) For the services listed below:-

- Tonsils, Adenoids and Grommets
- Joint reconstructions
- Hernia and Appendix
- Gynaecology
- Miscarriage and termination of pregnancy
- Dental surgery
- Podiatric surgery (provided by an accredited podiatric surgeon)*
- Lung and Chest

(1) In Network Hospitals – the Network Hospital Payment;

(2) In Public Hospitals – the Public Hospital Benefit; and

(3) In non-agreement Private Hospitals – the Non-Agreement Hospital Benefit (Private)

* Limited hospital accommodation and approved prostheses benefits only.

See also section E2 Hospital Treatment.

J24 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J24 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J24 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J24 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J24 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J24 10 Co Payments

A co-payment of \$50 is payable per person for each day in hospital and is deducted from the benefits that would otherwise be payable. This is limited to \$250 per hospital stay.

J24 11 Excesses

No excesses apply on this product.

J24 12 Restricted Cover

Except as set out in J24.4, the *Company* will pay restricted cover, including for the following services:

- 1. Rehabilitation**
Restricted cover applies
- 2. Hospital Psychiatric Services**
Restricted cover applies
- 3. Palliative Care**
Restricted cover applies
- 4. Brain and Nervous System**
No restricted cover applies
- 5. Eye (not Cataracts)**
No restricted cover applies
- 6. Ear, Nose and Throat**
No restricted cover applies
- 7. Tonsils, Adenoids and Grommets**
No restricted cover applies
- 8. Bone, Joint and Muscle**
No restricted cover applies
- 9. Joint reconstructions**
No restricted cover applies

- 10. Kidney and Bladder**
No restricted cover applies
- 11. Male reproductive system**
No restricted cover applies
- 12. Digestive system**
No restricted cover applies
- 13. Hernia and Appendix**
No restricted cover applies
- 14. Gastrointestinal endoscopy**
No restricted cover applies
- 15. Gynaecology**
No restricted cover applies
- 16. Miscarriage and termination of pregnancy**
No restricted cover applies
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 18. Pain management**
No restricted cover applies
- 19. Skin**
No restricted cover applies
- 20. Breast surgery (medically necessary)**
No restricted cover applies
- 21. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 22. Heart and Vascular system**
No restricted cover applies
- 23. Lung and Chest**
No restricted cover applies
- 24. Blood**
No restricted cover applies
- 25. Back, Neck and Spine**
No restricted cover applies
- 26. Plastic and Reconstructive surgery (medically necessary)**
No restricted cover applies
- 27. Dental surgery**
No restricted cover applies
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**

No restricted cover applies

29. Implantation of hearing devices

No restricted cover applies

30. Cataracts

No restricted cover applies

31. Joint replacements

No restricted cover applies

32. Dialysis for chronic kidney failure

No restricted cover applies

33. Pregnancy and birth

No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J24 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Excluded

5. Eye (not Cataracts)

Excluded

6. Ear, Nose and Throat

Excluded

7. Tonsils, Adenoids and Grommets

Not excluded

8. Bone, Joint and Muscle

Excluded

9. Joint reconstructions

Not excluded

10. Kidney and Bladder

Excluded

11. Male reproductive system

Excluded

12. Digestive system

Excluded

13. Hernia and Appendix

Not excluded

14. Gastrointestinal endoscopy

Excluded

15. Gynaecology

Not excluded

16. Miscarriage and termination of pregnancy

Not excluded

17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

Excluded

18. Pain management

Excluded

19. Skin

Excluded

20. Breast surgery (medically necessary)

Excluded

21. Diabetes management (excluding insulin pumps)

Excluded

22. Heart and Vascular system

Excluded

23. Lung and Chest

Not excluded

24. Blood

Excluded

25. Back, Neck and Spine

Excluded

26. Plastic and Reconstructive surgery (medically necessary)

Excluded

27. Dental surgery

Not excluded

28. Podiatric surgery (provided by an accredited podiatric surgeon)

Not excluded

Note: Limited hospital accommodation and approved prostheses benefits only

29. Implantation of hearing devices

Excluded

30. Cataracts

Excluded

31. Joint replacements

Excluded

32. Dialysis for chronic kidney failure

Excluded

33. Pregnancy and birth

Excluded

34. Assisted reproductive services

Excluded

35. Weight loss surgery

Excluded

36. Insulin pumps

Excluded

37. Pain management with device

Excluded

38. Sleep studies

Excluded

Excluded cover applies for all services other than those listed as a restricted service and services included in section J21.4

J24 14 Loyalty Bonuses

Top Up Bonus

Each *policy holder* is eligible for a top up bonus of \$50 (for Singles cover) or \$100 (for Couples cover) during the first benefit entitlement year. The top up bonus may be used to cover out-of-pocket expenses for general treatment services eligible for benefits.

For each subsequent calendar year, the *policy holder* is entitled to an increased top up bonus equal to their previous year's top up bonus, plus 20% of the first year bonus. No

further increases apply once the bonus amount is double that of the first year top up bonus. Bonuses are per policy. Unused bonuses do not accumulate from year to year.

J24 15 Other Special Hospital Treatment

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J24 16 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefits for **Orthodontics** are only payable on this table if the service was required as the result of an accident requiring immediate medical attention, occurring after joining this cover.

Maximum benefits per person, per calendar year are:

General Dental, Major Dental and Orthodontics (if resulting from an accident) - \$700

J24 17 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$150

J24 18 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$450

Combined maximums for - Physiotherapy, Chiropractic/Osteopathy and Natural Therapies

J24 19 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$450

Combined maximums for - Physiotherapy, Chiropractic/Osteopathy and Natural Therapies.

J24 20 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 100% of the cost of the balance of the prescription.
Benefit is limited to \$40 per script item.

Maximum benefits per person, per calendar year are: \$75

J24 21 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$250

J24 22 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

J24 23 Alternative Therapies

See Natural Therapies J24.25

J24 24 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: - Acupuncture, Chinese herbalism, and Massage.

Maximum benefits per person, per calendar year are: \$450

Within this maximum, Massage benefits are limited to \$100 per person, per calendar year.

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

Combined maximums for - Physiotherapy, Chiropractic/Osteopathy and Natural Therapies.

J24 25 Speech Therapy

Not available on this product.

J24 26 Orthotics

Not available on this product.

J24 27 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$250

J24 28 Occupational Therapy

Not available on this product.

J24 29 Naturopathy

Not applicable.

J24 30 Acupuncture

See Natural Therapies J24.25

J24 31 Other Therapies

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$450

Combined maximums for - Physiotherapy, Chiropractic/Osteopathy and Natural Therapies.

J24 32 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

J24 33 Hearing Aids

Not available on this product.

J24 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person, per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 50% of the cost up to a maximum of \$50 per person, per calendar year.

J24 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J24 36 Accident Cover

Not available on this product.

J24 37 Accidental Death Funeral Expenses

Not available on this product.

J24 38 Other Special General Treatment

Not available on this product.

J24 39 Hospital-Substitute Treatment

Not available on this product.

J25 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J25 1 Table Name or Group of Table Names

1. Bronze Plus Young Singles Choice
2. Bronze Plus Young Couples Choice

J25 2 Eligibility

On Sale

This table is only available as a Single (one Adult) policy or a Couples (two Adults) policy.

J25 3 General Conditions

See section E1 General Conditions.

J25 4 Hospital Treatment Payments

See section E2 Hospital Treatment.

J25 5 Medical Services Payments while admitted

See section E2 Hospital Treatment.

J25 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment.

J25 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment.

J25 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment.

J25 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment.

J25 10 Co Payments

A co-payment of \$50 is payable per person for each day in hospital and is deducted from the benefits that would otherwise be payable. This is limited to \$250 per hospital stay.

J25 11 Excesses

No excesses apply on this product.

J25 12 Restricted Cover

- 1. Rehabilitation**
Restricted cover applies
- 2. Hospital Psychiatric Services**
Restricted cover applies
- 3. Palliative Care**
No restricted cover applies
- 4. Brain and Nervous System**
No restricted cover applies
- 5. Eye (not Cataracts)**
No restricted cover applies
- 6. Ear, Nose and Throat**
No restricted cover applies
- 7. Tonsils, Adenoids and Grommets**
No restricted cover applies
- 8. Bone, Joint and Muscle**
No restricted cover applies
- 9. Joint reconstructions**
No restricted cover applies
- 10. Kidney and Bladder**
No restricted cover applies
- 11. Male reproductive system**
No restricted cover applies
- 12. Digestive system**
No restricted cover applies
- 13. Hernia and Appendix**
No restricted cover applies
- 14. Gastrointestinal endoscopy**
No restricted cover applies
- 15. Gynaecology**
No restricted cover applies
- 16. Miscarriage and termination of pregnancy**
No restricted cover applies
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 18. Pain management**

No restricted cover applies

19. Skin

No restricted cover applies

20. Breast surgery (medically necessary)

No restricted cover applies

21. Diabetes management (excluding insulin pumps)

No restricted cover applies

22. Heart and Vascular system

No restricted cover applies

23. Lung and Chest

No restricted cover applies

24. Blood

No restricted cover applies

25. Back, Neck and Spine

No restricted cover applies

26. Plastic and Reconstructive surgery (medically necessary)

No restricted cover applies

27. Dental surgery

No restricted cover applies

28. Podiatric surgery (provided by an accredited podiatric surgeon)

No restricted cover applies

29. Implantation of hearing devices

No restricted cover applies

30. Cataracts

No restricted cover applies

31. Joint replacements

No restricted cover applies

32. Dialysis for chronic kidney failure

No restricted cover applies

33. Pregnancy and birth

No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J25 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Not excluded

5. Eye (not Cataracts)

Not excluded

6. Ear, Nose and Throat

Not excluded

7. Tonsils, Adenoids and Grommets

Not excluded

8. Bone, Joint and Muscle

Not excluded

9. Joint reconstructions

Not excluded

10. Kidney and Bladder

Not excluded

11. Male reproductive system

Not excluded

12. Digestive system

Not excluded

13. Hernia and Appendix

Not excluded

14. Gastrointestinal endoscopy

Not excluded

15. Gynaecology

Not excluded

- 16. Miscarriage and termination of pregnancy**
Not excluded
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
Not excluded
- 18. Pain management**
Not excluded
- 19. Skin**
Not excluded
- 20. Breast surgery (medically necessary)**
Not excluded
- 21. Diabetes management (excluding insulin pumps)**
Not excluded
- 22. Heart and Vascular system**
Excluded
- 23. Lung and Chest**
Not excluded
- 24. Blood**
Not excluded
- 25. Back, Neck and Spine**
Excluded
- 26. Plastic and Reconstructive surgery (medically necessary)**
Not excluded
- 27. Dental surgery**
Not excluded
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
Not excluded
Note: Limited hospital accommodation and approved prostheses benefits only
- 29. Implantation of hearing devices**
Not excluded
- 30. Cataracts**
Excluded
- 31. Joint replacements**
Excluded
- 32. Dialysis for chronic kidney failure**
Excluded
- 33. Pregnancy and birth**
Excluded

34. Assisted reproductive services

Excluded

35. Weight loss surgery

Excluded

36. Insulin pumps

Not excluded

37. Pain management with device

Not excluded

38. Sleep studies

Not excluded

J25 14 Loyalty Bonuses**Top Up Bonus**

Each *policy holder* is eligible for a top up bonus of \$75 (for Singles cover) or \$150 (for Couples cover) during the first benefit entitlement year. The top up bonus may be used to cover out-of-pocket expenses for general treatment services eligible for benefits.

For each subsequent calendar year, the *policy holder* is entitled to an increased top up bonus equal to their previous year's top up bonus, plus 20% of the first year bonus. No further increases apply once the bonus amount is double that of the first year top up bonus. Bonuses are per policy. Unused bonuses do not accumulate from year to year.

J25 15 Other Special Hospital Treatment**Travel and Accommodation**

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J25 16 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefits for Orthodontics are only payable on this table if the service was required as the result of an accident requiring immediate medical attention, occurring after joining this cover.

Maximum benefits per person, per calendar year are:

Major Dental, General Dental and Orthodontics (if resulting from an accident) - \$850

J25 17 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$150

J25 18 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for - Physiotherapy and Chiropractic/Osteopathy.

J25 19 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for - Physiotherapy and Chiropractic/Osteopathy.

J25 20 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 100% of the cost of the balance of the prescription is payable. Benefit is limited to \$40 per script item.

Maximum benefits per person, per calendar year are: \$200

J25 21 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

J25 22 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

J25 23 Alternative Therapies

See Natural Therapies J25.25

J25 24 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture, Chinese herbalism, and Massage.

Maximum benefits per person, per calendar year are: \$500

Within this maximum, Massage benefits are limited to \$100 per person, calendar year.

Massage includes - - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

J25 25 Speech Therapy

Not available on this product.

J25 26 Orthotics

Not available on this product.

J25 27 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

J25 28 Occupational Therapy

Not available on this product.

J25 29 Naturopathy

Not applicable.

J25 30 Acupuncture

See Natural Therapies J25.25

J25 31 Other Therapies

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

Combined maximums for - Natural therapy

J25 32 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

J25 33 Hearing Aids

Not available on this product.

J25 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 50% of the cost up to a maximum of \$75 per person, per calendar year.

J25 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J25 36 Accident Cover

Not available on this product

J25 37 Accidental Death Funeral Expenses

Not available on this product

J25 38 Other Special General Treatment

Not available on this product

J25 39 Hospital-Substitute Treatment

Not available on this product

J26 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J26 1 Table Name or Group of Table Names

Basic Plus Active Saver

J26 2 Eligibility

On Sale

This table is only available as a Single (one Adult) policy.

J26 3 General Conditions

See section E1 General Conditions

J26 4 Hospital Treatment Payments

Providing a hospital admission is not related to an excluded service described in rule J26.14, the *Company* will pay to Hospitals for Hospital Treatment received by a *Policy holder*, the following payments:

(A) For the services listed below:-

- Tonsils, Adenoids and Grommets
- Joint reconstructions
- Hernia and Appendix
- Gynaecology
- Miscarriage and termination of pregnancy
- Dental surgery
- Podiatric surgery (provided by an accredited podiatric surgeon)*
- Lung and Chest

(4) In Network Hospitals – the Network Hospital Payment;

(5) In Public Hospitals – the Public Hospital Benefit; and

(6) In non-agreement Private Hospitals – the Non-Agreement Hospital Benefit (Private)

* Limited hospital accommodation and approved prostheses benefits only.

See also section E2 Hospital Treatment.

J26 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J26 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J26 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J26 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J26 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J26 10 Co Payments

A co-payment of \$100 is payable by the *policy holder* for each day in *hospital* and is deducted from the benefits that would otherwise be payable. This is limited to \$500 per *hospital* stay.

J26 11 Excesses

No excesses apply on this product.

J26 12 Restricted Cover

Except as set out in J26.4, the *Company* will pay restricted cover, including for the following services:

- 1. Rehabilitation**
Restricted cover applies
- 2. Hospital Psychiatric Services**
Restricted cover applies
- 3. Palliative Care**
Restricted cover applies
- 4. Brain and Nervous System**
No restricted cover applies
- 5. Eye (not Cataracts)**
No restricted cover applies
- 6. Ear, Nose and Throat**
No restricted cover applies
- 7. Tonsils, Adenoids and Grommets**
No restricted cover applies
- 8. Bone, Joint and Muscle**
No restricted cover applies
- 9. Joint reconstructions**

No restricted cover applies

10. Kidney and Bladder

No restricted cover applies

11. Male reproductive system

No restricted cover applies

12. Digestive system

No restricted cover applies

13. Hernia and Appendix

No restricted cover applies

14. Gastrointestinal endoscopy

No restricted cover applies

15. Gynaecology

No restricted cover applies

16. Miscarriage and termination of pregnancy

No restricted cover applies

17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

No restricted cover applies

18. Pain management

No restricted cover applies

19. Skin

No restricted cover applies

20. Breast surgery (medically necessary)

No restricted cover applies

21. Diabetes management (excluding insulin pumps)

No restricted cover applies

22. Heart and Vascular system

No restricted cover applies

23. Lung and Chest

No restricted cover applies

24. Blood

No restricted cover applies

25. Back, Neck and Spine

No restricted cover applies

26. Plastic and Reconstructive surgery (medically necessary)

No restricted cover applies

27. Dental surgery

No restricted cover applies

28. Podiatric surgery (provided by an accredited podiatric surgeon)

No restricted cover applies

29. Implantation of hearing devices

No restricted cover applies

30. Cataracts

No restricted cover applies

31. Joint replacements

No restricted cover applies

32. Dialysis for chronic kidney failure

No restricted cover applies

33. Pregnancy and birth

No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J26 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Excluded

5. Eye (not Cataracts)

Excluded

6. Ear, Nose and Throat

Excluded

- 7. Tonsils, Adenoids and Grommets**
Not excluded
- 8. Bone, Joint and Muscle**
Excluded
- 9. Joint reconstructions**
Not excluded
- 10. Kidney and Bladder**
Excluded
- 11. Male reproductive system**
Excluded
- 12. Digestive system**
Excluded
- 13. Hernia and Appendix**
Not excluded
- 14. Gastrointestinal endoscopy**
Excluded
- 15. Gynaecology**
Not excluded
- 16. Miscarriage and termination of pregnancy**
Not excluded
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
Excluded
- 18. Pain management**
Excluded
- 19. Skin**
Excluded
- 20. Breast surgery (medically necessary)**
Excluded
- 21. Diabetes management (excluding insulin pumps)**
Excluded
- 22. Heart and Vascular system**
Excluded
- 23. Lung and Chest**
Not excluded
- 24. Blood**
Excluded

25. Back, Neck and Spine

Excluded

26. Plastic and Reconstructive surgery (medically necessary)

Excluded

27. Dental surgery

Not excluded

28. Podiatric surgery (provided by an accredited podiatric surgeon)

Not excluded

Note: Limited hospital accommodation and approved prostheses benefits only

29. Implantation of hearing devices

Excluded

30. Cataracts

Excluded

31. Joint replacements

Excluded

32. Dialysis for chronic kidney failure

Excluded

33. Pregnancy and birth

Excluded

34. Assisted reproductive services

Excluded

35. Weight loss surgery

Excluded

36. Insulin pumps

Excluded

37. Pain management with device

Excluded

38. Sleep studies

Excluded

J26 14 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J26 15 Other Special Hospital Treatment

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J26 16 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefits for major dental and orthodontics are only payable on this table if the service was required as the result of an accident requiring immediate medical attention, occurring after joining this cover.

Maximum benefits per person, per calendar year are:

General Dental - \$300

Major Dental (if resulting from an accident) - \$300 combined limit with **Orthodontics**

Orthodontics (if resulting from an accident) - combined with **Major Dental**

There is a combined maximum of \$1000 per person, per calendar year for all general treatment services on this table - General Dental, Major Dental (if resulting from an accident)/Orthodontics (if resulting from an accident), Physiotherapy, Chiropractic/Osteopathy, Podiatry, Natural Therapies, Dietetics and Mouthguards.

J26 17 Optical

Not available on this product.

J26 18 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

There is a combined maximum of \$1000 per person, per calendar year for all general treatment services on this table - General Dental, Major Dental (if resulting from an accident)/Orthodontics (if resulting from an accident), Physiotherapy, Chiropractic/Osteopathy, Podiatry, Natural Therapies, Dietetics and Mouthguards.

J26 19 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$300

There is a combined maximum of \$1000 per person, per calendar year for all general treatment services on this table - General Dental, Major Dental (if resulting from an

accident)/Orthodontics (if resulting from an accident), Physiotherapy, Chiropractic/Osteopathy, Podiatry, Natural Therapies, Dietetics and Mouthguards.

J26 20 Non PBS Pharmaceuticals

Not available on this product.

J26 21 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined maximum of \$1000 per person, per calendar year for all general treatment services on this table - General Dental, Major Dental (if resulting from an accident)/Orthodontics (if resulting from an accident), Physiotherapy, Chiropractic/Osteopathy, Podiatry, Natural Therapies, Dietetics and Mouthguards.

J26 22 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$100

Online-CBT from a Bupa recognised program for selected courses only.

J26 23 Alternative Therapies

See Natural Therapies J26.25

J26 24 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: - Acupuncture, Chinese Herbalism, and Massage.

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

Maximum benefits per person, per calendar year are: \$300

There is a combined maximum of \$1000 per person, per calendar year for all general treatment services on this table - General Dental, Major Dental (if resulting from an accident)/Orthodontics (if resulting from an accident), Physiotherapy, Chiropractic/Osteopathy, Podiatry, Natural Therapies, Dietetics and Mouthguards.

J26 25 Speech Therapy

Not available on this product.

J26 26 Orthotics

Not available on this product.

J26 27 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

There is a combined maximum of \$1000 per person, per calendar year for all general treatment services on this table - General Dental, Major Dental (if resulting from an accident)/Orthodontics (if resulting from an accident), Physiotherapy, Chiropractic/Osteopathy, Podiatry, Natural Therapies, Dietetics and Mouthguards.

J26 28 Occupational Therapy

Not available on this product.

J26 29 Naturopathy

Not applicable.

J26 30 Acupuncture

See Natural Therapies J26.25

J26 31 Other Therapies

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

There is a combined maximum of \$1000 per person, per calendar year for all general treatment services on this table - General Dental, Major Dental (if resulting from an accident)/Orthodontics (if resulting from an accident), Physiotherapy, Chiropractic/Osteopathy, Podiatry, Natural Therapies, Dietetics and Mouthguards.

J26 32 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

J26 33 Hearing Aids

Not available on this product.

J26 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 50% of the cost up to a maximum of \$50 per person, per calendar year.

J26 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J26 36 Accident Cover

Not available on this product.

J26 37 Accidental Death Funeral Expenses

Not available on this product.

J26 38 Other Special General Treatment

Mouthguards

Up to \$50 per mouthguard limited to 1 mouthguard per year.

There is a combined maximum of \$1000 per person, per calendar year for all general treatment services on this table - General Dental, Major Dental (if resulting from an accident)/Orthodontics (if resulting from an accident), Physiotherapy, Chiropractic/Osteopathy, Podiatry, Natural Therapies, Dietetics and Mouthguards.

J26 39 Hospital-Substitute Treatment

Not available on this product.

J30 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J30 1 Table Name or Group of Table Names

Top Hospital Cover with Excess Bonus - Gold

J30 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover from 30 November 2010.

J30 3 General Conditions

See section E1 General Conditions

J30 4 Hospital Treatment Payments

See section E2 Hospital Treatment

J30 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J30 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J30 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J30 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J30 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J30 10 Co Payments

No co-payments apply on this product.

J30 11 Excesses

An excess of \$200 applies, capped at once per person, per calendar year to a maximum of twice per policy, per calendar year.

No excesses apply for any admissions to hospital of a Dependant covered under the policy.

J30 12 Restricted Cover

- 1. Rehabilitation**
No restricted cover applies
- 2. Hospital Psychiatric Services**
No restricted cover applies
- 3. Palliative Care**
No restricted cover applies
- 4. Brain and Nervous System**
No restricted cover applies
- 5. Eye (not Cataracts)**
No restricted cover applies
- 6. Ear, Nose and Throat**
No restricted cover applies
- 7. Tonsils, Adenoids and Grommets**
No restricted cover applies
- 8. Bone, Joint and Muscle**
No restricted cover applies
- 9. Joint reconstructions**
No restricted cover applies
- 10. Kidney and Bladder**
No restricted cover applies
- 11. Male reproductive system**
No restricted cover applies
- 12. Digestive system**
No restricted cover applies
- 13. Hernia and Appendix**
No restricted cover applies
- 14. Gastrointestinal endoscopy**
No restricted cover applies
- 15. Gynaecology**
No restricted cover applies
- 16. Miscarriage and termination of pregnancy**

No restricted cover applies

17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

No restricted cover applies

18. Pain management

No restricted cover applies

19. Skin

No restricted cover applies

20. Breast surgery (medically necessary)

No restricted cover applies

21. Diabetes management (excluding insulin pumps)

No restricted cover applies

22. Heart and Vascular system

No restricted cover applies

23. Lung and Chest

No restricted cover applies

24. Blood

No restricted cover applies

25. Back, Neck and Spine

No restricted cover applies

26. Plastic and Reconstructive surgery (medically necessary)

No restricted cover applies

27. Dental surgery

No restricted cover applies

28. Podiatric surgery (provided by an accredited podiatric surgeon)

No restricted cover applies

29. Implantation of hearing devices

No restricted cover applies

30. Cataracts

No restricted cover applies

31. Joint replacements

No restricted cover applies

32. Dialysis for chronic kidney failure

No restricted cover applies

33. Pregnancy and birth

No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J30 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Not excluded

5. Eye (not Cataracts)

Not excluded

6. Ear, Nose and Throat

Not excluded

7. Tonsils, Adenoids and Grommets

Not excluded

8. Bone, Joint and Muscle

Not excluded

9. Joint reconstructions

Not excluded

10. Kidney and Bladder

Not excluded

11. Male reproductive system

Not excluded

12. Digestive system

Not excluded

13. Hernia and Appendix

Not excluded

- 14. Gastrointestinal endoscopy**
Not excluded
- 15. Gynaecology**
Not excluded
- 16. Miscarriage and termination of pregnancy**
Not excluded
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
Not excluded
- 18. Pain management**
Not excluded
- 19. Skin**
Not excluded
- 20. Breast surgery (medically necessary)**
Not excluded
- 21. Diabetes management (excluding insulin pumps)**
Not excluded
- 22. Heart and Vascular system**
Not excluded
- 23. Lung and Chest**
Not excluded
- 24. Blood**
Not excluded
- 25. Back, Neck and Spine**
Not excluded
- 26. Plastic and Reconstructive surgery (medically necessary)**
Not excluded
- 27. Dental surgery**
Not excluded
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
Not excluded
Note: Limited hospital accommodation and approved prostheses benefits only
- 29. Implantation of hearing devices**
Not excluded
- 30. Cataracts**
Not excluded
- 31. Joint replacements**
Not excluded

32. Dialysis for chronic kidney failure

Not excluded

33. Pregnancy and birth

Not excluded

34. Assisted reproductive services

Not excluded

35. Weight loss surgery

Not excluded

36. Insulin pumps

Not excluded

37. Pain management with device

Not excluded

38. Sleep studies

Not excluded

J30 14 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J30 15 Other Special Hospital Treatment

Family In-Hospital Benefit

Benefits will be offered to a partner, immediate family member, carer/parent, next of kin who is required to stay at the hospital with the patient. The benefit is payable on the admitted person's policy.

Benefits payable are:

- Accommodation in hospital up to \$60 per night whilst a boarder in hospital.
- Benefit up to \$30 per day towards the cost of any meals provided by the hospital or purchased from the hospital cafeteria for the non- admitted person staying with the patient in hospital.

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J30 16 Dental

J30 17 Optical

J30 18 Physiotherapy

J30 19 Chiropractic

J30 20 Non PBS Pharmaceuticals

J30 21 Podiatry

J30 22 Psychology and Counselling

J30 23 Alternative Therapies

J30 24 Natural Therapies

J30 25 Speech Therapy

J30 26 Orthotics

J30 27 Dietetics

J30 28 Occupational Therapy

J30 29 Naturopathy

J30 30 Acupuncture

J30 31 Other Therapies

J30 32 Non Surgically Implanted Prostheses and Appliances

J30 33 Hearing Aids

J30 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J30 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped

ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances.

J30 36 Accident Cover

Not available on this product.

J30 37 Accidental Death Funeral Expenses

Not available on this product.

J30 38 Other Special General Treatment

Not available on this product.

J30 39 Hospital-Substitute Treatment

Not available on this product.

J33 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

Removed.

J34 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J34 1 Table Name or Group of Table Names

1. Corporate Hospital Cover Level 1 - Gold
2. Corporate Hospital Cover Level 2 - Gold
3. Corporate Hospital Cover Level 3 - Gold
4. Corporate Hospital Cover Level 4 - Gold

J34 2 Eligibility

On Sale

Available to Employees/Members of organisations which have the product included in their contracts with Bupa.

This product can be taken as a stand-alone table, or can be taken out in conjunction with a table in Schedules I20, I21, I23, I36 or I42.

J34 3 General Conditions

See section E1 General Conditions

J34 4 Hospital Treatment Payments

See section E2 Hospital Treatment

J34 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J34 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J34 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J34 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J34 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J34 10 Co Payments

No co-payments apply on this product.

J34 11 Excesses

The following annual Excess options apply, capped at once per person, per calendar year to a maximum of twice per policy per calendar year: - No Excess on Level 1, \$250 Excess on Level 2, \$500 Excess on Level 3, \$750 Excess on Level 4.

No excesses apply for any admissions to hospital of a Dependant covered under the policy.

J34 12 Restricted Cover

1. Rehabilitation

No restricted cover applies

2. Hospital Psychiatric Services

No restricted cover applies

3. Palliative Care

No restricted cover applies

4. Brain and Nervous System

No restricted cover applies

5. Eye (not Cataracts)

No restricted cover applies

6. Ear, Nose and Throat

No restricted cover applies

7. Tonsils, Adenoids and Grommets

No restricted cover applies

8. Bone, Joint and Muscle

No restricted cover applies

9. Joint reconstructions

No restricted cover applies

10. Kidney and Bladder

No restricted cover applies

11. Male reproductive system

No restricted cover applies

12. Digestive system

No restricted cover applies

- 13. Hernia and Appendix**
No restricted cover applies
- 14. Gastrointestinal endoscopy**
No restricted cover applies
- 15. Gynaecology**
No restricted cover applies
- 16. Miscarriage and termination of pregnancy**
No restricted cover applies
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 18. Pain management**
No restricted cover applies
- 19. Skin**
No restricted cover applies
- 20. Breast surgery (medically necessary)**
No restricted cover applies
- 21. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 22. Heart and Vascular system**
No restricted cover applies
- 23. Lung and Chest**
No restricted cover applies
- 24. Blood**
No restricted cover applies
- 25. Back, Neck and Spine**
No restricted cover applies
- 26. Plastic and Reconstructive surgery (medically necessary)**
No restricted cover applies
- 27. Dental surgery**
No restricted cover applies
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
No restricted cover applies
- 29. Implantation of hearing devices**
No restricted cover applies
- 30. Cataracts**
No restricted cover applies
- 31. Joint replacements**

No restricted cover applies

32. Dialysis for chronic kidney failure

No restricted cover applies

33. Pregnancy and birth

No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J34 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Not excluded

5. Eye (not Cataracts)

Not excluded

6. Ear, Nose and Throat

Not excluded

7. Tonsils, Adenoids and Grommets

Not excluded

8. Bone, Joint and Muscle

Not excluded

9. Joint reconstructions

Not excluded

10. Kidney and Bladder

Not excluded

- 11. Male reproductive system**
Not excluded
- 12. Digestive system**
Not excluded
- 13. Hernia and Appendix**
Not excluded
- 14. Gastrointestinal endoscopy**
Not excluded
- 15. Gynaecology**
Not excluded
- 16. Miscarriage and termination of pregnancy**
Not excluded
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
Not excluded
- 18. Pain management**
Not excluded
- 19. Skin**
Not excluded
- 20. Breast surgery (medically necessary)**
Not excluded
- 21. Diabetes management (excluding insulin pumps)**
Not excluded
- 22. Heart and Vascular system**
Not excluded
- 23. Lung and Chest**
Not excluded
- 24. Blood**
Not excluded
- 25. Back, Neck and Spine**
Not excluded
- 26. Plastic and Reconstructive surgery (medically necessary)**
Not excluded
- 27. Dental surgery**
Not excluded
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
Not excluded
Note: Limited hospital accommodation and approved prostheses benefits only

29. Implantation of hearing devices

Not excluded

30. Cataracts

Not excluded

31. Joint replacements

Not excluded

32. Dialysis for chronic kidney failure

Not excluded

33. Pregnancy and birth

Not excluded

34. Assisted reproductive services

Not excluded

35. Weight loss surgery

Not excluded

36. Insulin pumps

Not excluded

37. Pain management with device

Not excluded

38. Sleep studies

Not excluded

J34 14 Loyalty Bonuses

Health Subscriptions

After 2 months membership on this Table, a benefit of 50% of the cost of a subscription to the Arthritis Foundation, Asthma Foundation, Diabetes Australia or Parkinson's in Western Australia is payable.

J34 15 Other Special Hospital Treatment

Family In- Hospital Benefit

Benefits will be offered to a partner, immediate family member, carer/parent, next of kin who is required to stay at the hospital with the patient. The benefit is payable on the admitted person's policy.

Benefits payable are:

- Accommodation in hospital up to \$60 per night whilst a boarder in hospital
- Benefit up to \$30 per day towards the cost of any meals provided by the hospital or purchased from the hospital cafeteria for the non- admitted person staying with the patient in hospital

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J34 16 Dental

J34 17 Optical

J34 18 Physiotherapy

J34 19 Chiropractic

J34 20 Non PBS Pharmaceuticals

J34 21 Podiatry

J34 22 Psychology and Counselling

J34 23 Alternative Therapies

J34 24 Natural Therapies

J34 25 Speech Therapy

J34 26 Orthotics

J34 27 Dietetics

J34 30 Occupational Therapy

J34 31 Naturopathy

J34 32 Acupuncture

J34 33 Other Therapies

J34 34 Non Surgically Implanted Prostheses and Appliances

J34 35 Hearing Aids

J34 36 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J34 37 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances.

Also includes cover for non-emergency ambulance trips, capped up to \$5,000 per person each calendar year. A one day waiting period applies for emergency and non-emergency ambulance, and on-the-spot treatment.

J34 38 Accident Cover

Not available on this product.

J34 39 Accidental Death Funeral Expenses

Not available on this product.

J34 40 Other Special General Treatment

Not available on this product.

J34 41 Hospital-Substitute Treatment

Not available on this product.

J35 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J35 1 Table Name or Group of Table Names

1. Corporate Hospital Top Level 1 - Gold
2. Corporate Hospital Top Level 2 - Gold
3. Corporate Hospital Top Level 3 - Gold

J35 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover from 17 November 2017.

J35 3 General Conditions

See section E1 General Conditions

J35 4 Hospital Treatment Payments

See section E2 Hospital Treatment

J35 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J35 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J35 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J35 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J35 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J35 10 Co Payments

No co-payments apply on this product.

J35 11 Excesses

The following annual Excess options apply, capped at once per person, per calendar year to a maximum of twice per policy per calendar year: - No Excess on Level 1, \$250 Excess on Level 2 or \$500 Excess on Level 3.

No excesses apply for any admissions to hospital of a Dependant covered under the policy.

J35 12 Restricted Cover

- 1. Rehabilitation**
No restricted cover applies
- 2. Hospital Psychiatric Services**
No restricted cover applies
- 3. Palliative Care**
No restricted cover applies
- 4. Brain and Nervous System**
No restricted cover applies
- 5. Eye (not Cataracts)**
No restricted cover applies
- 6. Ear, Nose and Throat**
No restricted cover applies
- 7. Tonsils, Adenoids and Grommets**
No restricted cover applies
- 8. Bone, Joint and Muscle**
No restricted cover applies
- 9. Joint reconstructions**
No restricted cover applies
- 10. Kidney and Bladder**
No restricted cover applies
- 11. Male reproductive system**
No restricted cover applies
- 12. Digestive system**
No restricted cover applies
- 13. Hernia and Appendix**
No restricted cover applies
- 14. Gastrointestinal endoscopy**
No restricted cover applies
- 15. Gynaecology**
No restricted cover applies

- 16. Miscarriage and termination of pregnancy**
No restricted cover applies
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 18. Pain management**
No restricted cover applies
- 19. Skin**
No restricted cover applies
- 20. Breast surgery (medically necessary)**
No restricted cover applies
- 21. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 22. Heart and Vascular system**
No restricted cover applies
- 23. Lung and Chest**
No restricted cover applies
- 24. Blood**
No restricted cover applies
- 25. Back, Neck and Spine**
No restricted cover applies
- 26. Plastic and Reconstructive surgery (medically necessary)**
No restricted cover applies
- 27. Dental surgery**
No restricted cover applies
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
No restricted cover applies
- 29. Implantation of hearing devices**
No restricted cover applies
- 30. Cataracts**
No restricted cover applies
- 31. Joint replacements**
No restricted cover applies
- 32. Dialysis for chronic kidney failure**
No restricted cover applies
- 33. Pregnancy and birth**
No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J35 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Not excluded

5. Eye (not Cataracts)

Not excluded

6. Ear, Nose and Throat

Not excluded

7. Tonsils, Adenoids and Grommets

Not excluded

8. Bone, Joint and Muscle

Not excluded

9. Joint reconstructions

Not excluded

10. Kidney and Bladder

Not excluded

11. Male reproductive system

Not excluded

12. Digestive system

Not excluded

13. Hernia and Appendix

Not excluded

14. Gastrointestinal endoscopy

Not excluded

15. Gynaecology

Not excluded

16. Miscarriage and termination of pregnancy

Not excluded

17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

Not excluded

18. Pain management

Not excluded

19. Skin

Not excluded

20. Breast surgery (medically necessary)

Not excluded

21. Diabetes management (excluding insulin pumps)

Not excluded

22. Heart and Vascular system

Not excluded

23. Lung and Chest

Not excluded

24. Blood

Not excluded

25. Back, Neck and Spine

Not excluded

26. Plastic and Reconstructive surgery (medically necessary)

Not excluded

27. Dental surgery

Not excluded

28. Podiatric surgery (provided by an accredited podiatric surgeon)

Not excluded

Note: Limited hospital accommodation and approved prostheses benefits only

29. Implantation of hearing devices

Not excluded

30. Cataracts

Not excluded

31. Joint replacements

Not excluded

32. Dialysis for chronic kidney failure

Not excluded

33. Pregnancy and birth

Not excluded

34. Assisted reproductive services

Not excluded

35. Weight loss surgery

Not excluded

36. Insulin pumps

Not excluded

37. Pain management with device

Not excluded

38. Sleep studies

Not excluded

J35 14 Loyalty Bonuses

Health Subscriptions

For *policy holders* on Corporate Hospital Top Level 1 - Gold or Level 2, after 2 months membership on this Table, a benefit of 50% of the cost of a subscription to the Arthritis Foundation, Asthma Foundation, Diabetes Australia or Parkinson's in Western Australia is payable.

J35 15 Other Special Hospital Treatment

Family In-Hospital Benefit

Benefits will be offered to a partner, immediate family member, carer/parent, next of kin who is required to stay at the hospital with the patient. The benefit is payable on the admitted person's policy.

Benefits payable are:

- Accommodation in hospital up to \$60 per night whilst a boarder in hospital
- Benefit up to \$30 per day towards the cost of any meals provided by the hospital or purchased from the hospital cafeteria for the non- admitted person staying with the patient in hospital

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J35 16 Dental

J35 17 Optical

J35 18 Physiotherapy

J35 19 Chiropractic

J35 20 Non PBS Pharmaceuticals

J35 21 Podiatry

J35 22 Psychology and Counselling

J35 23 Alternative Therapies

J35 24 Natural Therapies

J35 25 Speech Therapy

J35 26 Orthotics

J35 27 Dietetics

J35 28 Occupational Therapy

J35 29 Naturopathy

J35 30 Acupuncture

J35 31 Other Therapies

J35 32 Non Surgically Implanted Prostheses and Appliances

J35 33 Hearing Aids

J35 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J35 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances.

J35 36 Accident Cover

Not available on this product.

J35 37 Accidental Death Funeral Expenses

Not available on this product.

J35 38 Other Special General Treatment

Not available on this product.

J35 39 Hospital-Substitute Treatment

Not available on this product.

J36 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

Removed.

J37 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J37 1 Table Name or Group of Table Names

1. Corporate Hospital Saver Level 1 – Silver Plus
2. Corporate Hospital Saver Level 2 – Silver Plus
3. Corporate Hospital Saver Level 3 – Silver Plus

J37 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover from 17 November 2017.

J37 3 General Conditions

See section E1 General Conditions.

J37 4 Hospital Treatment Payments

See section E2 Hospital Treatment.

J37 5 Medical Services Payments while admitted

See section E2 Hospital Treatment.

J37 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment.

J37 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment.

J37 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment.

J37 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment.

J37 10 Co Payments

No co-payments apply on this product.

J37 11 Excesses

The following annual Excess options apply, capped at once per person, per calendar year to a maximum of twice per policy per calendar year: - No Excess on Level 1, \$250 Excess on Level 2 or \$500 Excess on Level 3.

J37 12 Restricted Cover

- 1. Rehabilitation**
No restricted cover applies
- 2. Hospital Psychiatric Services**
Restricted cover applies
- 3. Palliative Care**
No restricted cover applies
- 4. Brain and Nervous System**
No restricted cover applies
- 5. Eye (not Cataracts)**
No restricted cover applies
- 6. Ear, Nose and Throat**
No restricted cover applies
- 7. Tonsils, Adenoids and Grommets**
No restricted cover applies
- 8. Bone, Joint and Muscle**
No restricted cover applies
- 9. Joint reconstructions**
No restricted cover applies
- 10. Kidney and Bladder**
No restricted cover applies
- 11. Male reproductive system**
No restricted cover applies
- 12. Digestive system**
No restricted cover applies
- 13. Hernia and Appendix**
No restricted cover applies

- 14. Gastrointestinal endoscopy**
No restricted cover applies
- 15. Gynaecology**
No restricted cover applies
- 16. Miscarriage and termination of pregnancy**
No restricted cover applies
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 18. Pain management**
No restricted cover applies
- 19. Skin**
No restricted cover applies
- 20. Breast surgery (medically necessary)**
No restricted cover applies
- 21. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 22. Heart and Vascular system**
No restricted cover applies
- 23. Lung and Chest**
No restricted cover applies
- 24. Blood**
No restricted cover applies
- 25. Back, Neck and Spine**
No restricted cover applies
- 26. Plastic and Reconstructive surgery (medically necessary)**
No restricted cover applies
- 27. Dental surgery**
No restricted cover applies
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
No restricted cover applies
- 29. Implantation of hearing devices**
No restricted cover applies
- 30. Cataracts**
No restricted cover applies
- 31. Joint replacements**
No restricted cover applies
- 32. Dialysis for chronic kidney failure**

No restricted cover applies

33. Pregnancy and birth

No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J37 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Not excluded

5. Eye (not Cataracts)

Not excluded

6. Ear, Nose and Throat

Not excluded

7. Tonsils, Adenoids and Grommets

Not excluded

8. Bone, Joint and Muscle

Not excluded

9. Joint reconstructions

Not excluded

10. Kidney and Bladder

Not excluded

11. Male reproductive system

Not excluded

- 12. Digestive system**
Not excluded
- 13. Hernia and Appendix**
Not excluded
- 14. Gastrointestinal endoscopy**
Not excluded
- 15. Gynaecology**
Not excluded
- 16. Miscarriage and termination of pregnancy**
Not excluded
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
Not excluded
- 18. Pain management**
Not excluded
- 19. Skin**
Not excluded
- 20. Breast surgery (medically necessary)**
Not excluded
- 21. Diabetes management (excluding insulin pumps)**
Not excluded
- 22. Heart and Vascular system**
Not excluded
- 23. Lung and Chest**
Not excluded
- 24. Blood**
Not excluded
- 25. Back, Neck and Spine**
Not excluded
- 26. Plastic and Reconstructive surgery (medically necessary)**
Not excluded
- 27. Dental surgery**
Not excluded
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
Not excluded
Note: Limited hospital accommodation and approved prostheses benefits only
- 29. Implantation of hearing devices**
Not excluded

30. Cataracts

Excluded

31. Joint replacements

Excluded

32. Dialysis for chronic kidney failure

Not excluded

33. Pregnancy and birth

Excluded

34. Assisted reproductive services

Excluded

35. Weight loss surgery

Excluded

36. Insulin pumps

Not excluded

37. Pain management with device

Not excluded

38. Sleep studies

Not excluded

J37 14 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J37 15 Other Special Hospital Treatment

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J37 16 Dental

J37 17 Optical

J37 18 Physiotherapy

J37 19 Chiropractic

J37 20 Non PBS Pharmaceuticals

J37 21 Podiatry

J37 22 Psychology and Counselling

J37 23 Alternative Therapies

J37 24 Natural Therapies

J37 25 Speech Therapy

J37 26 Orthotics

J37 27 Dietetics

J37 28 Occupational Therapy

J37 29 Naturopathy

J37 30 Acupuncture

J37 31 Other Therapies

J37 32 Non Surgically Implanted Prostheses and Appliances

J37 33 Hearing Aids

J37 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J37 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover.

J37 36 Accident Cover

Not available on this product.

J37 37 Accidental Death Funeral Expenses

Not available on this product.

J37 38 Other Special General Treatment

Not available on this product.

J37 39 Hospital-Substitute Treatment

Not available on this product.

J38 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J38 1 Table Name or Group of Table Names

1. Hospital Economy Cover - Gold
2. Hospital Economy Cover with Excess Bonus - Gold

J38 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover.

J38 3 General Conditions

See section E1 General Conditions

J38 4 Hospital Treatment Payments

See section E2 Hospital Treatment

J38 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J38 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J38 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J38 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J38 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J38 10 Co Payments

Hospital Economy Cover - Gold

A co-payment of \$40 is payable per person for each day in *hospital* and is deducted from the benefits that would otherwise be payable. This is limited to \$200 per *hospital* stay.

No co-payments apply for any admissions to hospital of a Dependant covered under the policy.

J38 11 Excesses

Hospital Economy Cover - Gold and Hospital Economy Cover with Excess Bonus - Gold

An excess of \$400 applies capped at once per person, per calendar year to a maximum of twice per policy per calendar.

No excesses apply for any admissions to hospital of a Dependant covered under the policy.

J38 12 Restricted Cover

1. Rehabilitation

No restricted cover applies

2. Hospital Psychiatric Services

No restricted cover applies

3. Palliative Care

No restricted cover applies

4. Brain and Nervous System

No restricted cover applies

5. Eye (not Cataracts)

No restricted cover applies

6. Ear, Nose and Throat

No restricted cover applies

7. Tonsils, Adenoids and Grommets

No restricted cover applies

8. Bone, Joint and Muscle

No restricted cover applies

9. Joint reconstructions

No restricted cover applies

10. Kidney and Bladder

No restricted cover applies

11. Male reproductive system

No restricted cover applies

12. Digestive system

No restricted cover applies

13. Hernia and Appendix

No restricted cover applies

14. Gastrointestinal endoscopy

No restricted cover applies

- 15. Gynaecology**
No restricted cover applies
- 16. Miscarriage and termination of pregnancy**
No restricted cover applies
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 18. Pain management**
No restricted cover applies
- 19. Skin**
No restricted cover applies
- 20. Breast surgery (medically necessary)**
No restricted cover applies
- 21. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 22. Heart and Vascular system**
No restricted cover applies
- 23. Lung and Chest**
No restricted cover applies
- 24. Blood**
No restricted cover applies
- 25. Back, Neck and Spine**
No restricted cover applies
- 26. Plastic and Reconstructive surgery (medically necessary)**
No restricted cover applies
- 27. Dental surgery**
No restricted cover applies
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
No restricted cover applies
- 29. Implantation of hearing devices**
No restricted cover applies
- 30. Cataracts**
No restricted cover applies
- 31. Joint replacements**
No restricted cover applies
- 32. Dialysis for chronic kidney failure**
No restricted cover applies
- 33. Pregnancy and birth**

No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J38 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Not excluded

5. Eye (not Cataracts)

Not excluded

6. Ear, Nose and Throat

Not excluded

7. Tonsils, Adenoids and Grommets

Not excluded

8. Bone, Joint and Muscle

Not excluded

9. Joint reconstructions

Not excluded

10. Kidney and Bladder

Not excluded

11. Male reproductive system

Not excluded

12. Digestive system

Not excluded

13. Hernia and Appendix

Not excluded

14. Gastrointestinal endoscopy

Not excluded

15. Gynaecology

Not excluded

16. Miscarriage and termination of pregnancy

Not excluded

17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

Not excluded

18. Pain management

Not excluded

19. Skin

Not excluded

20. Breast surgery (medically necessary)

Not excluded

21. Diabetes management (excluding insulin pumps)

Not excluded

22. Heart and Vascular system

Not excluded

23. Lung and Chest

Not excluded

24. Blood

Not excluded

25. Back, Neck and Spine

Not excluded

26. Plastic and Reconstructive surgery (medically necessary)

Not excluded

27. Dental surgery

Not excluded

28. Podiatric surgery (provided by an accredited podiatric surgeon)

Not excluded

Note: Limited hospital accommodation and approved prostheses benefits only

29. Implantation of hearing devices

Not excluded

30. Cataracts

Not excluded

31. Joint replacements

Not excluded

32. Dialysis for chronic kidney failure

Not excluded

33. Pregnancy and birth

Not excluded

34. Assisted reproductive services

Not excluded

35. Weight loss surgery

Not excluded

36. Insulin pumps

Not excluded

37. Pain management with device

Not excluded

38. Sleep studies

Not excluded

J38 14 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J38 15 Other Special Hospital Treatment

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J38 16 Dental

J38 17 Optical

J38 18 Physiotherapy

J38 19 Chiropractic

J38 20 Non PBS Pharmaceuticals

J38 21 Podiatry

J38 22 Psychology and Counselling

J38 23 Alternative Therapies

J38 24 Natural Therapies

J38 25 Speech Therapy

J38 26 Orthotics

J38 27 Dietetics

J38 28 Occupational Therapy

J38 29 Naturopathy

J38 30 Acupuncture

J38 31 Other Therapies

J38 32 Non Surgically Implanted Prostheses and Appliances

J38 33 Hearing Aids

J38 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J38 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances.

J38 36 Accident Cover

Not available on this product.

J38 37 Accidental Death Funeral Expenses

Not available on this product.

J38 38 Other Special General Treatment

Not available on this product.

J38 39 Hospital-Substitute Treatment

Not available on this product.

J39 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J39 1 Table Name or Group of Table Names

Start 'N' Save Hospital - Gold

J39 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover.

J39 3 General Conditions

See section E1 General Conditions

J39 4 Hospital Treatment Payments

See section E2 Hospital Treatment

J39 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J39 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J39 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J39 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J39 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J39 10 Co Payments

A co-payment of \$50 is payable per person, for each day in hospital and is deducted from the benefits that would otherwise be payable. This is limited to \$250 per hospital stay.

No co-payments apply for any admissions to hospital of a Dependant covered under the policy.

J39 11 Excesses

An excess of \$500 applies, capped at once per person, per calendar year to a maximum of twice per policy per calendar year.

No excesses apply for any admissions to hospital of a Dependant covered under the policy.

J39 12 Restricted Cover

- 1. Rehabilitation**
No restricted cover applies
- 2. Hospital Psychiatric Services**
No restricted cover applies
- 3. Palliative Care**
No restricted cover applies
- 4. Brain and Nervous System**
No restricted cover applies
- 5. Eye (not Cataracts)**
No restricted cover applies
- 6. Ear, Nose and Throat**
No restricted cover applies
- 7. Tonsils, Adenoids and Grommets**
No restricted cover applies
- 8. Bone, Joint and Muscle**
No restricted cover applies
- 9. Joint reconstructions**
No restricted cover applies
- 10. Kidney and Bladder**
No restricted cover applies
- 11. Male reproductive system**
No restricted cover applies
- 12. Digestive system**
No restricted cover applies
- 13. Hernia and Appendix**
No restricted cover applies
- 14. Gastrointestinal endoscopy**
No restricted cover applies
- 15. Gynaecology**
No restricted cover applies

- 16. Miscarriage and termination of pregnancy**
No restricted cover applies
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 18. Pain management**
No restricted cover applies
- 19. Skin**
No restricted cover applies
- 20. Breast surgery (medically necessary)**
No restricted cover applies
- 21. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 22. Heart and Vascular system**
No restricted cover applies
- 23. Lung and Chest**
No restricted cover applies
- 24. Blood**
No restricted cover applies
- 25. Back, Neck and Spine**
No restricted cover applies
- 26. Plastic and Reconstructive surgery (medically necessary)**
No restricted cover applies
- 27. Dental surgery**
No restricted cover applies
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
No restricted cover applies
- 29. Implantation of hearing devices**
No restricted cover applies
- 30. Cataracts**
No restricted cover applies
- 31. Joint replacements**
No restricted cover applies
- 32. Dialysis for chronic kidney failure**
No restricted cover applies
- 33. Pregnancy and birth**
No restricted cover applies
- 34. Assisted reproductive services**

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J39 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Not excluded

5. Eye (not Cataracts)

Not excluded

6. Ear, Nose and Throat

Not excluded

7. Tonsils, Adenoids and Grommets

Not excluded

8. Bone, Joint and Muscle

Not excluded

9. Joint reconstructions

Not excluded

10. Kidney and Bladder

Not excluded

11. Male reproductive system

Not excluded

12. Digestive system

Not excluded

13. Hernia and Appendix

Not excluded

14. Gastrointestinal endoscopy

Not excluded

15. Gynaecology

Not excluded

16. Miscarriage and termination of pregnancy

Not excluded

17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

Not excluded

18. Pain management

Not excluded

19. Skin

Not excluded

20. Breast surgery (medically necessary)

Not excluded

21. Diabetes management (excluding insulin pumps)

Not excluded

22. Heart and Vascular system

Not excluded

23. Lung and Chest

Not excluded

24. Blood

Not excluded

25. Back, Neck and Spine

Not excluded

26. Plastic and Reconstructive surgery (medically necessary)

Not excluded

27. Dental surgery

Not excluded

28. Podiatric surgery (provided by an accredited podiatric surgeon)

Not excluded

Note: Limited hospital accommodation and approved prostheses benefits only

29. Implantation of hearing devices

Not excluded

30. Cataracts

Not excluded

31. Joint replacements

Not excluded

32. Dialysis for chronic kidney failure

Not excluded

33. Pregnancy and birth

Not excluded

34. Assisted reproductive services

Not excluded

35. Weight loss surgery

Not excluded

36. Insulin pumps

Not excluded

37. Pain management with device

Not excluded

38. Sleep studies

Not excluded

J39 14 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J39 15 Other Special Hospital Treatment

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J39 16 Dental

J39 17 Optical

J39 18 Physiotherapy

J39 19 Chiropractic

J39 20 Non PBS Pharmaceuticals

J39 21 Podiatry

J39 22 Psychology and Counselling

J39 23 Alternative Therapies

J39 24 Natural Therapies

J39 25 Speech Therapy

J39 26 Orthotics

J39 27 Dietetics

J39 28 Occupational Therapy

J39 29 Naturopathy

J39 30 Acupuncture

J39 31 Other Therapies

J39 32 Non Surgically Implanted Prostheses and Appliances

J39 33 Hearing Aids

J39 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J39 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances.

J39 36 Accident Cover

Not available on this product.

J39 37 Accidental Death Funeral Expenses

Not available on this product.

J39 38 Other Special General Treatment

Not available on this product.

J39 39 Hospital-Substitute Treatment

Not available on this product.

J40 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J40 1 Table Name or Group of Table Names

1. Silver Plus Hospital (nil excess)
2. Silver Plus Hospital with \$250 excess
3. Silver Plus Hospital with \$500 excess
4. Silver Plus Hospital with \$750 excess

Other products aligned to this table include:

Silver Plus Hospital \$250 Excess with Top Extras 60: Established Family \$250 Excess – Silver Plus

Silver Plus Hospital \$500 Excess with Top Extras 60: Established Family \$500 Excess – Silver Plus

Silver Plus Hospital \$750 Excess with Top Extras 60: Established Family \$750 Excess – Silver Plus

J40 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover.

J40 3 General Conditions

See section E1 General Conditions

J40 4 Hospital Treatment Payments

See section E2 Hospital Treatment

J40 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J40 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J40 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J40 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J40 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J40 10 Co Payments

No co-payments apply on this product.

J40 11 Excesses

Silver Plus Hospital nil excess, Silver Plus Hospital with \$250 Excess, Silver Plus Hospital with \$500 Excess, and Silver Plus Hospital with \$750 Excess

The following annual Excess options apply, capped at once per person per calendar year to a maximum of twice per policy per calendar year: - Nil Excess, \$250, \$500 or \$750.

No excesses apply for any admissions to hospital of a Dependant covered under the policy.

J40 12 Restricted Cover

- 1. Rehabilitation**
No restricted cover applies
- 2. Hospital Psychiatric Services**
No restricted cover applies
- 3. Palliative Care**
No restricted cover applies
- 4. Brain and Nervous System**
No restricted cover applies
- 5. Eye (not Cataracts)**
No restricted cover applies
- 6. Ear, Nose and Throat**
No restricted cover applies
- 7. Tonsils, Adenoids and Grommets**
No restricted cover applies
- 8. Bone, Joint and Muscle**
No restricted cover applies
- 9. Joint reconstructions**
No restricted cover applies
- 10. Kidney and Bladder**
No restricted cover applies
- 11. Male reproductive system**
No restricted cover applies

- 12. Digestive system**
No restricted cover applies
- 13. Hernia and Appendix**
No restricted cover applies
- 14. Gastrointestinal endoscopy**
No restricted cover applies
- 15. Gynaecology**
No restricted cover applies
- 16. Miscarriage and termination of pregnancy**
No restricted cover applies
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 18. Pain management**
No restricted cover applies
- 19. Skin**
No restricted cover applies
- 20. Breast surgery (medically necessary)**
No restricted cover applies
- 21. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 22. Heart and Vascular system**
No restricted cover applies
- 23. Lung and Chest**
No restricted cover applies
- 24. Blood**
No restricted cover applies
- 25. Back, Neck and Spine**
No restricted cover applies
- 26. Plastic and Reconstructive surgery (medically necessary)**
No restricted cover applies
- 27. Dental surgery**
No restricted cover applies
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
No restricted cover applies
- 29. Implantation of hearing devices**
No restricted cover applies
- 30. Cataracts**

No restricted cover applies

31. Joint replacements

No restricted cover applies

32. Dialysis for chronic kidney failure

No restricted cover applies

33. Pregnancy and birth

No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J40 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Not excluded

5. Eye (not Cataracts)

Not excluded

6. Ear, Nose and Throat

Not excluded

7. Tonsils, Adenoids and Grommets

Not excluded

8. Bone, Joint and Muscle

Not excluded

9. Joint reconstructions

Not excluded

10. Kidney and Bladder

Not excluded

11. Male reproductive system

Not excluded

12. Digestive system

Not excluded

13. Hernia and Appendix

Not excluded

14. Gastrointestinal endoscopy

Not excluded

15. Gynaecology

Not excluded

16. Miscarriage and termination of pregnancy

Not excluded

17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

Not excluded

18. Pain management

Not excluded

19. Skin

Not excluded

20. Breast surgery (medically necessary)

Not excluded

21. Diabetes management (excluding insulin pumps)

Not excluded

22. Heart and Vascular system

Not excluded

23. Lung and Chest

Not excluded

24. Blood

Not excluded

25. Back, Neck and Spine

Not excluded

26. Plastic and Reconstructive surgery (medically necessary)

Not excluded

27. Dental surgery

Not excluded

28. Podiatric surgery (provided by an accredited podiatric surgeon)

Not excluded

Note: Limited hospital accommodation and approved prostheses benefits only

29. Implantation of hearing devices

Not excluded

30. Cataracts

Not excluded

31. Joint replacements

Not excluded

32. Dialysis for chronic kidney failure

Not excluded

33. Pregnancy and birth

Excluded

34. Assisted reproductive services

Excluded

35. Weight loss surgery

Excluded

36. Insulin pumps

Not excluded

37. Pain management with device

Not excluded

38. Sleep studies

Not excluded

J40 14 Loyalty Bonuses

Health Subscriptions

After 2 months membership on this Table, a benefit of 50% of the cost of a subscription to the Arthritis Foundation, Asthma Foundation, Diabetes Australia or Parkinson's in Western Australia is payable.

J40 15 Other Special Hospital Treatment

Family In-Hospital Benefit

Benefits will be offered to a partner, immediate family member, carer/parent, next of kin who is required to stay at the hospital with the patient. The benefit is payable on the admitted person's policy.

Benefits payable are:

- Accommodation in hospital up to \$60 per night whilst a boarder in hospital

- Benefit up to \$30 per day towards the cost of any meals provided by the hospital or purchased from the hospital cafeteria for the non- admitted person staying with the patient in hospital.

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J40 16 Dental

J40 17 Optical

J40 18 Physiotherapy

J40 19 Chiropractic

J40 20 Non PBS Pharmaceuticals

J40 21 Podiatry

J40 22 Psychology and Counselling

J40 23 Alternative Therapies

J40 24 Natural Therapies

J40 25 Speech Therapy

J40 26 Orthotics

J40 27 Dietetics

J40 28 Occupational Therapy

J40 29 Naturopathy

J40 30 Acupuncture

J40 31 Other Therapies

J40 32 Non Surgically Implanted Prostheses and Appliances

J40 33 Hearing Aids

J40 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J40 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances.

J40 36 Accident Cover

Not available on this product.

J40 37 Accidental Death Funeral Expenses

Not available on this product.

J40 38 Other Special General Treatment

Not available on this product.

J40 39 Hospital-Substitute Treatment

Not available on this product.

J41 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J41 1 Table Name or Group of Table Names

1. Lite Hospital with \$250 Excess – Bronze Plus
2. Lite Hospital with \$500 Excess – Bronze Plus
3. Lite Hospital with \$750 Excess – Bronze Plus

J41 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover.

J41 3 General Conditions

See section E1 General Conditions.

J41 4 Hospital Treatment Payments

See section E2 Hospital Treatment.

J41 5 Medical Services Payments while admitted

See section E2 Hospital Treatment.

J41 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment.

J41 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment.

J41 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment.

J41 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment.

J41 10 Co Payments

No co-payments apply on this product.

J41 11 Excesses

The following annual Excess options apply, capped at once per person, per calendar year to a maximum of twice per Policy: - \$250, \$500 & \$750.

No excesses apply for any admissions to hospital of a Dependant under the policy.

J41 12 Restricted Cover

- 1. Rehabilitation**
Restricted cover applies
- 2. Hospital Psychiatric Services**
Restricted cover applies
- 3. Palliative Care**
Restricted cover applies
- 4. Brain and Nervous System**
No restricted cover applies
- 5. Eye (not Cataracts)**
No restricted cover applies
- 6. Ear, Nose and Throat**
No restricted cover applies
- 7. Tonsils, Adenoids and Grommets**
No restricted cover applies
- 8. Bone, Joint and Muscle**
No restricted cover applies
- 9. Joint reconstructions**
No restricted cover applies
- 10. Kidney and Bladder**
No restricted cover applies
- 11. Male reproductive system**
No restricted cover applies
- 12. Digestive system**
No restricted cover applies
- 13. Hernia and Appendix**
No restricted cover applies
- 14. Gastrointestinal endoscopy**
No restricted cover applies
- 15. Gynaecology**
No restricted cover applies
- 16. Miscarriage and termination of pregnancy**
No restricted cover applies

- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 18. Pain management**
No restricted cover applies
- 19. Skin**
No restricted cover applies
- 20. Breast surgery (medically necessary)**
No restricted cover applies
- 21. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 22. Heart and Vascular system**
No restricted cover applies
- 23. Lung and Chest**
No restricted cover applies
- 24. Blood**
No restricted cover applies
- 25. Back, Neck and Spine**
No restricted cover applies
- 26. Plastic and Reconstructive surgery (medically necessary)**
No restricted cover applies
- 27. Dental surgery**
No restricted cover applies
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
No restricted cover applies
- 29. Implantation of hearing devices**
No restricted cover applies
- 30. Cataracts**
No restricted cover applies
- 31. Joint replacements**
No restricted cover applies
- 32. Dialysis for chronic kidney failure**
No restricted cover applies
- 33. Pregnancy and birth**
No restricted cover applies
- 34. Assisted reproductive services**
No restricted cover applies

35. Weight loss surgery
No restricted cover applies

36. Insulin pumps
No restricted cover applies

37. Pain management with device
No restricted cover applies

38. Sleep studies
No restricted cover applies

J41 13 Exclusions

1. Rehabilitation
Not excluded

2. Hospital Psychiatric Services
Not excluded

3. Palliative Care
Not excluded

4. Brain and Nervous System
Not excluded

5. Eye (not Cataracts)
Not excluded

6. Ear, Nose and Throat
Not excluded

7. Tonsils, Adenoids and Grommets
Not excluded

8. Bone, Joint and Muscle
Not excluded

9. Joint reconstructions
Not excluded

10. Kidney and Bladder
Not excluded

11. Male reproductive system
Not excluded

12. Digestive system
Not excluded

13. Hernia and Appendix
Not excluded

- 14. Gastrointestinal endoscopy**
Not excluded
- 15. Gynaecology**
Not excluded
- 16. Miscarriage and termination of pregnancy**
Not excluded
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
Not excluded
- 18. Pain management**
Not excluded
- 19. Skin**
Not excluded
- 20. Breast surgery (medically necessary)**
Not excluded
- 21. Diabetes management (excluding insulin pumps)**
Not excluded
- 22. Heart and Vascular system**
Excluded
- 23. Lung and Chest**
Not excluded
- 24. Blood**
Not excluded
- 25. Back, Neck and Spine**
Excluded
- 26. Plastic and Reconstructive surgery (medically necessary)**
Not excluded
- 27. Dental surgery**
Not excluded
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
Not excluded
Note: Limited hospital accommodation and approved prostheses benefits only
- 29. Implantation of hearing devices**
Not excluded
- 30. Cataracts**
Excluded
- 31. Joint replacements**
Excluded

32. Dialysis for chronic kidney failure

Excluded

33. Pregnancy and birth

Excluded

34. Assisted reproductive services

Excluded

35. Weight loss surgery

Excluded

36. Insulin pumps

Not excluded

37. Pain management with device

Not excluded

38. Sleep studies

Not excluded

J41 14 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J41 15 Other Special Hospital Treatment

Accident inclusion (feature)

For accidents sustained after joining, treatment which normally attracts a minimum benefit or excluded will be included. Applies to MBS services only.

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J41 16 Dental

J41 17 Optical

J41 18 Physiotherapy

J41 19 Chiropractic

J41 20 Non PBS Pharmaceuticals

J41 21 Podiatry

J41 22 Psychology and Counselling

J41 23 Alternative Therapies

J41 24 Natural Therapies

J41 25 Speech Therapy

J41 26 Orthotics

J41 27 Dietetics

J41 28 Occupational Therapy

J41 29 Naturopathy

J41 30 Acupuncture

J41 31 Other Therapies

J41 32 Non Surgically Implanted Prostheses and Appliances

J41 33 Hearing Aids

J41 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J41 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover.

J41 36 Accident Cover

Not available on this product.

J41 37 Accidental Death Funeral Expenses

Not available on this product.

J41 38 Other Special General Treatment

Not available on this product.

J41 39 Hospital-Substitute Treatment

Not available on this product.

J46 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J46 1 Table Name or Group of Table Names

Ultimate Corporate Health Cover – Gold

J46 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover from November 17th 2010.

J46 3 General Conditions

See section E1 General Conditions

J46 4 Hospital Treatment Payments

See section E2 Hospital Treatment

J46 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J46 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J46 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J46 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J46 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J46 10 Co Payments

No co-payments apply on this product.

J46 11 Excesses

No excesses apply on this product.

J46 12 Restricted Cover

- 1. Rehabilitation**
No restricted cover applies
- 2. Hospital Psychiatric Services**
No restricted cover applies
- 3. Palliative Care**
No restricted cover applies
- 4. Brain and Nervous System**
No restricted cover applies
- 5. Eye (not Cataracts)**
No restricted cover applies
- 6. Ear, Nose and Throat**
No restricted cover applies
- 7. Tonsils, Adenoids and Grommets**
No restricted cover applies
- 8. Bone, Joint and Muscle**
No restricted cover applies
- 9. Joint reconstructions**
No restricted cover applies
- 10. Kidney and Bladder**
No restricted cover applies
- 11. Male reproductive system**
No restricted cover applies
- 12. Digestive system**
No restricted cover applies
- 13. Hernia and Appendix**
No restricted cover applies
- 14. Gastrointestinal endoscopy**
No restricted cover applies
- 15. Gynaecology**
No restricted cover applies
- 16. Miscarriage and termination of pregnancy**
No restricted cover applies
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 18. Pain management**

No restricted cover applies

19. Skin

No restricted cover applies

20. Breast surgery (medically necessary)

No restricted cover applies

21. Diabetes management (excluding insulin pumps)

No restricted cover applies

22. Heart and Vascular system

No restricted cover applies

23. Lung and Chest

No restricted cover applies

24. Blood

No restricted cover applies

25. Back, Neck and Spine

No restricted cover applies

26. Plastic and Reconstructive surgery (medically necessary)

No restricted cover applies

27. Dental surgery

No restricted cover applies

28. Podiatric surgery (provided by an accredited podiatric surgeon)

No restricted cover applies

29. Implantation of hearing devices

No restricted cover applies

30. Cataracts

No restricted cover applies

31. Joint replacements

No restricted cover applies

32. Dialysis for chronic kidney failure

No restricted cover applies

33. Pregnancy and birth

No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device
No restricted cover applies

38. Sleep studies
No restricted cover applies

J46 13 Exclusions

1. Rehabilitation
Not excluded

2. Hospital Psychiatric Services
Not excluded

3. Palliative Care
Not excluded

4. Brain and Nervous System
Not excluded

5. Eye (not Cataracts)
Not excluded

6. Ear, Nose and Throat
Not excluded

7. Tonsils, Adenoids and Grommets
Not excluded

8. Bone, Joint and Muscle
Not excluded

9. Joint reconstructions
Not excluded

10. Kidney and Bladder
Not excluded

11. Male reproductive system
Not excluded

12. Digestive system
Not excluded

13. Hernia and Appendix
Not excluded

14. Gastrointestinal endoscopy
Not excluded

15. Gynaecology
Not excluded

- 16. Miscarriage and termination of pregnancy**
Not excluded
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
Not excluded
- 18. Pain management**
Not excluded
- 19. Skin**
Not excluded
- 20. Breast surgery (medically necessary)**
Not excluded
- 21. Diabetes management (excluding insulin pumps)**
Not excluded
- 22. Heart and Vascular system**
Not excluded
- 23. Lung and Chest**
Not excluded
- 24. Blood**
Not excluded
- 25. Back, Neck and Spine**
Not excluded
- 26. Plastic and Reconstructive surgery (medically necessary)**
Not excluded
- 27. Dental surgery**
Not excluded
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
Not excluded
Note: Limited hospital accommodation and approved prostheses benefits only
- 29. Implantation of hearing devices**
Not excluded
- 30. Cataracts**
Not excluded
- 31. Joint replacements**
Not excluded
- 32. Dialysis for chronic kidney failure**
Not excluded
- 33. Pregnancy and birth**
Not excluded

34. Assisted reproductive services

Not excluded

35. Weight loss surgery

Not excluded

36. Insulin pumps

Not excluded

37. Pain management with device

Not excluded

38. Sleep studies

Not excluded

J46 14 Loyalty Bonuses

Gap Bonus

The *Company* will establish a pool to which it will credit, in respect of each *policy holder* at the time the *policy holder* joins - \$200

\$200 will be credited to the pool on December 31 each year.

The *policy holder* may draw from the pool, accrued credits in respect of;

Any Co-payment that may result from services rendered to the *policy holder*, his spouse or dependants by a *Medical Practitioner* with which the *Company* has a Medical Purchaser Provider Agreement; or

Any amount exceeding 100% of the Government Schedule Fee for services rendered to the *policy holder*, his spouse or dependants by a *Medical Practitioner*, where the services were as a result of a hospital admission.

Health Subscriptions

After 2 months membership on this Table, a benefit of 100% of the cost of a subscription to the Arthritis Foundation, Asthma Foundation, Diabetes Australia or Parkinson's in Western Australia is payable.

J46 15 Other Special Hospital Treatment

Family In-Hospital Benefit

Benefits will be offered to a partner, immediate family member, carer/parent, next of kin who is required to stay at the hospital with the patient. The benefit is payable on the admitted person's policy.

Benefits payable are:

Accommodation in hospital up to \$60 per night whilst a boarder in hospital

Benefit up to \$30 per day towards the cost of any meals provided by the hospital or purchased from the hospital cafeteria for the non- admitted person staying with the patient in hospital.

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$200 per person, per trip for travel expenses and \$75 per night up to \$300 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

Note: where applicable, benefits will be paid under your Hospital cover (cannot claim benefits on both hospital and extras for the same trip).

J46 16 Dental

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental - No maximum benefits apply, however service limits apply

Major Dental - \$1600

Orthodontics - \$1600. Lifetime limit of \$3200 per person

J46 17 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$420

J46 18 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$1500

J46 19 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services

Maximum benefits per person, per calendar year are: \$1000.

Maximum benefits per policy, per calendar year are: \$2000.

J46 20 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 90% of the cost of the balance of the prescription is payable.

Maximum benefits per person, per calendar year are: \$1500

J46 21 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$1000

J46 22 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$1000

Within this maximum, Online-CBT benefits are limited to \$150 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

J46 23 Alternative Therapies

See Natural Therapies J46.25

J46 24 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture, Chinese herbalism, and Massage.

Maximum benefits per person, per calendar year are: \$1000

Within this maximum, Massage benefits are limited to \$250 per person and \$500 per policy per calendar year.

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

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J46 25 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$1000

J46 26 Orthotics

See Non Surgically Implanted Prostheses and Appliances J46.33

J46 27 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$1000

J46 28 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$1000

J46 29 Naturopathy

Not available on this product.

J46 30 Acupuncture

See Natural Therapies J46.25

J46 31 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$1000

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Note: The *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$1000

Combined maximums for – Natural therapy

J46 32 Non Surgically Implanted Prostheses and Appliances

Benefits for Non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Surgical (Compression) Stockings

Maximum benefits of \$100 per person per calendar year applies. Within this maximum, benefits are limited to 4 pairs per customer, per year.

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device per policy, per 3 calendar years.

Blood Pressure Monitors

Limited to one device per policy, per calendar year.

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

Hire, Repair and Maintenance of a Health Appliance

Limited to \$100 per person, per calendar year applies.

Maximum benefits per person, per calendar year for the above listed Non Surgically Implanted Prostheses and Appliances are: \$1000

Individual limits apply for the following Non Surgically Implanted Prostheses and Appliances:

Asthma Pumps

Limited to one appliance up to a maximum benefit of \$500 per person, per 2 calendar years

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance per person, up to a maximum benefit of \$600 per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device up to a maximum benefit of \$1500 per person, per 2 calendar years.

Hearing Aids

Limited to one supply of hearing aids per person every 3 years up to a maximum of \$850 per policy, per 3 calendar years.

J46 33 Hearing Aids

See Non Surgically Implanted Prostheses and Appliances J46.33

J46 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$24.20 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 50% of the cost up to a maximum of \$300 per person, per calendar year.

J46 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances.

J46 36 Accident Cover

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will provide payments to persons covered under this policy for the cost of accident related health care services, except for services that are covered by Medicare, incurred as a direct result of an Accident after joining where:

- (1) the costs are not paid or payable from any other source;
- (2) the limits for the relevant benefits in the *Policy holder's* Level of Cover have been exhausted.

The costs of such services for the purpose of determining benefits shall be limited to the set Benefits as set out in the *Company's* Schedule of benefits for the respective type of services involved.

Maximum benefits of \$2000 per person up to a maximum of \$4000 per policy, per calendar year apply.

J46 37 Accidental Death Funeral Expenses

Not available on this product.

J46 38 Other Special General Treatment

Local and Interstate Travelling Expenses

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay the Policyholder a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$200

Overnight Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay the Policyholder a benefit towards Overnight Non-Hospital Accommodation expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide;

Benefit of up to \$75 per night.

Maximum benefits per combined patient and attendant per calendar year are: \$300

J46 39 Hospital-Substitute Treatment

Home Nursing

Home Nursing includes coverage for the following services:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).
- Stomal Therapy
- Palliative Care Services – RN Care, Personal Care Assistance

Maximum benefits per person, per calendar year are: \$400

Laser Eye Correction Surgery

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

From 1 July 2018, a 3 year waiting period applies towards Laser Eye Correction Surgery.

Members who joined prior 1 July 2018 retain 2 month initial waiting period for new condition or 1 year waiting period for pre-existing condition.

J47 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J47 1 Table Name or Group of Table Names

1. Budget Family \$250 Excess – Silver Plus
2. Budget Family \$500 Excess – Silver Plus
3. Budget Family \$750 Excess – Silver Plus

J47 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover.

This table is only available as Family (2 Adults and Dependent Child(ren) and/or Dependent Student(s)), Single Parent (one Adult and Dependent Child(ren) and/or Dependent Student(s)), Single Parent Plus (one Adult and Dependant(s)) or Family Plus scale (two Adults and Dependant(s)) policies.

J47 3 General Conditions

See section E1 General Conditions.

J47 4 Hospital Treatment Payments

See section E2 Hospital Treatment.

J47 5 Medical Services Payments while admitted

See section E2 Hospital Treatment.

J47 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment.

J47 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment.

J47 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment.

J47 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment.

J47 10 Co Payments

No co-payments apply on this product.

J47 11 Excesses

The following annual Excess options apply, capped at once per person, per calendar year to a maximum of twice per Policy: - \$250, \$500, or \$750

No excesses apply for any admissions to hospital of a Dependant covered under the policy.

J47 12 Restricted Cover

1. Rehabilitation

No restricted cover applies

2. Hospital Psychiatric Services

Restricted cover applies

3. Palliative Care

No restricted cover applies

4. Brain and Nervous System

No restricted cover applies

5. Eye (not Cataracts)

No restricted cover applies

6. Ear, Nose and Throat

No restricted cover applies

7. Tonsils, Adenoids and Grommets

No restricted cover applies

8. Bone, Joint and Muscle

No restricted cover applies

9. Joint reconstructions

No restricted cover applies

10. Kidney and Bladder

No restricted cover applies

11. Male reproductive system

No restricted cover applies

12. Digestive system

No restricted cover applies

13. Hernia and Appendix

No restricted cover applies

14. Gastrointestinal endoscopy

No restricted cover applies

15. Gynaecology

No restricted cover applies

16. Miscarriage and termination of pregnancy

No restricted cover applies

17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

No restricted cover applies

18. Pain management

No restricted cover applies

19. Skin

No restricted cover applies

20. Breast surgery (medically necessary)

No restricted cover applies

21. Diabetes management (excluding insulin pumps)

No restricted cover applies

22. Heart and Vascular system

No restricted cover applies

23. Lung and Chest

No restricted cover applies

24. Blood

No restricted cover applies

25. Back, Neck and Spine

No restricted cover applies

26. Plastic and Reconstructive surgery (medically necessary)

No restricted cover applies

27. Dental surgery

No restricted cover applies

28. Podiatric surgery (provided by an accredited podiatric surgeon)

No restricted cover applies

29. Implantation of hearing devices

No restricted cover applies

30. Cataracts

No restricted cover applies

31. Joint replacements

No restricted cover applies

32. Dialysis for chronic kidney failure

No restricted cover applies

33. Pregnancy and birth

No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J47 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Not excluded

5. Eye (not Cataracts)

Not excluded

6. Ear, Nose and Throat

Not excluded

7. Tonsils, Adenoids and Grommets

Not excluded

8. Bone, Joint and Muscle

Not excluded

9. Joint reconstructions

Not excluded

10. Kidney and Bladder

Not excluded

11. Male reproductive system

Not excluded

12. Digestive system

Not excluded

- 13. Hernia and Appendix**
Not excluded
- 14. Gastrointestinal endoscopy**
Not excluded
- 15. Gynaecology**
Not excluded
- 16. Miscarriage and termination of pregnancy**
Not excluded
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
Not excluded
- 18. Pain management**
Not excluded
- 19. Skin**
Not excluded
- 20. Breast surgery (medically necessary)**
Not excluded
- 21. Diabetes management (excluding insulin pumps)**
Not excluded
- 22. Heart and Vascular system**
Not excluded
- 23. Lung and Chest**
Not excluded
- 24. Blood**
Not excluded
- 25. Back, Neck and Spine**
Not excluded
- 26. Plastic and Reconstructive surgery (medically necessary)**
Not excluded
- 27. Dental surgery**
Not excluded
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
Not excluded
Note: Limited hospital accommodation and approved prostheses benefits only
- 29. Implantation of hearing devices**
Not excluded
- 30. Cataracts**
Excluded

31. Joint replacements

Excluded

32. Dialysis for chronic kidney failure

Excluded

33. Pregnancy and birth

Excluded

34. Assisted reproductive services

Excluded

35. Weight loss surgery

Excluded

36. Insulin pumps

Not excluded

37. Pain management with device

Not excluded

38. Sleep studies

Not excluded

J47 14 Loyalty Bonuses

Top Up Bonus

Each policy is eligible for a top up bonus of \$100 that may be used to cover out of pocket expenses for general treatment services that are eligible for benefits. Unused bonuses do not accumulate from year to year.

J47 15 Other Special Hospital Treatment

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J47 16 Dental

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental - \$700

Major Dental - \$600

Orthodontics - \$650. Lifetime Limit of \$1300 per person

J47 17 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$180

J47 18 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$450

J47 19 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$350

Maximum benefits per policy, per calendar year are: \$700

J47 20 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 100% of the cost of the balance of the prescription is payable. Benefit is limited to \$35 per script item.

Maximum benefits per person, per calendar year are: \$400

J47 21 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

J47 22 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

J47 23 Alternative Therapies

See Natural Therapies J47.25

J47 24 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture, Chinese herbalism, and Massage.

Maximum benefits per person, per calendar year are: \$300

Within this maximum, Massage benefits are limited to \$100 per person, per calendar year.

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

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J47 25 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

J47 26 Orthotics

See Non Surgically Implanted Prostheses and Appliances J47.33

J47 27 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

J47 28 Occupational Therapy

Not available on this product.

J47 29 Naturopathy

Not applicable.

J47 30 Acupuncture

See Natural Therapies J47.25

J47 31 Other Therapies

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for - Natural therapy

J47 32 Non Surgically Implanted Prostheses and Appliances

Benefits for Non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one appliance up to a maximum benefit of \$150 per person, per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance up to a maximum benefit of \$300 per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device up to a maximum benefit of \$300 per person, per 2 calendar years.

Surgical (Compression) Stockings

Maximum benefits of \$80 per person per calendar year. Within this maximum, benefits are limited to 4 pairs per person, per calendar year

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device up to a maximum of \$100 per policy, per 3 calendar years.

Blood Pressure Monitors

Limited to one device up to a maximum of \$100 per policy, per every calendar year.

Hearing Aids

Limited to one supply of hearing aids per person, per 3 calendar years.

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

A combined maximum benefit of \$350 per person, per calendar year applies

Hire, Repair and Maintenance of a Health Appliance

Limited to \$100 per person, per calendar year.

Maximum benefits per person, per calendar year for all Non Surgically Implanted Prostheses and Appliances are: \$600

J47 33 Hearing Aids

See Non Surgically Implanted Prostheses and Appliances J47.33

J47 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 50% of the cost up to a maximum of \$100 per person, per calendar year.

J47 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover.

J47 36 Accident Cover

Not available on this product.

J47 37 Accidental Death Funeral Expenses

Not available on this product.

J47 38 Other Special General Treatment

Not available on this product.

J47 39 Hospital-Substitute Treatment

Not available on this product.

J50 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

Removed.

J51 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J51 1 Table Name or Group of Table Names

1. Mining and Resources Health Cover Level 1 - Gold
2. Mining and Resources Health Cover Level 2 - Gold
3. Mining and Resources Health Cover Level 3 - Gold
4. Mining and Resources Health Cover Level 4 - Gold

J51 2 Eligibility

On Sale

Available to Employees/Members of organisations which have the product included in their contracts with Bupa.

J51 3 General Conditions

See section E1 General Conditions.

J51 4 Hospital Treatment Payments

See section E2 Hospital Treatment.

J51 5 Medical Services Payments while admitted

See section E2 Hospital Treatment.

J51 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment.

J51 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment.

J51 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment.

J51 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment.

J51 10 Co Payments

No co-payments apply on this product.

J51 11 Excesses

The following annual Excess options apply, capped at once per person, per calendar year to a maximum of twice per policy per calendar year: - No Excess on Level 1 or \$250 Excess on Level 2.

No excesses apply for any admissions to hospital of a Dependant covered under the policy.

J51 12 Restricted Cover

1. Rehabilitation

No restricted cover applies

2. Hospital Psychiatric Services

No restricted cover applies

3. Palliative Care

No restricted cover applies

4. Brain and Nervous System

No restricted cover applies

5. Eye (not Cataracts)

No restricted cover applies

6. Ear, Nose and Throat

No restricted cover applies

7. Tonsils, Adenoids and Grommets

No restricted cover applies

8. Bone, Joint and Muscle

No restricted cover applies

9. Joint reconstructions

No restricted cover applies

10. Kidney and Bladder

No restricted cover applies

11. Male reproductive system

No restricted cover applies

12. Digestive system

No restricted cover applies

- 13. Hernia and Appendix**
No restricted cover applies
- 14. Gastrointestinal endoscopy**
No restricted cover applies
- 15. Gynaecology**
No restricted cover applies
- 16. Miscarriage and termination of pregnancy**
No restricted cover applies
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 18. Pain management**
No restricted cover applies
- 19. Skin**
No restricted cover applies
- 20. Breast surgery (medically necessary)**
No restricted cover applies
- 21. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 22. Heart and Vascular system**
No restricted cover applies
- 23. Lung and Chest**
No restricted cover applies
- 24. Blood**
No restricted cover applies
- 25. Back, Neck and Spine**
No restricted cover applies
- 26. Plastic and Reconstructive surgery (medically necessary)**
No restricted cover applies
- 27. Dental surgery**
No restricted cover applies
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
No restricted cover applies
- 29. Implantation of hearing devices**
No restricted cover applies
- 30. Cataracts**
No restricted cover applies
- 31. Joint replacements**

No restricted cover applies

32. Dialysis for chronic kidney failure

No restricted cover applies

33. Pregnancy and birth

No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J51 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Not excluded

5. Eye (not Cataracts)

Not excluded

6. Ear, Nose and Throat

Not excluded

7. Tonsils, Adenoids and Grommets

Not excluded

8. Bone, Joint and Muscle

Not excluded

9. Joint reconstructions

Not excluded

10. Kidney and Bladder

Not excluded

- 11. Male reproductive system**
Not excluded
- 12. Digestive system**
Not excluded
- 13. Hernia and Appendix**
Not excluded
- 14. Gastrointestinal endoscopy**
Not excluded
- 15. Gynaecology**
Not excluded
- 16. Miscarriage and termination of pregnancy**
Not excluded
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
Not excluded
- 18. Pain management**
Not excluded
- 19. Skin**
Not excluded
- 20. Breast surgery (medically necessary)**
Not excluded
- 21. Diabetes management (excluding insulin pumps)**
Not excluded
- 22. Heart and Vascular system**
Not excluded
- 23. Lung and Chest**
Not excluded
- 24. Blood**
Not excluded
- 25. Back, Neck and Spine**
Not excluded
- 26. Plastic and Reconstructive surgery (medically necessary)**
Not excluded
- 27. Dental surgery**
Not excluded
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
Not excluded
Note: Limited hospital accommodation and approved prostheses benefits only

29. Implantation of hearing devices

Not excluded

30. Cataracts

Not excluded

31. Joint replacements

Not excluded

32. Dialysis for chronic kidney failure

Not excluded

33. Pregnancy and birth

Not excluded

34. Assisted reproductive services

Not excluded

35. Weight loss surgery

Not excluded

36. Insulin pumps

Not excluded

37. Pain management with device

Not excluded

38. Sleep studies

Not excluded

J51 14 Loyalty Bonuses

Health Subscriptions

After 2 months membership on this Table, a benefit of 50% of the cost of a subscription to the Arthritis Foundation, Asthma Foundation, Diabetes Australia or Parkinson's in Western Australia is payable.

J51 15 Other Special Hospital Treatment

Family In-Hospital Benefit

Benefits will be offered to a partner, immediate family member, carer/parent, next of kin who is required to stay at the hospital with the patient. The benefit is payable on the admitted person's policy.

Benefits payable are:

- Accommodation in hospital up to \$60 per night whilst a boarder in hospital
- Benefit up to \$30 per day towards the cost of any meals provided by the hospital or purchased from the hospital cafeteria for the non- admitted person staying with the patient in hospital.

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

Note: where applicable, benefits will be paid under your Hospital cover (cannot claim benefits on both hospital and extras for the same trip).

J51 16 Dental

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

Preventative Dental and General Dental - \$1000

Major Dental - \$1800 combined limit with Orthodontics

Orthodontics - Combined limit with Major Dental.

J51 17 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

J51 18 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$600

Combined maximums for - Physiotherapy and Antenatal/Postnatal services.

J51 19 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$600

J51 20 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 80% of the cost of the balance of the prescription is payable.

Maximum benefits per person, per calendar year are: \$400

J51 21 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Combined maximums for - Podiatry, Speech Therapy, Eye Therapy and Occupational Therapy.

J51 22 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$600

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

J51 23 Alternative Therapies

See Natural Therapies J51.25

J51 24 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture, Chinese herbalism, and Massage.

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

Maximum benefits per person, per calendar year are: \$400.

J51 25 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Combined maximums for - Podiatry, Speech Therapy, Eye Therapy and Occupational Therapy.

J51 26 Orthotics

See Non Surgically Implanted Prostheses and Appliances J51.33

J51 27 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$600

J51 28 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Combined maximums for - Podiatry, Speech Therapy, Eye Therapy and Occupational Therapy.

J51 29 Naturopathy

Not applicable.

J51 30 Acupuncture

See Natural Therapies J51.25

J51 31 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Combined maximums for - Podiatry, Speech Therapy, Eye Therapy and Occupational Therapy.

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$600

Combined maximums for - Physiotherapy and Antenatal/Postnatal services.

Note: The *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Combined maximums for – Natural therapies

J51 32 Non Surgically Implanted Prostheses and Appliances

Benefits for Non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one appliance per person, per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device per person, per 2 calendar years.

Surgical (Compression) Stockings

Limited to 4 pairs per person, per calendar year.

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device per policy, per 3 calendar years.

Blood Pressure Monitors

Limited to one device per policy, per calendar year.

Hearing Aids

Limited to one supply of hearing aids per person, per 3 calendar years.

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

Hire, Repair and Maintenance of a Health Appliance

Limited to \$100 per person, per calendar year.

Maximum benefits per person, per calendar year for all Non Surgically Implanted Prostheses and Appliances are: \$750

J51 33 Hearing Aids

See Non Surgically Implanted Prostheses and Appliances J51.33

J51 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 80% of the cost up to a maximum of \$200 per person, per calendar year.

J51 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J51 36 Accident Cover

Not available on this product.

J51 37 Accidental Death Funeral Expenses

Not available on this product.

J51 38 Other Special General Treatment

Home Nursing

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Home Nursing includes coverage for the following services:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).
- Stomal Therapy
- Palliative Care Services – RN Care, Personal Care Assistance

Maximum benefits per person, per calendar year are: \$350

Local and Interstate Travelling Expenses

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay the Policyholder a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$100

Overnight Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay the Policyholder a benefit towards Overnight Non-Hospital Accommodation expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide;

Benefit of up to \$40 per night.

Maximum benefits per combined patient and attendant per calendar year are: \$150

J51 39 Hospital-Substitute Treatment

Not available on this product.

J52 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J52 1 Table Name or Group of Table Names

Simple Start – Basic Plus

J52 2 Eligibility

Off Sale

This cover is only available as Singles (one Adult) or Couples (two Adults) policies.

J52 3 General Conditions

See section E1 General Conditions

J52 4 Hospital Treatment Payments

Providing a hospital admission is not related to an excluded service described in rule J52.14, the *Company* will pay to Hospitals for Hospital Treatment received by a *Policy holder*, the following payments:

(A) For the services listed below:-

- Tonsils, Adenoids and Grommets
- Joint reconstructions
- Hernia and Appendix
- Gynaecology
- Miscarriage and termination of pregnancy
- Dental surgery
- Podiatric surgery (provided by an accredited podiatric surgeon)*
- Lung and Chest

(7) In Network Hospitals – the Network Hospital Payment;

(8) In Public Hospitals – the Public Hospital Benefit; and

(9) In non-agreement Private Hospitals – the Non-Agreement Hospital Benefit (Private)

* Limited hospital accommodation and approved prostheses benefits only.

See also section E2 Hospital Treatment.

J52 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J52 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J52 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J52 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J52 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J52 10 Co Payments

No co-payments apply on this product.

J52 11 Excesses

The following annual Excess options apply, capped at once per person, per calendar year to a maximum of twice per policy per calendar year: - \$500

J52 12 Restricted Cover

Except as set out in J52.4, the *Company* will pay restricted cover, including for the following services:

- 1. Rehabilitation**
Restricted cover applies
- 2. Hospital Psychiatric Services**
Restricted cover applies
- 3. Palliative Care**
Restricted cover applies
- 4. Brain and Nervous System**
No restricted cover applies
- 5. Eye (not Cataracts)**
No restricted cover applies
- 6. Ear, Nose and Throat**
No restricted cover applies
- 7. Tonsils, Adenoids and Grommets**
No restricted cover applies
- 8. Bone, Joint and Muscle**
No restricted cover applies
- 9. Joint reconstructions**
No restricted cover applies

- 10. Kidney and Bladder**
No restricted cover applies
- 11. Male reproductive system**
No restricted cover applies
- 12. Digestive system**
No restricted cover applies
- 13. Hernia and Appendix**
No restricted cover applies
- 14. Gastrointestinal endoscopy**
No restricted cover applies
- 15. Gynaecology**
No restricted cover applies
- 16. Miscarriage and termination of pregnancy**
No restricted cover applies
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 18. Pain management**
No restricted cover applies
- 19. Skin**
No restricted cover applies
- 20. Breast surgery (medically necessary)**
No restricted cover applies
- 21. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 22. Heart and Vascular system**
No restricted cover applies
- 23. Lung and Chest**
No restricted cover applies
- 24. Blood**
No restricted cover applies
- 25. Back, Neck and Spine**
No restricted cover applies
- 26. Plastic and Reconstructive surgery (medically necessary)**
No restricted cover applies
- 27. Dental surgery**
No restricted cover applies
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**

No restricted cover applies

29. Implantation of hearing devices

No restricted cover applies

30. Cataracts

No restricted cover applies

31. Joint replacements

No restricted cover applies

32. Dialysis for chronic kidney failure

No restricted cover applies

33. Pregnancy and birth

No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J52 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Excluded

5. Eye (not Cataracts)

Excluded

6. Ear, Nose and Throat

Excluded

7. Tonsils, Adenoids and Grommets

Not excluded

- 8. Bone, Joint and Muscle**
Excluded
- 9. Joint reconstructions**
Not excluded
- 10. Kidney and Bladder**
Excluded
- 11. Male reproductive system**
Excluded
- 12. Digestive system**
Excluded
- 13. Hernia and Appendix**
Not excluded
- 14. Gastrointestinal endoscopy**
Excluded
- 15. Gynaecology**
Not excluded
- 16. Miscarriage and termination of pregnancy**
Not excluded
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
Excluded
- 18. Pain management**
Excluded
- 19. Skin**
Excluded
- 20. Breast surgery (medically necessary)**
Excluded
- 21. Diabetes management (excluding insulin pumps)**
Excluded
- 22. Heart and Vascular system**
Excluded
- 23. Lung and Chest**
Not excluded
- 24. Blood**
Excluded
- 25. Back, Neck and Spine**
Excluded

26. Plastic and Reconstructive surgery (medically necessary)

Excluded

27. Dental surgery

Not excluded

28. Podiatric surgery (provided by an accredited podiatric surgeon)

Not excluded

Note: Limited hospital accommodation and approved prostheses benefits only

29. Implantation of hearing devices

Excluded

30. Cataracts

Excluded

31. Joint replacements

Excluded

32. Dialysis for chronic kidney failure

Excluded

33. Pregnancy and birth

Excluded

34. Assisted reproductive services

Excluded

35. Weight loss surgery

Excluded

36. Insulin pumps

Excluded

37. Pain management with device

Excluded

38. Sleep studies

Excluded

J52 14 Loyalty Bonuses

Bonus Dollars

Each *policy* is eligible for a top up bonus (known as “bonus dollars”) of \$50 for *policy holders* who contribute to a policy that covers only one person (a single cover) and \$100 for *policy holders* who contribute to a couples cover during each calendar year.

Bonus Dollars may be used to cover out-of-pocket expenses for *general treatment* services eligible for benefits and provided by a provider of general treatment with whom Bupa have entered into an agreement as outlined in section E3.6 General Treatment (a Bupa Members First network *recognised practitioner*). Unused bonuses do not accumulate from year to year.

J52 15 Other Special Hospital Treatment

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J52 16 Dental

The *Company* will pay benefits for services provided to a *policy holder* by a provider of general treatment with whom Bupa have entered into an agreement as outlined in section E3.6 General Treatment (a Bupa Members First Network recognized provider).

No benefits are payable for services provided to a *policy holder* by a non Bupa Members First Network recognized provider.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay the following benefits:

One dental check-up per year comprised of:

1. one examination item number
2. one scale and clean
3. one fluoride application
4. two bitewing x-rays

J52 17 Optical

Not available on this product.

J52 18 Physiotherapy

The *Company* will pay benefits for services provided to a *policy holder* by a provider of general treatment with whom Bupa have entered into an agreement as outlined in section E3.6 General Treatment (Bupa Members First Network recognized provider).

No benefits are payable for services provided to a *policy holder* by a non Bupa Members First Network recognized provider.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Combined maximums per person during any one calendar year for Physiotherapy Chiropractic and Podiatry are: three consultations

J52 19 Chiropractic

The *Company* will pay benefits for services provided to a *policy holder* by a provider of general treatment with whom Bupa have entered into an agreement as outlined in section E3.6 General Treatment (Bupa Members First Network recognized provider).

No benefits are payable for services provided to a *policy holder* by a non Bupa Members First Network recognized provider.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Combined maximums per person during any one calendar year for Physiotherapy, Chiropractic and Podiatry are: three consultations

J52 20 Non PBS Pharmaceuticals

Not available on this product.

J52 21 Podiatry

The *Company* will pay benefits for services provided to a *policy holder* by a provider of general treatment with whom Bupa have entered into an agreement as outlined in section E3.6 General Treatment (Bupa Members First Network recognized provider).

No benefits are payable for services provided to a *policy holder* by a non Bupa Members First Network recognized provider.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Combined maximums per person during any one calendar year for Physiotherapy, Chiropractic and Podiatry are: three consultations

J52 22 Psychology and Counselling

Not available on this product.

J52 23 Alternative Therapies

Not available on this product.

J52 24 Natural Therapies

Not available on this product.

J52 25 Speech Therapy

Not available on this product.

J52 26 Orthotics

Not available on this product.

J52 27 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: two phone calls (comprising one hour call and one fifteen minute call) with a Bupa dietician.

J52 28 Occupational Therapy

Not available on this product.

J52 29 Naturopathy

Not applicable.

J52 30 Acupuncture

Not available on this product.

J52 31 Other Therapies

Not available on this product.

J52 32 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

J52 33 Hearing Aids

Not available on this product.

J52 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J52 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover.

J52 36 Accident Cover

Not available on this product.

J52 37 Accidental Death Funeral Expenses

Not available on this product.

J52 38 Other Special General Treatment

Not available on this product.

J52 39 Hospital-Substitute Treatment

Not available on this product.

J53 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J53 1 Table Name or Group of Table Names

1. Silver Plus Prime Nil Excess
2. Silver Plus Prime \$250 Excess
3. Silver Plus Prime \$500 Excess
4. Silver Plus Prime \$750 Excess

J53 2 Eligibility

On Sale

This Product is only available as a Single (one Adult) policy or a Couples (two Adults) policy.

J53 3 General Conditions

See section E1 General Conditions.

J53 4 Hospital Treatment Payments

See section E2 Hospital Treatment.

J53 5 Medical Services Payments while admitted

See section E2 Hospital Treatment.

J53 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment.

J53 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment.

J53 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment.

J53 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment.

J53 10 Co Payments

No co-payments apply on this product.

J53 11 Excesses

The following annual Excess options apply, capped at once per person per calendar year to a maximum of twice per policy per calendar year: - No Excess, \$250 or \$500

J53 12 Restricted Cover

- 1. Rehabilitation**
No restricted cover applies
- 2. Hospital Psychiatric Services**
No restricted cover applies
- 3. Palliative Care**
No restricted cover applies
- 4. Brain and Nervous System**
No restricted cover applies
- 5. Eye (not Cataracts)**
No restricted cover applies
- 6. Ear, Nose and Throat**
No restricted cover applies
- 7. Tonsils, Adenoids and Grommets**
No restricted cover applies
- 8. Bone, Joint and Muscle**
No restricted cover applies
- 9. Joint reconstructions**
No restricted cover applies
- 10. Kidney and Bladder**
No restricted cover applies
- 11. Male reproductive system**
No restricted cover applies
- 12. Digestive system**
No restricted cover applies
- 13. Hernia and Appendix**
No restricted cover applies
- 14. Gastrointestinal endoscopy**
No restricted cover applies
- 15. Gynaecology**
No restricted cover applies
- 16. Miscarriage and termination of pregnancy**
No restricted cover applies

- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 18. Pain management**
No restricted cover applies
- 19. Skin**
No restricted cover applies
- 20. Breast surgery (medically necessary)**
No restricted cover applies
- 21. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 22. Heart and Vascular system**
No restricted cover applies
- 23. Lung and Chest**
No restricted cover applies
- 24. Blood**
No restricted cover applies
- 25. Back, Neck and Spine**
No restricted cover applies
- 26. Plastic and Reconstructive surgery (medically necessary)**
No restricted cover applies
- 27. Dental surgery**
No restricted cover applies
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
No restricted cover applies
- 29. Implantation of hearing devices**
No restricted cover applies
- 30. Cataracts**
No restricted cover applies
- 31. Joint replacements**
No restricted cover applies
- 32. Dialysis for chronic kidney failure**
No restricted cover applies
- 33. Pregnancy and birth**
No restricted cover applies
- 34. Assisted reproductive services**
No restricted cover applies

35. Weight loss surgery
No restricted cover applies

36. Insulin pumps
No restricted cover applies

37. Pain management with device
No restricted cover applies

38. Sleep studies
No restricted cover applies

J53 13 Exclusions

1. Rehabilitation
Not excluded

2. Hospital Psychiatric Services
Not excluded

3. Palliative Care
Not excluded

4. Brain and Nervous System
Not excluded

5. Eye (not Cataracts)
Not excluded

6. Ear, Nose and Throat
Not excluded

7. Tonsils, Adenoids and Grommets
Not excluded

8. Bone, Joint and Muscle
Not excluded

9. Joint reconstructions
Not excluded

10. Kidney and Bladder
Not excluded

11. Male reproductive system
Not excluded

12. Digestive system
Not excluded

13. Hernia and Appendix
Not excluded

14. Gastrointestinal endoscopy

Not excluded

15. Gynaecology

Not excluded

16. Miscarriage and termination of pregnancy

Not excluded

17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

Not excluded

18. Pain management

Not excluded

19. Skin

Not excluded

20. Breast surgery (medically necessary)

Not excluded

21. Diabetes management (excluding insulin pumps)

Not excluded

22. Heart and Vascular system

Not excluded

23. Lung and Chest

Not excluded

24. Blood

Not excluded

25. Back, Neck and Spine

Not excluded

26. Plastic and Reconstructive surgery (medically necessary)

Not excluded

27. Dental surgery

Not excluded

28. Podiatric surgery (provided by an accredited podiatric surgeon)

Not excluded

Note: Limited hospital accommodation and approved prostheses benefits only

29. Implantation of hearing devices

Not excluded

30. Cataracts

Not excluded

31. Joint replacements

Not excluded

32. Dialysis for chronic kidney failure

Not excluded

33. Pregnancy and birth

Excluded

34. Assisted reproductive services

Excluded

35. Weight loss surgery

Excluded

36. Insulin pumps

Not excluded

37. Pain management with device

Not excluded

38. Sleep studies

Not excluded

J53 14 Loyalty Bonuses

Top Up Bonus

Each policy is eligible for a top up bonus of \$50 (for Singles cover) or \$100 (for Couples cover) during the first entitlement year. The top up bonus may be used to cover out of pocket expenses for general treatment services that are eligible for benefits.

For each subsequent calendar year, the policy holder is entitled to an increased top up bonus equal to their previous year's top up bonus, plus 20% of the first year bonus. No further increases apply once the bonus amount is double that of the first year top up bonus. Bonuses are per policy. Unused bonuses do not accumulate from year to year.

J53 15 Other Special Hospital Treatment

Family In-Hospital Benefit

Benefits will be offered to a partner, immediate family member, carer/parent, next of kin who is required to stay at the hospital with the patient. The benefit is payable on the admitted person's policy.

Benefits payable are:

- Accommodation in hospital up to \$60 per night whilst a boarder in hospital
- Benefit up to \$30 per day towards the cost of any meals provided by the hospital or purchased from the hospital cafeteria for the non- admitted person staying with the patient in hospital.

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

Note: where applicable, benefits will be paid under your Hospital cover (cannot claim benefits on both hospital and extras for the same trip).

J53 16 Dental

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental – No maximum benefit limits apply, however service limits apply.

Major Dental - \$1000

Orthodontics - No cover

J53 17 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$180

J53 18 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for – Physiotherapy and Occupational Therapy.

J53 19 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$350

Maximum benefits per policy, per calendar year are: \$700

J53 20 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 100% of the cost of the balance of the prescription. Benefit is limited to \$40 per script item.

Maximum benefits per person, per calendar year are: \$350

J53 21 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

J53 22 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

J53 23 Alternative Therapies

See Natural Therapies J53.25

J53 24 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture, Chinese herbalism, and Massage.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for - Natural Therapies and Dietetics.

Within this maximum, Massage benefits are limited to \$100 per person, per calendar year.

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

J53 25 Speech Therapy

Not available on this product.

J53 26 Orthotics

See Non Surgically Implanted Prostheses and Appliances J53.33

J53 27 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for - Natural Therapies and Dietetics.

J53 28 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for – Physiotherapy and Occupational Therapy.

J53 29 Naturopathy

Not applicable.

J53 30 Acupuncture

See Natural Therapies J53.25

J53 31 Other Therapies

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for - Natural Therapies and Dietetics.

J53 32 Non Surgically Implanted Prostheses and Appliances

Benefits for Non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one appliance up to a maximum benefit of \$200 per person, per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance up to a maximum benefit of \$400 per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device up to a maximum benefit of \$500 per person, per 2 calendar years.

Surgical (Compression) Stockings

Maximum benefits of \$100 per person per calendar year applies. Within this maximum benefits are limited to 4 pairs per person, per calendar year.

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device up to a maximum of \$125 per policy, per 3 calendar years.

Blood Pressure Monitors

Limited to one device up to a maximum of \$125 per policy, per calendar year.

Hearing Aids

Limited to one supply of hearing aids up to a maximum of \$500 per person, per 3 calendar years.

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

Hire, Repair and Maintenance of a Health Appliance

Limited to \$100 per person, per calendar year.

Maximum benefits per person, per calendar year for all Non Surgically Implanted Prostheses and Appliances are: \$800

J53 33 Hearing Aids

See Non Surgically Implanted Prostheses and Appliances J53.33

J53 34 Prevention Health Management**Bowel Cancer Screening Kits**

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 50% of the cost up to a maximum of \$100 per person, per calendar year.

J53 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J53 36 Accident Cover

Not available on this product.

J53 37 Accidental Death Funeral Expenses

Not available on this product.

J53 38 Other Special General Treatment

Home Nursing

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Home Nursing includes the following:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).
- Stomal Therapy
- Palliative Care Services – RN Care, Personal Care Assistance

Maximum benefits per person, per calendar year are: \$200

Local and Interstate Travelling Expenses

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$100

Overnight Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards Overnight Non-Hospital Accommodation expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Benefit of up to \$40 per night.

Maximum benefits per combined patient and attendant per calendar year are: \$150

J53 39 Hospital-Substitute Treatment

Not available on this product.

J54 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J54 1 Table Name or Group of Table Names

1. Gold Hospital Nil Excess
2. Gold Hospital \$250 Excess
3. Gold Hospital \$500 Excess
4. Gold Hospital \$750 Excess

Other products aligned to this table include:

Gold Hospital Nil Excess: Corporate Hospital Intermediate Level 1 – Silver Plus, Top Hospital Cover – Gold, Premium Hospital, Hospital Saver Plus with Nil Excess and Hospital Super Plus

Gold Hospital \$250 Excess: Corporate Hospital Intermediate Level 2 – Silver Plus, Top Hospital Cover with \$250 Excess - Gold: Advantage Hospital with \$250 Excess, Hospital Value with \$250 Excess and Hospital Cover with Excess Bonus, Standard Hospital with \$250 Excess, Hospital Saver Plus (Levels 2, 3 and 4) and Hospital Select Plus with \$250 Excess

Gold Hospital \$500 Excess: Corporate Hospital Intermediate Level 3 – Silver Plus, Top Hospital Cover with \$500 Excess - Gold: Advantage Hospital with \$500 Excess, Hospital Value with \$500 Excess, Standard Hospital with \$500 Excess, Hospital Saver Plus Level 5 and Hospital Select Plus with \$500 Excess

Gold Hospital \$750 Excess: Standard Hospital with \$750 Excess, Hospital Select Plus with \$1000 Excess

Gold Hospital \$250 Excess with Top Extras 60: Growing Family \$250 Excess – Silver Plus

Gold Hospital \$500 Excess with Top Extras 60: Growing Family \$500 Excess – Silver Plus

Gold Hospital \$750 Excess with Top Extras 60: Growing Family \$750 Excess – Silver Plus

J54 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover.

J54 3 General Conditions

See section E1 General Conditions

J54 4 Hospital Treatment Payments

See section E2 Hospital Treatment

J54 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J54 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J54 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J54 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J54 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J54 10 Co Payments

No co-payments apply on this product.

J54 11 Excesses

Gold Hospital, Gold Hospital with \$250 Excess, Gold Hospital with \$500 Excess, and Gold Hospital with \$750 Excess

The following annual Excess options apply, capped at once per person per calendar year to a maximum of twice per policy per calendar year: - No Excess, \$250 , \$500 or \$750.

No excesses apply for any admissions to hospital of a Dependant covered under the policy.

J54 12 Restricted Cover

1. Rehabilitation

No restricted cover applies

2. Hospital Psychiatric Services

No restricted cover applies

3. Palliative Care

No restricted cover applies

4. Brain and Nervous System

No restricted cover applies

- 5. Eye (not Cataracts)**
No restricted cover applies
- 6. Ear, Nose and Throat**
No restricted cover applies
- 7. Tonsils, Adenoids and Grommets**
No restricted cover applies
- 8. Bone, Joint and Muscle**
No restricted cover applies
- 9. Joint reconstructions**
No restricted cover applies
- 10. Kidney and Bladder**
No restricted cover applies
- 11. Male reproductive system**
No restricted cover applies
- 12. Digestive system**
No restricted cover applies
- 13. Hernia and Appendix**
No restricted cover applies
- 14. Gastrointestinal endoscopy**
No restricted cover applies
- 15. Gynaecology**
No restricted cover applies
- 16. Miscarriage and termination of pregnancy**
No restricted cover applies
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 18. Pain management**
No restricted cover applies
- 19. Skin**
No restricted cover applies
- 20. Breast surgery (medically necessary)**
No restricted cover applies
- 21. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 22. Heart and Vascular system**
No restricted cover applies
- 23. Lung and Chest**

No restricted cover applies

24. Blood

No restricted cover applies

25. Back, Neck and Spine

No restricted cover applies

26. Plastic and Reconstructive surgery (medically necessary)

No restricted cover applies

27. Dental surgery

No restricted cover applies

28. Podiatric surgery (provided by an accredited podiatric surgeon)

No restricted cover applies

29. Implantation of hearing devices

No restricted cover applies

30. Cataracts

No restricted cover applies

31. Joint replacements

No restricted cover applies

32. Dialysis for chronic kidney failure

No restricted cover applies

33. Pregnancy and birth

No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J54 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

- 3. Palliative Care**
Not excluded
- 4. Brain and Nervous System**
Not excluded
- 5. Eye (not Cataracts)**
Not excluded
- 6. Ear, Nose and Throat**
Not excluded
- 7. Tonsils, Adenoids and Grommets**
Not excluded
- 8. Bone, Joint and Muscle**
Not excluded
- 9. Joint reconstructions**
Not excluded
- 10. Kidney and Bladder**
Not excluded
- 11. Male reproductive system**
Not excluded
- 12. Digestive system**
Not excluded
- 13. Hernia and Appendix**
Not excluded
- 14. Gastrointestinal endoscopy**
Not excluded
- 15. Gynaecology**
Not excluded
- 16. Miscarriage and termination of pregnancy**
Not excluded
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
Not excluded
- 18. Pain management**
Not excluded
- 19. Skin**
Not excluded
- 20. Breast surgery (medically necessary)**
Not excluded

- 21. Diabetes management (excluding insulin pumps)**
Not excluded
- 22. Heart and Vascular system**
Not excluded
- 23. Lung and Chest**
Not excluded
- 24. Blood**
Not excluded
- 25. Back, Neck and Spine**
Not excluded
- 26. Plastic and Reconstructive surgery (medically necessary)**
Not excluded
- 27. Dental surgery**
Not excluded
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
Not excluded
Note: Limited hospital accommodation and approved prostheses benefits only
- 29. Implantation of hearing devices**
Not excluded
- 30. Cataracts**
Not excluded
- 31. Joint replacements**
Not excluded
- 32. Dialysis for chronic kidney failure**
Not excluded
- 33. Pregnancy and birth**
Not excluded
- 34. Assisted reproductive services**
Not excluded
- 35. Weight loss surgery**
Not excluded
- 36. Insulin pumps**
Not excluded
- 37. Pain management with device**
Not excluded
- 38. Sleep studies**
Not excluded

J54 14 Loyalty Bonuses

Health Subscriptions

After 2 months membership on this Table, a benefit of 50% of the cost of a subscription to the Arthritis Foundation, Asthma Foundation, Diabetes Australia or Parkinson's in Western Australia is payable.

J54 15 Other Special Hospital Treatment

Family In-Hospital Benefit

Benefits will be offered to a partner, immediate family member, carer/parent, next of kin who is required to stay at the hospital with the patient. The benefit is payable on the admitted person's policy.

Benefits payable are:

- Accommodation in hospital up to \$60 per night whilst a boarder in hospital
- Benefit up to \$30 per day towards the cost of any meals provided by the hospital or purchased from the hospital cafeteria for the non- admitted person staying with the patient in hospital.

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J54 16 Dental

J54 17 Optical

J54 18 Physiotherapy

J54 19 Chiropractic

J54 20 Non PBS Pharmaceuticals

J54 21 Podiatry

J54 22 Psychology and Counselling

J54 23 Alternative Therapies

J54 24 Natural Therapies

J54 25 Speech Therapy

J54 26 Orthotics

J54 27 Dietetics

J54 28 Occupational Therapy

J54 29 Naturopathy

J54 30 Acupuncture

J54 31 Other Therapies

J54 32 Non Surgically Implanted Prostheses and Appliances

J54 33 Hearing Aids

J54 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J54 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances.

J54 36 Accident Cover

Not available on this product.

J54 37 Accidental Death Funeral Expenses

Not available on this product.

J54 38 Other Special General Treatment

Not available on this product.

J54 39 Hospital-Substitute Treatment

Not available on this product.

J54 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J 1 Table Name or Group of Table Names

1. Hospital Cover with Excess - Gold

J54 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover.

J54 3 General Conditions

See section E1 General Conditions

J54 4 Hospital Treatment Payments

See section E2 Hospital Treatment

J54 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J54 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J54 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J54 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J54 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J54 10 Co Payments

No co-payments apply on this product.

J54 11 Excesses

Hospital Cover with Excess - Gold

The following annual Excess options apply, capped at once per person per calendar year to a maximum of twice per policy per calendar year: - \$400.

No excesses apply for any admissions to hospital of a Dependant covered under the policy.

J 12 Restricted Cover

- 1. Rehabilitation**
No restricted cover applies
- 2. Hospital Psychiatric Services**
No restricted cover applies
- 3. Palliative Care**
No restricted cover applies
- 4. Brain and Nervous System**
No restricted cover applies
- 5. Eye (not Cataracts)**
No restricted cover applies
- 6. Ear, Nose and Throat**
No restricted cover applies
- 7. Tonsils, Adenoids and Grommets**
No restricted cover applies
- 8. Bone, Joint and Muscle**
No restricted cover applies
- 9. Joint reconstructions**
No restricted cover applies
- 10. Kidney and Bladder**
No restricted cover applies
- 11. Male reproductive system**
No restricted cover applies
- 12. Digestive system**
No restricted cover applies
- 13. Hernia and Appendix**
No restricted cover applies
- 14. Gastrointestinal endoscopy**
No restricted cover applies
- 15. Gynaecology**
No restricted cover applies
- 16. Miscarriage and termination of pregnancy**

No restricted cover applies

17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

No restricted cover applies

18. Pain management

No restricted cover applies

19. Skin

No restricted cover applies

20. Breast surgery (medically necessary)

No restricted cover applies

21. Diabetes management (excluding insulin pumps)

No restricted cover applies

22. Heart and Vascular system

No restricted cover applies

23. Lung and Chest

No restricted cover applies

24. Blood

No restricted cover applies

25. Back, Neck and Spine

No restricted cover applies

26. Plastic and Reconstructive surgery (medically necessary)

No restricted cover applies

27. Dental surgery

No restricted cover applies

28. Podiatric surgery (provided by an accredited podiatric surgeon)

No restricted cover applies

29. Implantation of hearing devices

No restricted cover applies

30. Cataracts

No restricted cover applies

31. Joint replacements

No restricted cover applies

32. Dialysis for chronic kidney failure

No restricted cover applies

33. Pregnancy and birth

No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery
No restricted cover applies

36. Insulin pumps
No restricted cover applies

37. Pain management with device
No restricted cover applies

38. Sleep studies
No restricted cover applies

J54 13 Exclusions

1. Rehabilitation
Not excluded

2. Hospital Psychiatric Services
Not excluded

3. Palliative Care
Not excluded

4. Brain and Nervous System
Not excluded

5. Eye (not Cataracts)
Not excluded

6. Ear, Nose and Throat
Not excluded

7. Tonsils, Adenoids and Grommets
Not excluded

8. Bone, Joint and Muscle
Not excluded

9. Joint reconstructions
Not excluded

10. Kidney and Bladder
Not excluded

11. Male reproductive system
Not excluded

12. Digestive system
Not excluded

13. Hernia and Appendix
Not excluded

- 14. Gastrointestinal endoscopy**
Not excluded
- 15. Gynaecology**
Not excluded
- 16. Miscarriage and termination of pregnancy**
Not excluded
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
Not excluded
- 18. Pain management**
Not excluded
- 19. Skin**
Not excluded
- 20. Breast surgery (medically necessary)**
Not excluded
- 21. Diabetes management (excluding insulin pumps)**
Not excluded
- 22. Heart and Vascular system**
Not excluded
- 23. Lung and Chest**
Not excluded
- 24. Blood**
Not excluded
- 25. Back, Neck and Spine**
Not excluded
- 26. Plastic and Reconstructive surgery (medically necessary)**
Not excluded
- 27. Dental surgery**
Not excluded
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
Not excluded
Note: Limited hospital accommodation and approved prostheses benefits only
- 29. Implantation of hearing devices**
Not excluded
- 30. Cataracts**
Not excluded
- 31. Joint replacements**
Not excluded

32. Dialysis for chronic kidney failure

Not excluded

33. Pregnancy and birth

Not excluded

34. Assisted reproductive services

Not excluded

35. Weight loss surgery

Not excluded

36. Insulin pumps

Not excluded

37. Pain management with device

Not excluded

38. Sleep studies

Not excluded

J54 14 Loyalty Bonuses

Health Subscriptions

After 2 months membership on this Table, a benefit of 50% of the cost of a subscription to the Arthritis Foundation, Asthma Foundation, Diabetes Australia or Parkinson's in Western Australia is payable.

J54 15 Other Special Hospital Treatment

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J54 16 Dental

J54 17 Optical

J54 18 Physiotherapy

J54 19 Chiropractic

J54 20 Non PBS Pharmaceuticals

J54 21 Podiatry

J54 22 Psychology and Counselling

J54 23 Alternative Therapies

J54 24 Natural Therapies

J54 25 Speech Therapy

J54 26 Orthotics

J54 27 Dietetics

J54 28 Occupational Therapy

J54 29 Naturopathy

J54 30 Acupuncture

J54 31 Other Therapies

J54 32 Non Surgically Implanted Prostheses and Appliances

J54 33 Hearing Aids

J54 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J54 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances.

J54 36 Accident Cover

Not available on this product.

J54 37 Accidental Death Funeral Expenses

Not available on this product.

J54 38 Other Special General Treatment

Not available on this product.

J54 39 Hospital-Substitute Treatment

Not available on this product.

J55 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J55 1 Table Name or Group of Table Names

1. Basic Accident Only Hospital with \$500 Excess
2. Basic Accident Only Hospital with \$750 Excess

J55 2 Eligibility

On Sale – Basic Accident Only Hospital \$500 Excess, Basic Accident Only Hospital \$750 Excess .

J55 3 General Conditions

See section E1 General Conditions.

J55 4 Hospital Treatment Payments

See section E2 Hospital Treatment.

J55 5 Medical Services Payments while admitted

See section E2 Hospital Treatment.

J55 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment.

J55 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment.

J55 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment.

J55 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment.

J55 10 Co Payments

No co-payments apply on this product.

J55 11 Excesses

The following annual Excess options apply, capped at once per person, per calendar year to a maximum of twice per Policy: - \$500 & \$750.

J55 12 Restricted Cover

- 1. Rehabilitation**
Restricted cover applies
- 2. Hospital Psychiatric Services**
Restricted cover applies
- 3. Palliative Care**
Restricted cover applies
- 4. Brain and Nervous System**
No restricted cover applies
- 5. Eye (not Cataracts)**
No restricted cover applies
- 6. Ear, Nose and Throat**
No restricted cover applies
- 7. Tonsils, Adenoids and Grommets**
No restricted cover applies
- 8. Bone, Joint and Muscle**
No restricted cover applies
- 9. Joint reconstructions**
No restricted cover applies
- 10. Kidney and Bladder**
No restricted cover applies
- 11. Male reproductive system**
No restricted cover applies
- 12. Digestive system**
No restricted cover applies
- 13. Hernia and Appendix**
No restricted cover applies
- 14. Gastrointestinal endoscopy**
No restricted cover applies
- 15. Gynaecology**
No restricted cover applies
- 16. Miscarriage and termination of pregnancy**
No restricted cover applies
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies

- 18. Pain management**
No restricted cover applies
- 19. Skin**
No restricted cover applies
- 20. Breast surgery (medically necessary)**
No restricted cover applies
- 21. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 22. Heart and Vascular system**
No restricted cover applies
- 23. Lung and Chest**
No restricted cover applies
- 24. Blood**
No restricted cover applies
- 25. Back, Neck and Spine**
No restricted cover applies
- 26. Plastic and Reconstructive surgery (medically necessary)**
No restricted cover applies
- 27. Dental surgery**
No restricted cover applies
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
No restricted cover applies
- 29. Implantation of hearing devices**
No restricted cover applies
- 30. Cataracts**
No restricted cover applies
- 31. Joint replacements**
No restricted cover applies
- 32. Dialysis for chronic kidney failure**
No restricted cover applies
- 33. Pregnancy and birth**
No restricted cover applies
- 34. Assisted reproductive services**
No restricted cover applies
- 35. Weight loss surgery**
No restricted cover applies
- 36. Insulin pumps**

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J55 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Excluded

5. Eye (not Cataracts)

Excluded

6. Ear, Nose and Throat

Excluded

7. Tonsils, Adenoids and Grommets

Excluded

8. Bone, Joint and Muscle

Excluded

9. Joint reconstructions

Excluded

10. Kidney and Bladder

Excluded

11. Male reproductive system

Excluded

12. Digestive system

Excluded

13. Hernia and Appendix

Excluded

14. Gastrointestinal endoscopy

Excluded

15. Gynaecology

Excluded

16. Miscarriage and termination of pregnancy

Excluded

17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

Excluded

18. Pain management

Excluded

19. Skin

Excluded

20. Breast surgery (medically necessary)

Excluded

21. Diabetes management (excluding insulin pumps)

Excluded

22. Heart and Vascular system

Excluded

23. Lung and Chest

Not excluded

24. Blood

Excluded

25. Back, Neck and Spine

Excluded

26. Plastic and Reconstructive surgery (medically necessary)

Excluded

27. Dental surgery

Excluded

28. Podiatric surgery (provided by an accredited podiatric surgeon)

Excluded

29. Implantation of hearing devices

Excluded

30. Cataracts

Excluded

31. Joint replacements

Excluded

32. Dialysis for chronic kidney failure

Excluded

33. Pregnancy and birth

Excluded

34. Assisted reproductive services

Excluded

35. Weight loss surgery

Excluded

36. Insulin pumps

Excluded

37. Pain management with device

Excluded

38. Sleep studies

Excluded

J55 14 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J55 15 Other Special Hospital Treatment

Accident inclusion (feature)

For accidents sustained after joining, treatment which normally attracts a minimum benefit or excluded will be included. Applies to MBS services only.

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J55 16 Dental

J55 17 Optical

J55 18 Physiotherapy

J55 19 Chiropractic

J55 20 Non PBS Pharmaceuticals

J55 21 Podiatry

J55 22 Psychology and Counselling

J55 23 Alternative Therapies

J55 24 Natural Therapies

J55 25 Speech Therapy

J55 26 Orthotics

J55 27 Dietetics

J55 28 Occupational Therapy

J55 29 Naturopathy

J55 30 Acupuncture

J55 31 Other Therapies

J55 32 Non Surgically Implanted Prostheses and Appliances

J55 33 Hearing Aids

J55 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J55 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J55 36 Accident Cover

Not available on this product.

J55 37 Accidental Death Funeral Expenses

Not available on this product.

J55 38 Other Special General Treatment

Not available on this product.

J55 39 Hospital-Substitute Treatment

Not available on this product.

J56 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J56 1 Table Name or Group of Table Names

1. Basic Plus Starter Hospital with \$500 Excess
2. Basic Plus Starter Hospital with \$750 Excess

J56 2 Eligibility

On Sale – Basic Plus Starter Hospital \$500 Excess , Basic Plus Starter Hospital \$750 Excess..

J56 3 General Conditions

See section E1 General Conditions.

J56 4 Hospital Treatment Payments

See section E2 Hospital Treatment.

J56 5 Medical Services Payments while admitted

See section E2 Hospital Treatment.

J56 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment.

J56 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment.

J56 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment.

J56 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment.

J56 10 Co Payments

No co-payments apply on this product.

J56 11 Excesses

The following annual Excess options apply, capped at once per person, per calendar year to a maximum of twice per Policy: - \$500 & \$750.

J56 12 Restricted Cover

- 1. Rehabilitation**
Restricted cover applies
- 2. Hospital Psychiatric Services**
Restricted cover applies
- 3. Palliative Care**
Restricted cover applies
- 4. Brain and Nervous System**
No restricted cover applies
- 5. Eye (not Cataracts)**
No restricted cover applies
- 6. Ear, Nose and Throat**
No restricted cover applies
- 7. Tonsils, Adenoids and Grommets**
No restricted cover applies
- 8. Bone, Joint and Muscle**
No restricted cover applies
- 9. Joint reconstructions**
No restricted cover applies
- 10. Kidney and Bladder**
No restricted cover applies
- 11. Male reproductive system**
No restricted cover applies
- 12. Digestive system**
No restricted cover applies
- 13. Hernia and Appendix**
No restricted cover applies
- 14. Gastrointestinal endoscopy**
No restricted cover applies
- 15. Gynaecology**
No restricted cover applies
- 16. Miscarriage and termination of pregnancy**
No restricted cover applies
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies

- 18. Pain management**
No restricted cover applies
- 19. Skin**
No restricted cover applies
- 20. Breast surgery (medically necessary)**
No restricted cover applies
- 21. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 22. Heart and Vascular system**
No restricted cover applies
- 23. Lung and Chest**
No restricted cover applies
- 24. Blood**
No restricted cover applies
- 25. Back, Neck and Spine**
No restricted cover applies
- 26. Plastic and Reconstructive surgery (medically necessary)**
No restricted cover applies
- 27. Dental surgery**
No restricted cover applies
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
No restricted cover applies
- 29. Implantation of hearing devices**
No restricted cover applies
- 30. Cataracts**
No restricted cover applies
- 31. Joint replacements**
No restricted cover applies
- 32. Dialysis for chronic kidney failure**
No restricted cover applies
- 33. Pregnancy and birth**
No restricted cover applies
- 34. Assisted reproductive services**
No restricted cover applies
- 35. Weight loss surgery**
No restricted cover applies
- 36. Insulin pumps**

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J56 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Excluded

5. Eye (not Cataracts)

Excluded

6. Ear, Nose and Throat

Excluded

7. Tonsils, Adenoids and Grommets

Not excluded

8. Bone, Joint and Muscle

Excluded

9. Joint reconstructions

Not excluded

10. Kidney and Bladder

Excluded

11. Male reproductive system

Excluded

12. Digestive system

Excluded

13. Hernia and Appendix

Not excluded

14. Gastrointestinal endoscopy

Not excluded

15. Gynaecology

Not excluded

16. Miscarriage and termination of pregnancy

Not excluded

17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

Excluded

18. Pain management

Excluded

19. Skin

Excluded

20. Breast surgery (medically necessary)

Excluded

21. Diabetes management (excluding insulin pumps)

Excluded

22. Heart and Vascular system

Excluded

23. Lung and Chest

Not excluded

24. Blood

Excluded

25. Back, Neck and Spine

Excluded

26. Plastic and Reconstructive surgery (medically necessary)

Excluded

27. Dental surgery

Not excluded

28. Podiatric surgery (provided by an accredited podiatric surgeon)

Excluded

29. Implantation of hearing devices

Excluded

30. Cataracts

Excluded

31. Joint replacements

Excluded

32. Dialysis for chronic kidney failure

Excluded

33. Pregnancy and birth

Excluded

34. Assisted reproductive services

Excluded

35. Weight loss surgery

Excluded

36. Insulin pumps

Excluded

37. Pain management with device

Excluded

38. Sleep studies

Excluded

J56 14 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J56 15 Other Special Hospital Treatment

Accident inclusion (feature)

For accidents sustained after joining, treatment which normally attracts a minimum benefit or excluded will be included. Applies to MBS services only.

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J56 16 Dental

J56 17 Optical

J56 18 Physiotherapy

J56 19 Chiropractic

J56 20 Non PBS Pharmaceuticals

J56 21 Podiatry

J56 22 Psychology and Counselling

J56 23 Alternative Therapies

J56 24 Natural Therapies

J56 25 Speech Therapy

J56 26 Orthotics

J56 27 Dietetics

J56 28 Occupational Therapy

J56 29 Naturopathy

J56 30 Acupuncture

J56 31 Other Therapies

J56 32 Non Surgically Implanted Prostheses and Appliances

J56 33 Hearing Aids

J56 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J56 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J56 36 Accident Cover

Not available on this product.

J56 37 Accidental Death Funeral Expenses

Not available on this product.

J56 38 Other Special General Treatment

Not available on this product.

J56 39 Hospital-Substitute Treatment

Not available on this product.

J57 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J57 1 Table Name or Group of Table Names

Reciprocal Health Cover – Basic

J57 2 Eligibility

On Sale

This table is only available as a Single (one Adult) policy or Family (2 Adults and Dependent Child(ren) and/or Dependent Student(s)) policy.

J57 3 General Conditions

See section E1 General Conditions.

J57 4 Hospital Treatment Payments

See section E2 Hospital Treatment.

J57 5 Medical Services Payments while admitted

See section E2 Hospital Treatment.

J57 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment.

J57 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment.

J57 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment.

J57 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment.

J57 10 Co Payments

No co-payments apply on this product.

J57 11 Excesses

The following annual Excess option applies, capped at once per person, per calendar year to a maximum of twice per Policy: - \$500.

J57 12 Restricted Cover

- 1. Rehabilitation**
Restricted cover applies
- 2. Hospital Psychiatric Services**
Restricted cover applies
- 3. Palliative Care**
Restricted cover applies
- 4. Brain and Nervous System**
No restricted cover applies
- 5. Eye (not Cataracts)**
No restricted cover applies
- 6. Ear, Nose and Throat**
No restricted cover applies
- 7. Tonsils, Adenoids and Grommets**
No restricted cover applies
- 8. Bone, Joint and Muscle**
No restricted cover applies
- 9. Joint reconstructions**
No restricted cover applies
- 10. Kidney and Bladder**
No restricted cover applies
- 11. Male reproductive system**
No restricted cover applies
- 12. Digestive system**
No restricted cover applies
- 13. Hernia and Appendix**
No restricted cover applies
- 14. Gastrointestinal endoscopy**
No restricted cover applies
- 15. Gynaecology**
No restricted cover applies
- 16. Miscarriage and termination of pregnancy**
No restricted cover applies
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 18. Pain management**

No restricted cover applies

19. Skin

No restricted cover applies

20. Breast surgery (medically necessary)

No restricted cover applies

21. Diabetes management (excluding insulin pumps)

No restricted cover applies

22. Heart and Vascular system

No restricted cover applies

23. Lung and Chest

No restricted cover applies

24. Blood

No restricted cover applies

25. Back, Neck and Spine

No restricted cover applies

26. Plastic and Reconstructive surgery (medically necessary)

No restricted cover applies

27. Dental surgery

No restricted cover applies

28. Podiatric surgery (provided by an accredited podiatric surgeon)

No restricted cover applies

29. Implantation of hearing devices

No restricted cover applies

30. Cataracts

No restricted cover applies

31. Joint replacements

No restricted cover applies

32. Dialysis for chronic kidney failure

No restricted cover applies

33. Pregnancy and birth

No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device
No restricted cover applies

38. Sleep studies
No restricted cover applies

J57 13 Exclusions

1. Rehabilitation
Not excluded

2. Hospital Psychiatric Services
Not excluded

3. Palliative Care
Not excluded

4. Brain and Nervous System
Excluded

5. Eye (not Cataracts)
Excluded

6. Ear, Nose and Throat
Excluded

7. Tonsils, Adenoids and Grommets
Excluded

8. Bone, Joint and Muscle
Excluded

9. Joint reconstructions
Excluded

10. Kidney and Bladder
Excluded

11. Male reproductive system
Excluded

12. Digestive system
Excluded

13. Hernia and Appendix
Excluded

14. Gastrointestinal endoscopy
Excluded

15. Gynaecology
Excluded

- 16. Miscarriage and termination of pregnancy**
Excluded
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
Excluded
- 18. Pain management**
Excluded
- 19. Skin**
Excluded
- 20. Breast surgery (medically necessary)**
Excluded
- 21. Diabetes management (excluding insulin pumps)**
Excluded
- 22. Heart and Vascular system**
Excluded
- 23. Lung and Chest**
Not excluded
- 24. Blood**
Excluded
- 25. Back, Neck and Spine**
Excluded
- 26. Plastic and Reconstructive surgery (medically necessary)**
Excluded
- 27. Dental surgery**
Excluded
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
Excluded
- 29. Implantation of hearing devices**
Excluded
- 30. Cataracts**
Excluded
- 31. Joint replacements**
Excluded
- 32. Dialysis for chronic kidney failure**
Excluded
- 33. Pregnancy and birth**
Excluded

34. Assisted reproductive services

Excluded

35. Weight loss surgery

Excluded

36. Insulin pumps

Excluded

37. Pain management with device

Excluded

38. Sleep studies

Excluded

J57 14 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J57 15 Other Special Hospital Treatment

J57 16 Dental

J57 17 Optical

J57 18 Physiotherapy

J57 19 Chiropractic

J57 20 Non PBS Pharmaceuticals

J57 21 Podiatry

J57 22 Psychology and Counselling

J57 23 Alternative Therapies

J57 24 Natural Therapies

J57 25 Speech Therapy

J57 26 Orthotics

J57 27 Dietetics

J57 28 Occupational Therapy

J57 29 Naturopathy

J57 30 Acupuncture

J57 31 Other Therapies

J57 32 Non Surgically Implanted Prostheses and Appliances

J57 33 Hearing Aids

J57 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J57 35 Ambulance Transportation

Not available on this product.

J57 36 Accident Cover

Not available on this product.

J57 37 Accidental Death Funeral Expenses

Not available on this product.

J57 38 Other Special General Treatment

Not available on this product.

J57 39 Hospital-Substitute Treatment

Not available on this product.

**J58 SCHEDULE COMBINED HOSPITAL TREATMENT and
GENERAL TREATMENT TABLES**

J58 1 Table Name or Group of Table Names

1. Bronze Plus Simple Hospital with \$250 Excess
2. Bronze Plus Simple Hospital with \$500 Excess

3. Bronze Plus Simple Hospital with \$750 Excess

J58 2 Eligibility

On Sale – Bronze Plus Simple Hospital \$250 Excess, Bronze Plus Simple Hospital \$500 Excess and Bronze Plus Simple Hospital \$750 Excess

J58 3 General Conditions

See section E1 General Conditions.

J58 4 Hospital Treatment Payments

See section E2 Hospital Treatment.

J58 5 Medical Services Payments while admitted

See section E2 Hospital Treatment.

J58 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment.

J58 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment.

J58 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment.

J58 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment.

J58 10 Co Payments

No co-payments apply on this product.

J58 11 Excesses

The following annual Excess options apply, capped at once per person, per calendar year to a maximum of twice per Policy: - \$250, \$500 & \$750.

No excesses apply for any admissions to hospital of a Dependant covered under the policy.

J58 12 Restricted Cover

1. Rehabilitation

Restricted cover applies

2. Hospital Psychiatric Services

Restricted cover applies

3. Palliative Care

Restricted cover applies

4. Brain and Nervous System

No restricted cover applies

5. Eye (not Cataracts)

No restricted cover applies

6. Ear, Nose and Throat

No restricted cover applies

7. Tonsils, Adenoids and Grommets

No restricted cover applies

8. Bone, Joint and Muscle

No restricted cover applies

9. Joint reconstructions

No restricted cover applies

10. Kidney and Bladder

No restricted cover applies

11. Male reproductive system

No restricted cover applies

12. Digestive system

No restricted cover applies

13. Hernia and Appendix

No restricted cover applies

14. Gastrointestinal endoscopy

No restricted cover applies

15. Gynaecology

No restricted cover applies

16. Miscarriage and termination of pregnancy

No restricted cover applies

17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

No restricted cover applies

18. Pain management

No restricted cover applies

19. Skin

No restricted cover applies

20. Breast surgery (medically necessary)

No restricted cover applies

- 21. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 22. Heart and Vascular system**
No restricted cover applies
- 23. Lung and Chest**
No restricted cover applies
- 24. Blood**
No restricted cover applies
- 25. Back, Neck and Spine**
No restricted cover applies
- 26. Plastic and Reconstructive surgery (medically necessary)**
No restricted cover applies
- 27. Dental surgery**
No restricted cover applies
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
No restricted cover applies
- 29. Implantation of hearing devices**
No restricted cover applies
- 30. Cataracts**
No restricted cover applies
- 31. Joint replacements**
No restricted cover applies
- 32. Dialysis for chronic kidney failure**
No restricted cover applies
- 33. Pregnancy and birth**
No restricted cover applies
- 34. Assisted reproductive services**
No restricted cover applies
- 35. Weight loss surgery**
No restricted cover applies
- 36. Insulin pumps**
No restricted cover applies
- 37. Pain management with device**
No restricted cover applies
- 38. Sleep studies**
No restricted cover applies

J58 13 Exclusions

- 1. Rehabilitation**
Not excluded
- 2. Hospital Psychiatric Services**
Not excluded
- 3. Palliative Care**
Not excluded
- 4. Brain and Nervous System**
Not excluded
- 5. Eye (not Cataracts)**
Not excluded
- 6. Ear, Nose and Throat**
Not excluded
- 7. Tonsils, Adenoids and Grommets**
Not excluded
- 8. Bone, Joint and Muscle**
Not excluded
- 9. Joint reconstructions**
Not excluded
- 10. Kidney and Bladder**
Not excluded
- 11. Male reproductive system**
Not excluded
- 12. Digestive system**
Not excluded
- 13. Hernia and Appendix**
Not excluded
- 14. Gastrointestinal endoscopy**
Not excluded
- 15. Gynaecology**
Not excluded
- 16. Miscarriage and termination of pregnancy**
Not excluded
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
Not excluded

- 18. Pain management**
Not excluded
- 19. Skin**
Not excluded
- 20. Breast surgery (medically necessary)**
Not excluded
- 21. Diabetes management (excluding insulin pumps)**
Not excluded
- 22. Heart and Vascular system**
Excluded
- 23. Lung and Chest**
Not excluded
- 24. Blood**
Not excluded
- 25. Back, Neck and Spine**
Excluded
- 26. Plastic and Reconstructive surgery (medically necessary)**
Excluded
- 27. Dental surgery**
Not excluded
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
Not excluded
Note: Limited hospital accommodation and approved prostheses benefits only
- 29. Implantation of hearing devices**
Excluded
- 30. Cataracts**
Excluded
- 31. Joint replacements**
Excluded
- 32. Dialysis for chronic kidney failure**
Excluded
- 33. Pregnancy and birth**
Excluded
- 34. Assisted reproductive services**
Excluded
- 35. Weight loss surgery**
Excluded

36. Insulin pumps

Excluded

37. Pain management with device

Excluded

38. Sleep studies

Not excluded

J58 14 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J58 15 Other Special Hospital Treatment

Accident inclusion (feature)

For accidents sustained after joining, treatment which normally attracts a minimum benefit or excluded will be included. Applies to MBS services only.

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J58 16 Dental

J58 17 Optical

J58 18 Physiotherapy

J58 19 Chiropractic

J58 20 Non PBS Pharmaceuticals

J58 21 Podiatry

J58 22 Psychology and Counselling

J58 23 Alternative Therapies

J58 24 Natural Therapies

J58 25 Speech Therapy

J58 26 Orthotics

J58 27 Dietetics

J58 28 Occupational Therapy

J58 29 Naturopathy

J58 30 Acupuncture

J58 31 Other Therapies

J58 32 Non Surgically Implanted Prostheses and Appliances

J58 33 Hearing Aids

J58 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J58 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J58 36 Accident Cover

Not available on this product.

J58 37 Accidental Death Funeral Expenses

Not available on this product.

J58 38 Other Special General Treatment

Not available on this product.

J58 39 Hospital-Substitute Treatment

Not available on this product.

J59 1 Table Name or Group of Table Names

1. Silver Plus Essential Hospital with \$250 Excess
2. Silver Plus Essential Hospital with \$500 Excess
3. Silver Plus Essential Hospital with \$750 Excess

J59 2 Eligibility

On Sale – Silver Plus Essential Hospital \$250 Excess, Silver Plus Essential Hospital \$500 Excess and Silver Plus Essential Hospital \$750 Excess

J59 3 General Conditions

See section E1 General Conditions.

J59 4 Hospital Treatment Payments

See section E2 Hospital Treatment.

J59 5 Medical Services Payments while admitted

See section E2 Hospital Treatment.

J59 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment.

J59 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment.

J59 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment.

J59 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment.

J59 10 Co Payments

No co-payments apply on this product.

J59 11 Excesses

The following annual Excess options apply, capped at once per person, per calendar year to a maximum of twice per Policy: - \$250, \$500 or \$750

No excesses apply for any admissions to hospital of a Dependant covered under Silver Plus Essential Hospital policies with a \$250, \$500 or \$750 excess.

J59 12 Restricted Cover

- 1. Rehabilitation**
No restricted cover applies
- 2. Hospital Psychiatric Services**
Restricted cover applies
- 3. Palliative Care**
No restricted cover applies
- 4. Brain and Nervous System**
No restricted cover applies
- 5. Eye (not Cataracts)**
No restricted cover applies
- 6. Ear, Nose and Throat**
No restricted cover applies
- 7. Tonsils, Adenoids and Grommets**
No restricted cover applies
- 8. Bone, Joint and Muscle**
No restricted cover applies
- 9. Joint reconstructions**
No restricted cover applies
- 10. Kidney and Bladder**
No restricted cover applies
- 11. Male reproductive system**
No restricted cover applies
- 12. Digestive system**
No restricted cover applies
- 13. Hernia and Appendix**
No restricted cover applies
- 14. Gastrointestinal endoscopy**
No restricted cover applies
- 15. Gynaecology**
No restricted cover applies
- 16. Miscarriage and termination of pregnancy**
No restricted cover applies
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies

- 18. Pain management**
No restricted cover applies
- 19. Skin**
No restricted cover applies
- 20. Breast surgery (medically necessary)**
No restricted cover applies
- 21. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 22. Heart and Vascular system**
No restricted cover applies
- 23. Lung and Chest**
No restricted cover applies
- 24. Blood**
No restricted cover applies
- 25. Back, Neck and Spine**
No restricted cover applies
- 26. Plastic and Reconstructive surgery (medically necessary)**
No restricted cover applies
- 27. Dental surgery**
No restricted cover applies
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
No restricted cover applies
- 29. Implantation of hearing devices**
No restricted cover applies
- 30. Cataracts**
No restricted cover applies
- 31. Joint replacements**
No restricted cover applies
- 32. Dialysis for chronic kidney failure**
No restricted cover applies
- 33. Pregnancy and birth**
No restricted cover applies
- 34. Assisted reproductive services**
No restricted cover applies
- 35. Weight loss surgery**
No restricted cover applies
- 36. Insulin pumps**

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J59 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Not excluded

5. Eye (not Cataracts)

Not excluded

6. Ear, Nose and Throat

Not excluded

7. Tonsils, Adenoids and Grommets

Not excluded

8. Bone, Joint and Muscle

Not excluded

9. Joint reconstructions

Not excluded

10. Kidney and Bladder

Not excluded

11. Male reproductive system

Not excluded

12. Digestive system

Not excluded

13. Hernia and Appendix

Not excluded

14. Gastrointestinal endoscopy

Not excluded

15. Gynaecology

Not excluded

- 16. Miscarriage and termination of pregnancy**
Not excluded
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
Not excluded
- 18. Pain management**
Not excluded
- 19. Skin**
Not excluded
- 20. Breast surgery (medically necessary)**
Not excluded
- 21. Diabetes management (excluding insulin pumps)**
Not excluded
- 22. Heart and Vascular system**
Not excluded
- 23. Lung and Chest**
Not excluded
- 24. Blood**
Not excluded
- 25. Back, Neck and Spine**
Not excluded
- 26. Plastic and Reconstructive surgery (medically necessary)**
Not excluded
- 27. Dental surgery**
Not excluded
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
Not excluded
Note: Limited hospital accommodation and approved prostheses benefits only
- 29. Implantation of hearing devices**
Not excluded
- 30. Cataracts**
Excluded
- 31. Joint replacements**
Excluded
- 32. Dialysis for chronic kidney failure**
Excluded
- 33. Pregnancy and birth**

Excluded

34. Assisted reproductive services

Excluded

35. Weight loss surgery

Excluded

36. Insulin pumps

Excluded

37. Pain management with device

Excluded

38. Sleep studies

Not excluded

J59 14 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J59 15 Other Special Hospital Treatment

Accident inclusion (feature)

For accidents sustained after joining, treatment which normally attracts a minimum benefit or excluded will be included. Applies to MBS services only.

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J59 16 Dental

J59 17 Optical

J59 18 Physiotherapy

J59 19 Chiropractic

J59 20 Non PBS Pharmaceuticals

J59 21 Podiatry

J59 22 Psychology and Counselling

J59 23 Alternative Therapies

J59 24 Natural Therapies

J59 25 Speech Therapy

J59 26 Orthotics

J59 27 Dietetics

J59 28 Occupational Therapy

J59 29 Naturopathy

J59 30 Acupuncture

J59 31 Other Therapies

J59 32 Non Surgically Implanted Prostheses and Appliances

J59 33 Hearing Aids

J59 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J59 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J59 36 Accident Cover

Not available on this product.

J59 37 Accidental Death Funeral Expenses

Not available on this product.

J59 38 Other Special General Treatment

Not available on this product.

J59 39 Hospital-Substitute Treatment

Not available on this product.

J60 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J60 1 Table Name or Group of Table Names

1. Silver Plus Advanced Hospital with \$250 excess
2. Silver Plus Advanced Hospital with \$500 excess
3. Silver Plus Advanced Hospital with \$750 excess

J60 2 Eligibility

On Sale – Silver Plus Advanced Hospital \$250 Excess, Silver Plus Advanced Hospital \$500 Excess and Silver Plus Advanced Hospital \$750 Excess

J60 3 General Conditions

See section E1 General Conditions

J60 4 Hospital Treatment Payments

See section E2 Hospital Treatment

J60 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J60 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J60 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J60 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J60 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J60 10 Co Payments

No co-payments apply on this product.

J60 11 Excesses

Silver Plus Advanced Hospital \$250 Excess, Silver Plus Advanced Hospital \$500 Excess, and Silver Plus Advanced Hospital \$750 Excess

The following annual Excess options apply, capped at once per person per calendar year to a maximum of twice per policy per calendar year: - \$250, \$500 or \$750.

No excesses apply for any admissions to hospital of a Dependant covered under the policy.

J60 12 Restricted Cover

1. Rehabilitation

No restricted cover applies

2. Hospital Psychiatric Services

Restricted cover applies

3. Palliative Care

No restricted cover applies

4. Brain and Nervous System

No restricted cover applies

5. Eye (not Cataracts)

No restricted cover applies

6. Ear, Nose and Throat

No restricted cover applies

7. Tonsils, Adenoids and Grommets

No restricted cover applies

8. Bone, Joint and Muscle

No restricted cover applies

9. Joint reconstructions

No restricted cover applies

10. Kidney and Bladder

No restricted cover applies

11. Male reproductive system

No restricted cover applies

12. Digestive system

No restricted cover applies

13. Hernia and Appendix

No restricted cover applies

14. Gastrointestinal endoscopy

No restricted cover applies

15. Gynaecology

No restricted cover applies

16. Miscarriage and termination of pregnancy

No restricted cover applies

17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

No restricted cover applies

18. Pain management

No restricted cover applies

19. Skin

No restricted cover applies

20. Breast surgery (medically necessary)

No restricted cover applies

21. Diabetes management (excluding insulin pumps)

No restricted cover applies

22. Heart and Vascular system

No restricted cover applies

23. Lung and Chest

No restricted cover applies

24. Blood

No restricted cover applies

25. Back, Neck and Spine

No restricted cover applies

26. Plastic and Reconstructive surgery (medically necessary)

No restricted cover applies

27. Dental surgery

No restricted cover applies

28. Podiatric surgery (provided by an accredited podiatric surgeon)

No restricted cover applies

29. Implantation of hearing devices

No restricted cover applies

30. Cataracts

No restricted cover applies

31. Joint replacements

No restricted cover applies

32. Dialysis for chronic kidney failure

No restricted cover applies

33. Pregnancy and birth

No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery
No restricted cover applies

36. Insulin pumps
No restricted cover applies

37. Pain management with device
No restricted cover applies

38. Sleep studies
No restricted cover applies

J60 13 Exclusions

1. Rehabilitation
Not excluded

2. Hospital Psychiatric Services
Not excluded

3. Palliative Care
Not excluded

4. Brain and Nervous System
Not excluded

5. Eye (not Cataracts)
Not excluded

6. Ear, Nose and Throat
Not excluded

7. Tonsils, Adenoids and Grommets
Not excluded

8. Bone, Joint and Muscle
Not excluded

9. Joint reconstructions
Not excluded

10. Kidney and Bladder
Not excluded

11. Male reproductive system
Not excluded

12. Digestive system
Not excluded

13. Hernia and Appendix
Not excluded

- 14. Gastrointestinal endoscopy**
Not excluded
- 15. Gynaecology**
Not excluded
- 16. Miscarriage and termination of pregnancy**
Not excluded
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
Not excluded
- 18. Pain management**
Not excluded
- 19. Skin**
Not excluded
- 20. Breast surgery (medically necessary)**
Not excluded
- 21. Diabetes management (excluding insulin pumps)**
Not excluded
- 22. Heart and Vascular system**
Not excluded
- 23. Lung and Chest**
Not excluded
- 24. Blood**
Not excluded
- 25. Back, Neck and Spine**
Not excluded
- 26. Plastic and Reconstructive surgery (medically necessary)**
Not excluded
- 27. Dental surgery**
Not excluded
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
Not excluded
Note: Limited hospital accommodation and approved prostheses benefits only
- 29. Implantation of hearing devices**
Not excluded
- 30. Cataracts**
Not excluded
- 31. Joint replacements**
Not excluded

32. Dialysis for chronic kidney failure

Excluded

33. Pregnancy and birth

Excluded

34. Assisted reproductive services

Excluded

35. Weight loss surgery

Excluded

36. Insulin pumps

Not excluded

37. Pain management with device

Not excluded

38. Sleep studies

Not excluded

J60 14 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J60 15 Other Special Hospital Treatment

Accident inclusion (feature)

For accidents sustained after joining, treatment which normally attracts a minimum benefit or excluded will be included. Applies to MBS services only.

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J60 16 Dental

J60 17 Optical

J60 18 Physiotherapy

J60 19 Chiropractic

J60 20 Non PBS Pharmaceuticals

J60 21 Podiatry

J60 22 Psychology and Counselling

J60 23 Alternative Therapies

J60 24 Natural Therapies

J60 25 Speech Therapy

J60 26 Orthotics

J60 27 Dietetics

J60 28 Occupational Therapy

J60 29 Naturopathy

J60 30 Acupuncture

J60 31 Other Therapies

J60 32 Non Surgically Implanted Prostheses and Appliances

J60 33 Hearing Aids

J60 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J60 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J60 36 Accident Cover

Not available on this product.

J60 37 Accidental Death Funeral Expenses

Not available on this product.

J60 38 Other Special General Treatment

Not available on this product.

J60 39 Hospital-Substitute Treatment

Not available on this product.

J61 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J61 1 Table Name or Group of Table Names

1. Gold Complete Hospital \$500 Excess
2. Gold Complete Hospital \$750 Excess

J61 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover.

J61 3 General Conditions

See section E1 General Conditions

J61 4 Hospital Treatment Payments

See section E2 Hospital Treatment

J61 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J61 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J61 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J61 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J61 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J61 10 Co Payments

No co-payments apply on this product.

J61 11 Excesses

Gold Complete Hospital \$500 Excess, and **Gold Complete Hospital \$750 Excess**

The following annual Excess options apply, capped at once per person per calendar year to a maximum of twice per policy per calendar year: - \$500 or \$750.

No excesses apply for any admissions to hospital of a Dependant covered under the policy.

J61 12 Restricted Cover

1. Rehabilitation

No restricted cover applies

2. Hospital Psychiatric Services

No restricted cover applies

3. Palliative Care

No restricted cover applies

4. Brain and Nervous System

No restricted cover applies

5. Eye (not Cataracts)

No restricted cover applies

6. Ear, Nose and Throat

No restricted cover applies

7. Tonsils, Adenoids and Grommets

No restricted cover applies

8. Bone, Joint and Muscle

No restricted cover applies

9. Joint reconstructions

No restricted cover applies

10. Kidney and Bladder

No restricted cover applies

11. Male reproductive system

No restricted cover applies

12. Digestive system

No restricted cover applies

13. Hernia and Appendix

No restricted cover applies

14. Gastrointestinal endoscopy

No restricted cover applies

15. Gynaecology

No restricted cover applies

- 16. Miscarriage and termination of pregnancy**
No restricted cover applies
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 18. Pain management**
No restricted cover applies
- 19. Skin**
No restricted cover applies
- 20. Breast surgery (medically necessary)**
No restricted cover applies
- 21. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 22. Heart and Vascular system**
No restricted cover applies
- 23. Lung and Chest**
No restricted cover applies
- 24. Blood**
No restricted cover applies
- 25. Back, Neck and Spine**
No restricted cover applies
- 26. Plastic and Reconstructive surgery (medically necessary)**
No restricted cover applies
- 27. Dental surgery**
No restricted cover applies
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
No restricted cover applies
- 29. Implantation of hearing devices**
No restricted cover applies
- 30. Cataracts**
No restricted cover applies
- 31. Joint replacements**
No restricted cover applies
- 32. Dialysis for chronic kidney failure**
No restricted cover applies
- 33. Pregnancy and birth**
No restricted cover applies
- 34. Assisted reproductive services**

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J61 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Not excluded

5. Eye (not Cataracts)

Not excluded

6. Ear, Nose and Throat

Not excluded

7. Tonsils, Adenoids and Grommets

Not excluded

8. Bone, Joint and Muscle

Not excluded

9. Joint reconstructions

Not excluded

10. Kidney and Bladder

Not excluded

11. Male reproductive system

Not excluded

12. Digestive system

Not excluded

13. Hernia and Appendix

Not excluded

- 14. Gastrointestinal endoscopy**
Not excluded
- 15. Gynaecology**
Not excluded
- 16. Miscarriage and termination of pregnancy**
Not excluded
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
Not excluded
- 18. Pain management**
Not excluded
- 19. Skin**
Not excluded
- 20. Breast surgery (medically necessary)**
Not excluded
- 21. Diabetes management (excluding insulin pumps)**
Not excluded
- 22. Heart and Vascular system**
Not excluded
- 23. Lung and Chest**
Not excluded
- 24. Blood**
Not excluded
- 25. Back, Neck and Spine**
Not excluded
- 26. Plastic and Reconstructive surgery (medically necessary)**
Not excluded
- 27. Dental surgery**
Not excluded
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
Not excluded
Note: Limited hospital accommodation and approved prostheses benefits only
- 29. Implantation of hearing devices**
Not excluded
- 30. Cataracts**
Not excluded
- 31. Joint replacements**
Not excluded

32. Dialysis for chronic kidney failure

Not excluded

33. Pregnancy and birth

Not excluded

34. Assisted reproductive services

Not excluded

35. Weight loss surgery

Not excluded

36. Insulin pumps

Not excluded

37. Pain management with device

Not excluded

38. Sleep studies

Not excluded

J61 14 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J61 15 Other Special Hospital Treatment

Accident inclusion (feature)

For accidents sustained after joining, treatment which normally attracts a minimum benefit or excluded will be included. Applies to MBS services only.

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J61 16 Dental

J61 17 Optical

J61 18 Physiotherapy

J61 19 Chiropractic

J61 20 Non PBS Pharmaceuticals

J61 21 Podiatry

J61 22 Psychology and Counselling

J61 23 Alternative Therapies

J61 24 Natural Therapies

J61 25 Speech Therapy

J61 26 Orthotics

J61 27 Dietetics

J61 28 Occupational Therapy

J61 29 Naturopathy

J61 30 Acupuncture

J61 31 Other Therapies

J61 32 Non Surgically Implanted Prostheses and Appliances

J61 33 Hearing Aids

J61 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J61 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances.

J61 36 Accident Cover

Not available on this product.

J61 37 Accidental Death Funeral Expenses

Not available on this product.

J61 38 Other Special General Treatment

Not available on this product.

J61 39 Hospital-Substitute Treatment

Not available on this product.

J62 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J62 1 Table Name or Group of Table Names

1. Corporate Basic Hospital \$500 Excess
2. Corporate Basic Hospital \$750 Excess

J62 2 Eligibility

On Sale

Available to Employees/Members of organisations which have the product included in their contracts with Bupa.

This product can be taken as a stand-alone table, or can be taken out in conjunction with a table in Schedules I46, I47, I48, I49, I50, I86, I87, I88 or I89.

J62 3 General Conditions

See section E1 General Conditions

J62 4 Hospital Treatment Payments

See section E2 Hospital Treatment

J62 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J62 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J62 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J62 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J62 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J62 10 Co Payments

No co-payments apply on this product.

J62 11 Excesses

Corporate Basic Hospital \$500 Excess, and Corporate Basic Hospital \$750 Excess

The following annual Excess options apply, capped at once per person per calendar year to a maximum of twice per policy per calendar year: - \$500 or \$750.

No excesses apply for any admissions to hospital of a Dependant covered under the policy.

J62 12 Restricted Cover

1. Rehabilitation

Restricted cover applies

2. Hospital Psychiatric Services

Restricted cover applies

3. Palliative Care

Restricted cover applies

4. Brain and Nervous System

No restricted cover applies

5. Eye (not Cataracts)

No restricted cover applies

6. Ear, Nose and Throat

No restricted cover applies

7. Tonsils, Adenoids and Grommets

No restricted cover applies

8. Bone, Joint and Muscle

No restricted cover applies

9. Joint reconstructions

No restricted cover applies

10. Kidney and Bladder

No restricted cover applies

11. Male reproductive system

No restricted cover applies

12. Digestive system

No restricted cover applies

13. Hernia and Appendix

No restricted cover applies

- 14. Gastrointestinal endoscopy**
No restricted cover applies
- 15. Gynaecology**
No restricted cover applies
- 16. Miscarriage and termination of pregnancy**
No restricted cover applies
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 18. Pain management**
No restricted cover applies
- 19. Skin**
No restricted cover applies
- 20. Breast surgery (medically necessary)**
No restricted cover applies
- 21. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 22. Heart and Vascular system**
No restricted cover applies
- 23. Lung and Chest**
No restricted cover applies
- 24. Blood**
No restricted cover applies
- 25. Back, Neck and Spine**
No restricted cover applies
- 26. Plastic and Reconstructive surgery (medically necessary)**
No restricted cover applies
- 27. Dental surgery**
No restricted cover applies
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
No restricted cover applies
- 29. Implantation of hearing devices**
No restricted cover applies
- 30. Cataracts**
No restricted cover applies
- 31. Joint replacements**
No restricted cover applies
- 32. Dialysis for chronic kidney failure**

No restricted cover applies

33. Pregnancy and birth

No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J62 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Excluded

5. Eye (not Cataracts)

Excluded

6. Ear, Nose and Throat

Excluded

7. Tonsils, Adenoids and Grommets

Excluded

8. Bone, Joint and Muscle

Excluded

9. Joint reconstructions

Excluded

10. Kidney and Bladder

Excluded

11. Male reproductive system

Excluded

- 12. Digestive system**
Excluded
- 13. Hernia and Appendix**
Excluded
- 14. Gastrointestinal endoscopy**
Excluded
- 15. Gynaecology**
Excluded
- 16. Miscarriage and termination of pregnancy**
Excluded
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
Excluded
- 18. Pain management**
Excluded
- 19. Skin**
Excluded
- 20. Breast surgery (medically necessary)**
Excluded
- 21. Diabetes management (excluding insulin pumps)**
Excluded
- 22. Heart and Vascular system**
Excluded
- 23. Lung and Chest**
Excluded
- 24. Blood**
Excluded
- 25. Back, Neck and Spine**
Excluded
- 26. Plastic and Reconstructive surgery (medically necessary)**
Excluded
- 27. Dental surgery**
Excluded
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
Excluded
- 29. Implantation of hearing devices**
Excluded

30. Cataracts

Excluded

31. Joint replacements

Excluded

32. Dialysis for chronic kidney failure

Excluded

33. Pregnancy and birth

Excluded

34. Assisted reproductive services

Excluded

35. Weight loss surgery

Excluded

36. Insulin pumps

Excluded

37. Pain management with device

Excluded

38. Sleep studies

Excluded

J62 14 Loyalty Bonuses

J62 15 Other Special Hospital Treatment

Accident inclusion (feature)

For accidents sustained after joining, treatment which normally attracts a minimum benefit or excluded will be included. Applies to MBS services only.

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J62 16 Dental

J62 17 Optical

J62 18 Physiotherapy

J62 19 Chiropractic

J62 20 Non PBS Pharmaceuticals

J62 21 Podiatry

J62 22 Psychology and Counselling

J62 23 Alternative Therapies

J62 24 Natural Therapies

J62 25 Speech Therapy

J62 26 Orthotics

J62 27 Dietetics

J62 30 Occupational Therapy

J62 31 Naturopathy

J62 32 Acupuncture

J62 33 Other Therapies

J62 34 Non Surgically Implanted Prostheses and Appliances

J62 35 Hearing Aids

J62 36 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J62 37 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J62 38 Accident Cover

Not available on this product.

J62 39 Accidental Death Funeral Expenses

Not available on this product.

J62 40 Other Special General Treatment

Not available on this product.

J62 41 Hospital-Substitute Treatment

Not available on this product.

J63 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J63 1 Table Name or Group of Table Names

1. Corporate Basic Plus Hospital \$500 Excess
2. Corporate Basic Plus Hospital \$750 Excess

J63 2 Eligibility

On Sale

Available to Employees/Members of organisations which have the product included in their contracts with Bupa.

This product can be taken as a stand-alone table, or can be taken out in conjunction with a table in Schedules I46, I47, I48, I49, I50, I86, I87, I88 or I89

J63 3 General Conditions

See section E1 General Conditions

J63 4 Hospital Treatment Payments

See section E2 Hospital Treatment

J63 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J63 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J63 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J63 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J63 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J63 10 Co Payments

No co-payments apply on this product.

J63 11 Excesses

Corporate Basic Plus Hospital \$500 Excess, and **Corporate Basic Plus Hospital \$750 Excess**

The following annual Excess options apply, capped at once per person per calendar year to a maximum of twice per policy per calendar year: - \$500 or \$750.

No excesses apply for any admissions to hospital of a Dependant covered under the policy.

J63 12 Restricted Cover

- 1. Rehabilitation**
Restricted cover applies
- 2. Hospital Psychiatric Services**
Restricted cover applies
- 3. Palliative Care**
Restricted cover applies
- 4. Brain and Nervous System**
No restricted cover applies
- 5. Eye (not Cataracts)**
No restricted cover applies
- 6. Ear, Nose and Throat**
No restricted cover applies
- 7. Tonsils, Adenoids and Grommets**
No restricted cover applies
- 8. Bone, Joint and Muscle**
No restricted cover applies
- 9. Joint reconstructions**
No restricted cover applies
- 10. Kidney and Bladder**
No restricted cover applies

- 11. Male reproductive system**
No restricted cover applies
- 12. Digestive system**
No restricted cover applies
- 13. Hernia and Appendix**
No restricted cover applies
- 14. Gastrointestinal endoscopy**
No restricted cover applies
- 15. Gynaecology**
No restricted cover applies
- 16. Miscarriage and termination of pregnancy**
No restricted cover applies
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 18. Pain management**
No restricted cover applies
- 19. Skin**
No restricted cover applies
- 20. Breast surgery (medically necessary)**
No restricted cover applies
- 21. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 22. Heart and Vascular system**
No restricted cover applies
- 23. Lung and Chest**
No restricted cover applies
- 24. Blood**
No restricted cover applies
- 25. Back, Neck and Spine**
No restricted cover applies
- 26. Plastic and Reconstructive surgery (medically necessary)**
No restricted cover applies
- 27. Dental surgery**
No restricted cover applies
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
No restricted cover applies
- 29. Implantation of hearing devices**

No restricted cover applies

30. Cataracts

No restricted cover applies

31. Joint replacements

No restricted cover applies

32. Dialysis for chronic kidney failure

No restricted cover applies

33. Pregnancy and birth

No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J63 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Excluded

5. Eye (not Cataracts)

Excluded

6. Ear, Nose and Throat

Excluded

7. Tonsils, Adenoids and Grommets

Not excluded

8. Bone, Joint and Muscle

Excluded

- 9. Joint reconstructions**
Not excluded
- 10. Kidney and Bladder**
Excluded
- 11. Male reproductive system**
Excluded
- 12. Digestive system**
Excluded
- 13. Hernia and Appendix**
Not excluded
- 14. Gastrointestinal endoscopy**
Not excluded
- 15. Gynaecology**
Not excluded
- 16. Miscarriage and termination of pregnancy**
Not excluded
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
Excluded
- 18. Pain management**
Excluded
- 19. Skin**
Excluded
- 20. Breast surgery (medically necessary)**
Excluded
- 21. Diabetes management (excluding insulin pumps)**
Excluded
- 22. Heart and Vascular system**
Excluded
- 23. Lung and Chest**
Excluded
- 24. Blood**
Excluded
- 25. Back, Neck and Spine**
Excluded
- 26. Plastic and Reconstructive surgery (medically necessary)**
Excluded

27. Dental surgery

Not excluded

28. Podiatric surgery (provided by an accredited podiatric surgeon)

Excluded

29. Implantation of hearing devices

Excluded

30. Cataracts

Excluded

31. Joint replacements

Excluded

32. Dialysis for chronic kidney failure

Excluded

33. Pregnancy and birth

Excluded

34. Assisted reproductive services

Excluded

35. Weight loss surgery

Excluded

36. Insulin pumps

Excluded

37. Pain management with device

Excluded

38. Sleep studies

Excluded

J63 14 Loyalty Bonuses

J63 15 Other Special Hospital Treatment

Accident inclusion (feature)

For accidents sustained after joining, treatment which normally attracts a minimum benefit or excluded will be included. Applies to MBS services only.

Accidents Happen Refund: When requiring hospital treatment as the result of an accident, Bupa will refund you the hospital excess you paid for the admission. For Bupa's accident definition and explanation, please see the Important Information Guide.

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J63 16 Dental

J63 17 Optical

J63 18 Physiotherapy

J63 19 Chiropractic

J63 20 Non PBS Pharmaceuticals

J63 21 Podiatry

J63 22 Psychology and Counselling

J63 23 Alternative Therapies

J63 24 Natural Therapies

J63 25 Speech Therapy

J63 26 Orthotics

J63 27 Dietetics

J63 30 Occupational Therapy

J63 31 Naturopathy

J63 32 Acupuncture

J63 33 Other Therapies

J63 34 Non Surgically Implanted Prostheses and Appliances

J63 35 Hearing Aids

J63 36 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J63 37 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J63 38 Accident Cover

Not available on this product.

J63 39 Accidental Death Funeral Expenses

Not available on this product.

J63 40 Other Special General Treatment

Not available on this product.

J63 41 Hospital-Substitute Treatment

Not available on this product.

J64 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J64 1 Table Name or Group of Table Names

1. Corporate Bronze Plus Hospital \$250 Excess
2. Corporate Bronze Plus Hospital \$500 Excess
3. Corporate Bronze Plus Hospital \$750 Excess

J64 2 Eligibility

On Sale

Available to Employees/Members of organisations which have the product included in their contracts with Bupa.

This product can be taken as a stand-alone table, or can be taken out in conjunction with a table in Schedules I46, I47, I48, I49, I50, I86, I87, I88 or I89.

J64 3 General Conditions

See section E1 General Conditions

J64 4 Hospital Treatment Payments

See section E2 Hospital Treatment

J64 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J64 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J64 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J64 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J64 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J64 10 Co Payments

No co-payments apply on this product.

J64 11 Excesses

Corporate Bronze Plus Hospital \$250 Excess Corporate Bronze Plus Hospital \$500 Excess, Corporate Bronze Plus Hospital \$750 Excess

The following annual Excess options apply, capped at once per person per calendar year to a maximum of twice per policy per calendar year: - \$250, \$500 or \$750.

No excesses apply for any admissions to hospital of a Dependant covered under the policy.

J64 12 Restricted Cover

- 1. Rehabilitation**
Restricted cover applies
- 2. Hospital Psychiatric Services**
Restricted cover applies
- 3. Palliative Care**
Restricted cover applies
- 4. Brain and Nervous System**
No restricted cover applies
- 5. Eye (not Cataracts)**
No restricted cover applies
- 6. Ear, Nose and Throat**
No restricted cover applies
- 7. Tonsils, Adenoids and Grommets**
No restricted cover applies
- 8. Bone, Joint and Muscle**
No restricted cover applies
- 9. Joint reconstructions**
No restricted cover applies
- 10. Kidney and Bladder**

No restricted cover applies

11. Male reproductive system

No restricted cover applies

12. Digestive system

No restricted cover applies

13. Hernia and Appendix

No restricted cover applies

14. Gastrointestinal endoscopy

No restricted cover applies

15. Gynaecology

No restricted cover applies

16. Miscarriage and termination of pregnancy

No restricted cover applies

17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

No restricted cover applies

18. Pain management

No restricted cover applies

19. Skin

No restricted cover applies

20. Breast surgery (medically necessary)

No restricted cover applies

21. Diabetes management (excluding insulin pumps)

No restricted cover applies

22. Heart and Vascular system

No restricted cover applies

23. Lung and Chest

No restricted cover applies

24. Blood

No restricted cover applies

25. Back, Neck and Spine

No restricted cover applies

26. Plastic and Reconstructive surgery (medically necessary)

No restricted cover applies

27. Dental surgery

No restricted cover applies

28. Podiatric surgery (provided by an accredited podiatric surgeon)

No restricted cover applies

29. Implantation of hearing devices

No restricted cover applies

30. Cataracts

No restricted cover applies

31. Joint replacements

No restricted cover applies

32. Dialysis for chronic kidney failure

No restricted cover applies

33. Pregnancy and birth

No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J64 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Not excluded

5. Eye (not Cataracts)

Not excluded

6. Ear, Nose and Throat

Not excluded

7. Tonsils, Adenoids and Grommets

Not excluded

- 8. Bone, Joint and Muscle**
Not excluded
- 9. Joint reconstructions**
Not excluded
- 10. Kidney and Bladder**
Not excluded
- 11. Male reproductive system**
Not excluded
- 12. Digestive system**
Not excluded
- 13. Hernia and Appendix**
Not excluded
- 14. Gastrointestinal endoscopy**
Not excluded
- 15. Gynaecology**
Not excluded
- 16. Miscarriage and termination of pregnancy**
Not excluded
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
Not excluded
- 18. Pain management**
Not excluded
- 19. Skin**
Not excluded
- 20. Breast surgery (medically necessary)**
Not excluded
- 21. Diabetes management (excluding insulin pumps)**
Not excluded
- 22. Heart and Vascular system**
Excluded
- 23. Lung and Chest**
Not excluded
- 24. Blood**
Not excluded
- 25. Back, Neck and Spine**
Excluded
- 26. Plastic and Reconstructive surgery (medically necessary)**

Excluded

27. Dental surgery

Not excluded

28. Podiatric surgery (provided by an accredited podiatric surgeon)

Not excluded

29. Implantation of hearing devices

Excluded

30. Cataracts

Excluded

31. Joint replacements

Excluded

32. Dialysis for chronic kidney failure

Excluded

33. Pregnancy and birth

Excluded

34. Assisted reproductive services

Excluded

35. Weight loss surgery

Excluded

36. Insulin pumps

Excluded

37. Pain management with device

Excluded

38. Sleep studies

Not excluded

J64 14 Loyalty Bonuses

J64 15 Other Special Hospital Treatment

Accident inclusion (feature)

For accidents sustained after joining, treatment which normally attracts a minimum benefit or excluded will be included. Applies to MBS services only.

Accidents Happen Refund: When requiring hospital treatment as the result of an accident, Bupa will refund you the hospital excess you paid for the admission. For Bupa's accident definition and explanation, please see the Important Information Guide.

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J64 16 Dental

J64 17 Optical

J64 18 Physiotherapy

J64 19 Chiropractic

J64 20 Non PBS Pharmaceuticals

J64 21 Podiatry

J64 22 Psychology and Counselling

J64 23 Alternative Therapies

J64 24 Natural Therapies

J64 25 Speech Therapy

J64 26 Orthotics

J64 27 Dietetics

J64 30 Occupational Therapy

J64 31 Naturopathy

J64 32 Acupuncture

J64 33 Other Therapies

J64 34 Non Surgically Implanted Prostheses and Appliances

J64 35 Hearing Aids

J64 36 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J64 37 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J64 38 Accident Cover

Not available on this product.

J64 39 Accidental Death Funeral Expenses

Not available on this product.

J64 40 Other Special General Treatment

Not available on this product.

J64 41 Hospital-Substitute Treatment

Not available on this product.

J65 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J65 1 Table Name or Group of Table Names

1. Corporate Silver Plus Mid Hospital \$250 Excess
2. Corporate Silver Plus Mid Hospital \$500 Excess
3. Corporate Silver Plus Mid Hospital \$750 Excess

J65 2 Eligibility

On Sale

Available to Employees/Members of organisations which have the product included in their contracts with Bupa.

This product can be taken as a stand-alone table, or can be taken out in conjunction with a table in Schedules I46, I47, I48, I49 or I50

J65 3 General Conditions

See section E1 General Conditions

J65 4 Hospital Treatment Payments

See section E2 Hospital Treatment

J65 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J65 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J65 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J65 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J65 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J65 10 Co Payments

No co-payments apply on this product.

J65 11 Excesses

Corporate Silver Plus Mid Hospital \$250 Excess, Corporate Silver Plus Mid Hospital \$500 Excess, Corporate Silver Plus Mid Hospital \$750 Excess

The following annual Excess options apply, capped at once per person per calendar year to a maximum of twice per policy per calendar year: - \$250, \$500 or \$750.

No excesses apply for any admissions to hospital of a Dependant covered under the policy.

J65 12 Restricted Cover

- 1. Rehabilitation**
No restricted cover applies
- 2. Hospital Psychiatric Services**
Restricted cover applies
- 3. Palliative Care**
No restricted cover applies
- 4. Brain and Nervous System**
No restricted cover applies
- 5. Eye (not Cataracts)**
No restricted cover applies
- 6. Ear, Nose and Throat**
No restricted cover applies
- 7. Tonsils, Adenoids and Grommets**
No restricted cover applies
- 8. Bone, Joint and Muscle**
No restricted cover applies
- 9. Joint reconstructions**
No restricted cover applies
- 10. Kidney and Bladder**
No restricted cover applies
- 11. Male reproductive system**
No restricted cover applies
- 12. Digestive system**
No restricted cover applies
- 13. Hernia and Appendix**
No restricted cover applies
- 14. Gastrointestinal endoscopy**
No restricted cover applies

- 15. Gynaecology**
No restricted cover applies
- 16. Miscarriage and termination of pregnancy**
No restricted cover applies
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 18. Pain management**
No restricted cover applies
- 19. Skin**
No restricted cover applies
- 20. Breast surgery (medically necessary)**
No restricted cover applies
- 21. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 22. Heart and Vascular system**
No restricted cover applies
- 23. Lung and Chest**
No restricted cover applies
- 24. Blood**
No restricted cover applies
- 25. Back, Neck and Spine**
No restricted cover applies
- 26. Plastic and Reconstructive surgery (medically necessary)**
No restricted cover applies
- 27. Dental surgery**
No restricted cover applies
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
No restricted cover applies
- 29. Implantation of hearing devices**
No restricted cover applies
- 30. Cataracts**
No restricted cover applies
- 31. Joint replacements**
No restricted cover applies
- 32. Dialysis for chronic kidney failure**
No restricted cover applies

- 33. Pregnancy and birth**
No restricted cover applies
- 34. Assisted reproductive services**
No restricted cover applies
- 35. Weight loss surgery**
No restricted cover applies
- 36. Insulin pumps**
No restricted cover applies
- 37. Pain management with device**
No restricted cover applies
- 38. Sleep studies**
No restricted cover applies

J65 13 Exclusions

- 1. Rehabilitation**
Not excluded
- 2. Hospital Psychiatric Services**
Not excluded
- 3. Palliative Care**
Not excluded
- 4. Brain and Nervous System**
Not excluded
- 5. Eye (not Cataracts)**
Not excluded
- 6. Ear, Nose and Throat**
Not excluded
- 7. Tonsils, Adenoids and Grommets**
Not excluded
- 8. Bone, Joint and Muscle**
Not excluded
- 9. Joint reconstructions**
Not excluded
- 10. Kidney and Bladder**
Not excluded
- 11. Male reproductive system**
Not excluded
- 12. Digestive system**

Not excluded

13. Hernia and Appendix

Not excluded

14. Gastrointestinal endoscopy

Not excluded

15. Gynaecology

Not excluded

16. Miscarriage and termination of pregnancy

Not excluded

17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

Not excluded

18. Pain management

Not excluded

19. Skin

Not excluded

20. Breast surgery (medically necessary)

Not excluded

21. Diabetes management (excluding insulin pumps)

Not excluded

22. Heart and Vascular system

Not excluded

23. Lung and Chest

Not excluded

24. Blood

Not excluded

25. Back, Neck and Spine

Not excluded

26. Plastic and Reconstructive surgery (medically necessary)

Not excluded

27. Dental surgery

Not excluded

28. Podiatric surgery (provided by an accredited podiatric surgeon)

Not excluded

29. Implantation of hearing devices

Not excluded

30. Cataracts

Excluded

31. Joint replacements

Excluded

32. Dialysis for chronic kidney failure

Excluded

33. Pregnancy and birth

Excluded

34. Assisted reproductive services

Excluded

35. Weight loss surgery

Excluded

36. Insulin pumps

Excluded

37. Pain management with device

Excluded

38. Sleep studies

Not excluded

J65 14 Loyalty Bonuses

J65 15 Other Special Hospital Treatment

Accident inclusion (feature)

For accidents sustained after joining, treatment which normally attracts a minimum benefit or excluded will be included. Applies to MBS services only.

Accidents Happen Refund: When requiring hospital treatment as the result of an accident, Bupa will refund you the hospital excess you paid for the admission. For Bupa's accident definition and explanation, please see the Important Information Guide.

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J65 16 Dental

J65 17 Optical

J65 18 Physiotherapy

J65 19 Chiropractic

J65 20 Non PBS Pharmaceuticals

J65 21 Podiatry

J65 22 Psychology and Counselling

J65 23 Alternative Therapies

J65 24 Natural Therapies

J65 25 Speech Therapy

J65 26 Orthotics

J65 27 Dietetics

J65 30 Occupational Therapy

J65 31 Naturopathy

J65 32 Acupuncture

J65 33 Other Therapies

J65 34 Non Surgically Implanted Prostheses and Appliances

J65 35 Hearing Aids

J65 36 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J65 37 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped

ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J65 38 Accident Cover

Not available on this product.

J65 39 Accidental Death Funeral Expenses

Not available on this product.

J65 40 Other Special General Treatment

Not available on this product.

J65 41 Hospital-Substitute Treatment

Not available on this product.

J66 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J66 1 Table Name or Group of Table Names

1. Corporate Silver Plus Extensive Hospital \$250 Excess
2. Corporate Silver Plus Extensive Hospital \$500 Excess
3. Corporate Silver Plus Extensive Hospital \$750 Excess

J66 2 Eligibility

On Sale

Available to Employees/Members of organisations which have the product included in their contracts with Bupa.

This product can be taken as a stand-alone table, or can be taken out in conjunction with a table in Schedules I46, I47, I48, I49 or I50

J66 3 General Conditions

See section E1 General Conditions

J66 4 Hospital Treatment Payments

See section E2 Hospital Treatment

J66 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J66 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J66 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J66 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J66 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J66 10 Co Payments

No co-payments apply on this product.

J66 11 Excesses

Corporate Silver Plus Extensive Hospital \$250 Excess, Corporate Silver Plus Extensive Hospital \$500 Excess and Corporate Silver Plus Extensive Hospital \$750 Excess

The following annual Excess options apply, capped at once per person per calendar year to a maximum of twice per policy per calendar year: - \$250, \$500 or \$750.

No excesses apply for any admissions to hospital of a Dependant covered under the policy.

J66 12 Restricted Cover

- 1. Rehabilitation**
No restricted cover applies
- 2. Hospital Psychiatric Services**
Restricted cover applies
- 3. Palliative Care**
No restricted cover applies
- 4. Brain and Nervous System**
No restricted cover applies
- 5. Eye (not Cataracts)**
No restricted cover applies
- 6. Ear, Nose and Throat**
No restricted cover applies
- 7. Tonsils, Adenoids and Grommets**
No restricted cover applies
- 8. Bone, Joint and Muscle**
No restricted cover applies
- 9. Joint reconstructions**
No restricted cover applies
- 10. Kidney and Bladder**
No restricted cover applies
- 11. Male reproductive system**
No restricted cover applies
- 12. Digestive system**
No restricted cover applies

- 13. Hernia and Appendix**
No restricted cover applies
- 14. Gastrointestinal endoscopy**
No restricted cover applies
- 15. Gynaecology**
No restricted cover applies
- 16. Miscarriage and termination of pregnancy**
No restricted cover applies
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 18. Pain management**
No restricted cover applies
- 19. Skin**
No restricted cover applies
- 20. Breast surgery (medically necessary)**
No restricted cover applies
- 21. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 22. Heart and Vascular system**
No restricted cover applies
- 23. Lung and Chest**
No restricted cover applies
- 24. Blood**
No restricted cover applies
- 25. Back, Neck and Spine**
No restricted cover applies
- 26. Plastic and Reconstructive surgery (medically necessary)**
No restricted cover applies
- 27. Dental surgery**
No restricted cover applies
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
No restricted cover applies
- 29. Implantation of hearing devices**
No restricted cover applies
- 30. Cataracts**
No restricted cover applies
- 31. Joint replacements**

No restricted cover applies

32. Dialysis for chronic kidney failure

No restricted cover applies

33. Pregnancy and birth

No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J66 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Not excluded

5. Eye (not Cataracts)

Not excluded

6. Ear, Nose and Throat

Not excluded

7. Tonsils, Adenoids and Grommets

Not excluded

8. Bone, Joint and Muscle

Not excluded

9. Joint reconstructions

Not excluded

10. Kidney and Bladder

Not excluded

- 11. Male reproductive system**
Not excluded
- 12. Digestive system**
Not excluded
- 13. Hernia and Appendix**
Not excluded
- 14. Gastrointestinal endoscopy**
Not excluded
- 15. Gynaecology**
Not excluded
- 16. Miscarriage and termination of pregnancy**
Not excluded
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
Not excluded
- 18. Pain management**
Not excluded
- 19. Skin**
Not excluded
- 20. Breast surgery (medically necessary)**
Not excluded
- 21. Diabetes management (excluding insulin pumps)**
Not excluded
- 22. Heart and Vascular system**
Not excluded
- 23. Lung and Chest**
Not excluded
- 24. Blood**
Not excluded
- 25. Back, Neck and Spine**
Not excluded
- 26. Plastic and Reconstructive surgery (medically necessary)**
Not excluded
- 27. Dental surgery**
Not excluded
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
Not excluded

29. Implantation of hearing devices

Not excluded

30. Cataracts

Not excluded

31. Joint replacements

Not excluded

32. Dialysis for chronic kidney failure

Excluded

33. Pregnancy and birth

Excluded

34. Assisted reproductive services

Excluded

35. Weight loss surgery

Excluded

36. Insulin pumps

Not excluded

37. Pain management with device

Not excluded

38. Sleep studies

Not excluded

J66 14 Loyalty Bonuses

J66 15 Other Special Hospital Treatment

Accident inclusion (feature)

For accidents sustained after joining, treatment which normally attracts a minimum benefit or excluded will be included. Applies to MBS services only.

Accidents Happen Refund: When requiring hospital treatment as the result of an accident, Bupa will refund you the hospital excess you paid for the admission. For Bupa's accident definition and explanation, please see the Important Information Guide.

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J66 16 Dental

J66 17 Optical

J66 18 Physiotherapy

J66 19 Chiropractic

J66 20 Non PBS Pharmaceuticals

J66 21 Podiatry

J66 22 Psychology and Counselling

J66 23 Alternative Therapies

J66 24 Natural Therapies

J66 25 Speech Therapy

J66 26 Orthotics

J66 27 Dietetics

J66 30 Occupational Therapy

J66 31 Naturopathy

J66 32 Acupuncture

J66 33 Other Therapies

J66 34 Non Surgically Implanted Prostheses and Appliances

J66 35 Hearing Aids

J66 36 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J66 37 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances.

Also includes cover for non-emergency ambulance trips, capped up to \$5,000 per person each calendar year.

A one day waiting period applies for emergency ambulance, non-emergency ambulance and on-the-spot treatment.

J66 38 Accident Cover

Not available on this product.

J66 39 Accidental Death Funeral Expenses

Not available on this product.

J66 40 Other Special General Treatment

Not available on this product.

J66 41 Hospital-Substitute Treatment

Not available on this product.

J67 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J67 1 Table Name or Group of Table Names

1. Corporate Gold Hospital \$500 Excess
2. Corporate Gold Hospital \$750 Excess

J67 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover from 23 March 2023.

J67 3 General Conditions

See section E1 General Conditions

J67 4 Hospital Treatment Payments

See section E2 Hospital Treatment

J67 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J67 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J67 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J67 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J67 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J67 10 Co Payments

No co-payments apply on this product.

J67 11 Excesses

Corporate Gold Hospital \$500 Excess and Corporate Gold Hospital \$750 Excess

The following annual Excess options apply, capped at once per person per calendar year to a maximum of twice per policy per calendar year: \$500 or \$750.

No excesses apply for any admissions to hospital of a Dependant covered under the policy.

J67 12 Restricted Cover

1. Rehabilitation

No restricted cover applies

2. Hospital Psychiatric Services

Restricted cover applies

3. Palliative Care

No restricted cover applies

4. Brain and Nervous System

No restricted cover applies

5. Eye (not Cataracts)

No restricted cover applies

6. Ear, Nose and Throat

No restricted cover applies

7. Tonsils, Adenoids and Grommets

No restricted cover applies

8. Bone, Joint and Muscle

No restricted cover applies

9. Joint reconstructions

No restricted cover applies

10. Kidney and Bladder

No restricted cover applies

11. Male reproductive system

No restricted cover applies

12. Digestive system

No restricted cover applies

13. Hernia and Appendix

No restricted cover applies

14. Gastrointestinal endoscopy

No restricted cover applies

15. Gynaecology

No restricted cover applies

- 16. Miscarriage and termination of pregnancy**
No restricted cover applies
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 18. Pain management**
No restricted cover applies
- 19. Skin**
No restricted cover applies
- 20. Breast surgery (medically necessary)**
No restricted cover applies
- 21. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 22. Heart and Vascular system**
No restricted cover applies
- 23. Lung and Chest**
No restricted cover applies
- 24. Blood**
No restricted cover applies
- 25. Back, Neck and Spine**
No restricted cover applies
- 26. Plastic and Reconstructive surgery (medically necessary)**
No restricted cover applies
- 27. Dental surgery**
No restricted cover applies
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
No restricted cover applies
- 29. Implantation of hearing devices**
No restricted cover applies
- 30. Cataracts**
No restricted cover applies
- 31. Joint replacements**
No restricted cover applies
- 32. Dialysis for chronic kidney failure**
No restricted cover applies
- 33. Pregnancy and birth**
No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J67 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Not excluded

5. Eye (not Cataracts)

Not excluded

6. Ear, Nose and Throat

Not excluded

7. Tonsils, Adenoids and Grommets

Not excluded

8. Bone, Joint and Muscle

Not excluded

9. Joint reconstructions

Not excluded

10. Kidney and Bladder

Not excluded

11. Male reproductive system

Not excluded

12. Digestive system

Not excluded

13. Hernia and Appendix

Not excluded

14. Gastrointestinal endoscopy

Not excluded

15. Gynaecology

Not excluded

16. Miscarriage and termination of pregnancy

Not excluded

17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

Not excluded

18. Pain management

Not excluded

19. Skin

Not excluded

20. Breast surgery (medically necessary)

Not excluded

21. Diabetes management (excluding insulin pumps)

Not excluded

22. Heart and Vascular system

Not excluded

23. Lung and Chest

Not excluded

24. Blood

Not excluded

25. Back, Neck and Spine

Not excluded

26. Plastic and Reconstructive surgery (medically necessary)

Not excluded

27. Dental surgery

Not excluded

28. Podiatric surgery (provided by an accredited podiatric surgeon)

Not excluded

29. Implantation of hearing devices

Not excluded

30. Cataracts

Not excluded

31. Joint replacements

Not excluded

32. Dialysis for chronic kidney failure

Not excluded

33. Pregnancy and birth

Not excluded

34. Assisted reproductive services

Not excluded

35. Weight loss surgery

Not excluded

36. Insulin pumps

Not excluded

37. Pain management with device

Not excluded

38. Sleep studies

Not excluded

J67 14 Loyalty Bonuses

J67 15 Other Special Hospital Treatment

Accident inclusion (feature)

For accidents sustained after joining, treatment which normally attracts a minimum benefit or excluded will be included. Applies to MBS services only.

Accidents Happen Refund: When requiring hospital treatment as the result of an accident, Bupa will refund you the hospital excess you paid for the admission. For Bupa's accident definition and explanation, please see the Important Information Guide.

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J67 16 Dental

J67 17 Optical

J67 18 Physiotherapy

J67 19 Chiropractic

J67 20 Non PBS Pharmaceuticals

J67 21 Podiatry

J67 22 Psychology and Counselling

J67 23 Alternative Therapies

J67 24 Natural Therapies

J67 25 Speech Therapy

J67 26 Orthotics

J67 27 Dietetics

J67 30 Occupational Therapy

J67 31 Naturopathy

J67 32 Acupuncture

J67 33 Other Therapies

J67 34 Non Surgically Implanted Prostheses and Appliances

J67 35 Hearing Aids

J67 36 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J67 37 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances.

Also includes cover for non-emergency ambulance trips, capped up to \$5,000 per person each calendar year.

A one day waiting period applies for emergency ambulance, non-emergency ambulance and on-the-spot treatment.

J67 38 Accident Cover

Not available on this product.

J67 39 Accidental Death Funeral Expenses

Not available on this product.

J67 40 Other Special General Treatment

Not available on this product.

J67 41 Hospital-Substitute Treatment

Not available on this product.

J68 SCHEDULE GENERAL TREATMENT TABLES

J68 1 Table Name or Group of Table Names

Starter Extras

J68 2 Eligibility

On Sale

J68 3 General Conditions

See section E1 General Conditions

J68 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J68 5 Dental

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental - \$500

Major Dental - No cover

Orthodontics - No cover

Combined maximums for – General Dental, Physiotherapy and Chiropractic/Osteopathy.

J68 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$150

Maximum benefits per policy, per calendar year are: \$300

J68 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for – General Dental, Physiotherapy and Chiropractic/Osteopathy.

J68 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for – General Dental, Physiotherapy and Chiropractic/Osteopathy.

J68 9 Non PBS Pharmaceuticals

Not available on this product.

J68 10 Podiatry

Not available on this product.

J68 11 Psychology, Counselling and Digital Mental Health

Not available on this product.

J68 12 Alternative Therapies

Not available on this product.

J68 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Massage

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

Maximum benefits per person, per calendar year are: \$100

Maximum benefits per policy, per calendar year are: \$200

J68 14 Speech Therapy

Not available on this product.

J68 15 Orthotics

Not available on this product.

J68 16 Dietetics

Not available on this product.

J68 17 Occupational Therapy

Not available on this product.

J68 18 Naturopathy

Not applicable.

J68 19 Acupuncture

Not available on this product.

J68 20 Other Therapies

Ante Natal and Post Natal

Not available on this product.

Exercise Physiology

Not available on this product.

J68 21 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

J68 22 Hearing Aids

Not available on this product.

J68 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

Not available on this product.

J68 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J68 25 Accident Cover

Not available on this product.

J68 26 Accidental Death Funeral Expenses

Not available on this product.

J68 27 Other Special

Not available on this product.

J69 SCHEDULE GENERAL TREATMENT TABLES

J69 1 Table Name or Group of Table Names

Value Extras

J69 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover.

J69 3 General Conditions

See section E1 General Conditions

J69 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J69 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental – \$600

Major Dental - \$600

Orthodontics – No cover

Combined maximums for – General Dental, Physiotherapy and Chiropractic/Osteopathy.

J69 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$180

Maximum benefits per policy, per calendar year are: \$360

J69 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$600

Combined maximums for – General Dental, Physiotherapy and Chiropractic/Osteopathy.

J69 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$600

Combined maximums for – General Dental, Physiotherapy and Chiropractic/Osteopathy.

J69 9 Non PBS Pharmaceuticals

Not available on this product.

J69 10 Podiatry

Not available on this product.

J69 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$100

Benefits are payable for Digital Mental Health only.

Online-CBT from a Bupa recognised program for selected courses only.

J69 12 Alternative Therapies

Not available on this product.

J69 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Massage

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

Maximum benefits per person, per calendar year are: \$150

Maximum benefits per policy, per calendar year are: \$300

The following Natural Therapies are covered: Massage

Maximum benefits per person, per calendar year are: \$150

Maximum benefits per policy, per calendar year are: \$300

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine

J69 14 Speech Therapy

Not available on this product.

J69 15 Orthotics

Not available on this product.

J69 16 Dietetics

Not available on this product.

J69 17 Occupational Therapy

Not available on this product.

J69 18 Naturopathy

Not applicable.

J69 19 Acupuncture

Not available on this product.

J69 20 Other Therapies

Eye Therapy

Not available on this product.

Ante Natal and Post Natal

Not available on this product.

Exercise Physiology

Not available on this product.

J69 21 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

J69 22 Hearing Aids

Not available on this product.

J69 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit is limited to \$22.00 per bowel cancer screening kit in the first benefit entitlement year, and then benefit bonus applies. See section I26.4. This is limited to one kit per person per calendar year.

Health Management Programs

Not available on this product.

J69 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J69 25 Accident Cover

Not available on this product.

J69 26 Accidental Death Funeral Expenses

Not available on this product.

J69 27 Other Special

Home Nursing

Not available on this product.

J70 SCHEDULE GENERAL TREATMENT TABLES

J70 1 Table Name or Group of Table Names

Lifestyle Extras

J70 2 Eligibility

Off Sale

Product closed to new members and existing members changing cover.

J70 3 General Conditions

See section E1 General Conditions

J70 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J70 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

Preventative Dental – No maximum benefits apply, however service limits apply.

General Dental – \$700

Major Dental - \$650

Orthodontics – No cover

J70 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$220

J70 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$700

Combined maximums for – Physiotherapy and Chiropractic/Osteopathy.

J70 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$700

Combined maximums for – Physiotherapy and Chiropractic/Osteopathy.

J70 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 60% of the cost of the balance of the prescription is payable. Benefit is limited to \$40 per script item in the first benefit entitlement year, and then benefit bonus applies. See section J70.4

Maximum benefits per person, per calendar year are: \$300

J70 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

Combined maximums for Podiatry and Orthotics

J70 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$150

Benefits are payable for Digital Mental Health only.

Online-CBT from a Bupa recognised program for selected courses only.

J70 12 Alternative Therapies

Not available on this product.

J70 13 Natural Therapies

Not available on this product.

J70 14 Speech Therapy

Not available on this product.

J70 15 Orthotics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

Combined maximums for Podiatry and Orthotics

J70 16 Dietetics

Not available on this product.

J70 17 Occupational Therapy

Not available on this product.

J70 18 Naturopathy

Not applicable.

J70 19 Acupuncture

Not available on this product.

J70 20 Other Therapies

Eye Therapy

Not available on this product.

Ante Natal and Post Natal

Not available on this product.

Exercise Physiology

Not available on this product.

J70 21 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

J70 22 Hearing Aids

Not available on this product.

J70 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit is limited to \$22.00 per bowel cancer screening kit in the first benefit entitlement year, and then benefit bonus applies. See section J70.4. This is limited to one kit per person per calendar year.

Health Management Programs

Not available on this product.

J70 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J70 25 Accident Cover

Not available on this product.

J70 26 Accidental Death Funeral Expenses

Not available on this product.

J70 27 Other Special

Home Nursing

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Home Nursing includes the following coverage:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).
- Stomal Therapy
- Palliative Care Services – RN Care, Personal Care Assistance

Maximum benefits per person, per calendar year are: \$100

Local and Interstate Travelling Expenses

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$100

Overnight Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards Overnight Non-Hospital Accommodation expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Benefit of up to \$40 per night

Maximum benefit per combined patient and attendant per calendar year are: \$150

J71 SCHEDULE GENERAL TREATMENT TABLES

J71 1 Table Name or Group of Table Names

Super Extras

J71 2 Eligibility

On Sale

J71 3 General Conditions

See section E1 General Conditions

J71 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J71 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

Preventative Dental – No maximum benefits apply, however service limits apply.

General Dental – \$900

Major Dental - \$900

Orthodontics – No cover

J71 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$250

J71 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$800

Combined maximums for – Physiotherapy and Chiropractic/Osteopathy.

J71 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$800

Combined maximums for – Physiotherapy and Chiropractic/Osteopathy.

J71 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 60% of the cost of the balance of the prescription is payable. Benefit is limited to \$40 per script item in the first benefit entitlement year, and then benefit bonus applies. See section J71.4

Maximum benefits per person, per calendar year are: \$400

J71 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for Podiatry and Orthotics

J71 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Online-CBT from a Bupa recognised program for selected courses only.

Combined maximums for Natural Therapies, Exercise Physiology and Psychology, Counselling and Digital Mental Health

J71 12 Alternative Therapies

See Natural Therapies J71.13

J71 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture and Chinese herbalism

Maximum benefits per person, per calendar year are: \$300

There is a separate limit for Massage of \$200 per person per calendar year.

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine

Combined maximums for Natural Therapies, Exercise Physiology and Psychology, Counselling and Digital Mental Health

J71 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for – Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

J71 15 Orthotics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for Podiatry and Orthotics

J71 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for – Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

J71 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for – Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

J71 18 Naturopathy

Not applicable.

J71 19 Acupuncture

See Natural Therapies J71.13

J71 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for – Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

Ante Natal and Post Natal

Not available on this product.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for Natural Therapies, Exercise Physiology and Psychology, Counselling and Digital Mental Health

J71 21 Non Surgically Implanted Prostheses and Appliances

Benefits for non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one appliance per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device per 2 calendar years.

Surgical (Compression) Stockings

Benefits are limited to 4 pairs per person, per calendar year

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device per 3 calendar years.

Blood Pressure Monitors

Limited to one device per calendar year.

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear,

wigs for patients suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

Hire, Repair and Maintenance of a Health Appliance

Limited to \$300 per person, per calendar year.

Maximum benefits per person, per calendar year for all Non Surgically Implanted Prostheses and Appliances are: \$300.

J71 22 Hearing Aids

Limited to one supply of hearing aids per person every 3 years up to a maximum of \$500 per person, per 3 calendar years (includes \$300 sub-limit for repairs).

J71 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit is limited to \$22.00 per bowel cancer screening kit in the first benefit entitlement year, and then benefit bonus applies. See section J71.4. This is limited to one kit per person per calendar year.

Health Management Programs

Not available on this product.

J71 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J71 25 Accident Cover

Not available on this product.

J71 26 Accidental Death Funeral Expenses

Not available on this product.

J71 27 Other Special

Home Nursing

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Home Nursing includes the following coverage:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).
- Stomal Therapy
- Palliative Care Services – RN Care, Personal Care Assistance

Maximum benefits per person, per calendar year are: \$250

Local and Interstate Travelling Expenses

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$100

Overnight Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards Overnight Non-Hospital Accommodation expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Benefit of up to \$40 per night

Maximum benefit per combined patient and attendant per calendar year are: \$150

J72 SCHEDULE GENERAL TREATMENT TABLES

J72 1 Table Name or Group of Table Names

Super Extras Active

J72 2 Eligibility

On Sale

J72 3 General Conditions

See section E1 General Conditions

J72 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J72 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

Preventative Dental – No maximum benefits apply, however service limits apply.

General Dental – \$800

Major Dental - \$800

Orthodontics – \$600. Lifetime Limit of \$1200 per person

J72 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$250

J72 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$800

Combined maximums for – Physiotherapy and Chiropractic/Osteopathy.

J72 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$800

Combined maximums for – Physiotherapy and Chiropractic/Osteopathy.

J72 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 60% of the cost of the balance of the prescription is payable. Benefit is limited to \$40 per script item in the first benefit entitlement year, and then benefit bonus applies. See section J72.4

Maximum benefits per person, per calendar year are: \$400

J72 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for Podiatry and Orthotics

J72 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Online-CBT from a Bupa recognised program for selected courses only.

Combined maximums for Natural Therapies, Exercise Physiology and Psychology, Counselling and Digital Mental Health

J72 12 Alternative Therapies

See Natural Therapies J72.13

J72 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture and Chinese herbalism

Maximum benefits per person, per calendar year are: \$300

There is a separate limit for Massage of \$200 per person per calendar year.

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine

Combined maximums for Natural Therapies, Exercise Physiology and Psychology, Counselling and Digital Mental Health

J72 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for – Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

J72 15 Orthotics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for Podiatry and Orthotics

J72 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for – Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

J72 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for – Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

J72 18 Naturopathy

Not applicable.

J72 19 Acupuncture

See Natural Therapies J72.13

J72 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for – Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

Note: The *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for Natural Therapies, Exercise Physiology and Psychology, Counselling and Digital Mental Health

J72 21 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

J72 22 Hearing Aids

Not available on this product.

J72 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit is limited to \$22.00 per bowel cancer screening kit in the first benefit entitlement year, and then benefit bonus applies. See section J72.4. This is limited to one kit per person per calendar year.

Health Management Programs

Not available on this product.

J72 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J72 25 Accident Cover

Not available on this product.

J72 26 Accidental Death Funeral Expenses

Not available on this product.

J72 27 Other Special

Home Nursing

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Home Nursing includes the following coverage:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).
- Stomal Therapy
- Palliative Care Services – RN Care, Personal Care Assistance

Maximum benefits per person, per calendar year are: \$200

Local and Interstate Travelling Expenses

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$100

Overnight Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards Overnight Non-Hospital Accommodation expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Benefit of up to \$40 per night

Maximum benefit per combined patient and attendant per calendar year are: \$150

J73 SCHEDULE GENERAL TREATMENT TABLES

J73 1 Table Name or Group of Table Names

Top Extras

J73 2 Eligibility

On Sale

J73 3 General Conditions

See section E1 General Conditions

J73 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J73 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

Preventative Dental – No maximum benefits apply, however service limits apply.

General Dental – \$1000

Major Dental - \$1000

Orthodontics – \$800. Lifetime Limit of \$1600 per person

J73 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

J73 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$950

Combined maximums for – Physiotherapy and Chiropractic/Osteopathy.

J73 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$950

Combined maximums for – Physiotherapy and Chiropractic/Osteopathy.

J73 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 70% of the cost of the balance of the prescription is payable. Benefit is limited to \$40 per script item in the first benefit entitlement year, and then benefit bonus applies. See section J73.4

Maximum benefits per person, per calendar year are: \$400

J73 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$450

Combined maximums for Podiatry and Orthotics

J73 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$450

Online-CBT from a Bupa recognised program for selected courses only.

Combined maximums for Natural Therapies, Exercise Physiology and Psychology, Counselling and Digital Mental Health

J73 12 Alternative Therapies

See Natural Therapies J73.13

J73 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture and Chinese herbalism

Maximum benefits per person, per calendar year are: \$450

There is a separate limit for Massage of \$250 per person per calendar year.

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine

Combined maximums for Natural Therapies, Exercise Physiology and Psychology, Counselling and Digital Mental Health

J73 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$450

Combined maximums for – Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

J73 15 Orthotics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$450

Combined maximums for Podiatry and Orthotics

J73 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$450

Combined maximums for – Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

J73 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$450

Combined maximums for – Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

J73 18 Naturopathy

Not applicable.

J73 19 Acupuncture

See Natural Therapies J73.13

J73 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$450

Combined maximums for – Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$250

Note: The *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$450

Combined maximums for Natural Therapies, Exercise Physiology and Psychology, Counselling and Digital Mental Health

J73 21 Non Surgically Implanted Prostheses and Appliances

Benefits for non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one appliance per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device per 2 calendar years.

Surgical (Compression) Stockings

Benefits are limited to 4 pairs per person, per calendar year

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device per 3 calendar years.

Blood Pressure Monitors

Limited to one device per calendar year.

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

Hire, Repair and Maintenance of a Health Appliance

Limited to \$500 per person, per calendar year.

Maximum benefits per person, per calendar year for all Non Surgically Implanted Prostheses and Appliances are: \$500.

J73 22 Hearing Aids

Limited to one supply of hearing aids per person every 3 years up to a maximum of \$1000 per person, per 3 calendar years (includes \$500 sub-limit for repairs).

J73 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit is limited to \$22.00 per bowel cancer screening kit in the first benefit entitlement year, and then benefit bonus applies. See section J73.4. This is limited to one kit per person per calendar year.

Health Management Programs

Not available on this product.

J73 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J73 25 Accident Cover

Not available on this product.

J73 26 Accidental Death Funeral Expenses

Not available on this product.

J73 27 Other Special

Home Nursing

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Home Nursing includes the following coverage:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).
- Stomal Therapy
- Palliative Care Services – RN Care, Personal Care Assistance

Maximum benefits per person, per calendar year are: \$350

Local and Interstate Travelling Expenses

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$100

Overnight Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards Overnight Non-Hospital Accommodation expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Benefit of up to \$40 per night

Maximum benefit per combined patient and attendant per calendar year are: \$150

J74 SCHEDULE GENERAL TREATMENT TABLES

J74 1 Table Name or Group of Table Names

Top Extras Boost

J74 2 Eligibility

On Sale

J74 3 General Conditions

See section E1 General Conditions

J74 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J74 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

Preventative Dental – No maximum benefits apply, however service limits apply.

General Dental – \$1100

Major Dental - \$1100

Orthodontics – \$1000. Lifetime Limit of \$2000 per person

J74 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

J74 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$1150

Combined maximums for – Physiotherapy and Chiropractic/Osteopathy.

J74 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$1150

Combined maximums for – Physiotherapy and Chiropractic/Osteopathy.

J74 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 80% of the cost of the balance of the prescription is payable. Benefit is limited to \$40 per script item in the first benefit entitlement year, and then benefit bonus applies. See section J74.4

Maximum benefits per person, per calendar year are: \$500

J74 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for Podiatry and Orthotics

J74 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$650

Online-CBT from a Bupa recognised program for selected courses only.

Combined maximums for Natural Therapies, Exercise Physiology and Psychology, Counselling and Digital Mental Health

J74 12 Alternative Therapies

See Natural Therapies J74.13

J74 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture and Chinese herbalism

Maximum benefits per person, per calendar year are: \$650

There is a separate limit for Massage of \$300 per person per calendar year.

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine

Combined maximums for Natural Therapies, Exercise Physiology and Psychology, Counselling and Digital Mental Health

J74 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$650

Combined maximums for – Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

J74 15 Orthotics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for Podiatry and Orthotics

J74 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$650

Combined maximums for – Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

J74 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$650

Combined maximums for – Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

J74 18 Naturopathy

Not applicable.

J74 19 Acupuncture

See Natural Therapies J74.13

J74 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$650

Combined maximums for – Dietetics, Speech Therapy, Eye Therapy and Occupational Therapy.

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Note: The *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$650

Combined maximums for Natural Therapies, Exercise Physiology and Psychology, Counselling and Digital Mental Health

J74 21 Non Surgically Implanted Prostheses and Appliances

Benefits for non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one appliance per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device per 2 calendar years.

Surgical (Compression) Stockings

Benefits are limited to 4 pairs per person, per calendar year

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device per 3 calendar years.

Blood Pressure Monitors

Limited to one device per calendar year.

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

Hire, Repair and Maintenance of a Health Appliance

Limited to \$700 per person, per calendar year.

Maximum benefits per person, per calendar year for all Non Surgically Implanted Prostheses and Appliances are: \$700.

J74 22 Hearing Aids

Limited to one supply of hearing aids per person every 3 years up to a maximum of \$1200 per person, per 3 calendar years (includes \$700 sub-limit for repairs).

J74 23 Prevention Health Management**Bowel Cancer Screening Kits**

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit is limited to \$22.00 per bowel cancer screening kit in the first benefit entitlement year, and then benefit bonus applies. See section J74.4. This is limited to one kit per person per calendar year.

Health Management Programs

Not available on this product.

J74 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J74 25 Accident Cover

Not available on this product.

J74 26 Accidental Death Funeral Expenses

Not available on this product.

J74 27 Other Special**Home Nursing**

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Home Nursing includes the following coverage:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).
- Stomal Therapy
- Palliative Care Services – RN Care, Personal Care Assistance

Maximum benefits per person, per calendar year are: \$450

Local and Interstate Travelling Expenses

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$100

Overnight Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards Overnight Non-Hospital Accommodation expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Benefit of up to \$40 per night

Maximum benefit per combined patient and attendant per calendar year are: \$150

J75 SCHEDULE GENERAL TREATMENT TABLES

J75 1 Table Name or Group of Table Names

FLEXtras 4 Standard 50

J75 2 Eligibility

On Sale

J75 3 General Conditions

See section E1 General Conditions

A maximum of four services can be selected from the following:

General Dental	Major Dental
Orthodontics	Optical
Physiotherapy	Chiropractic/Osteopathy
Acupuncture	Non PBS Pharmaceuticals
Chinese Herbalism	Dietary
Speech Therapy	Ante and Post Natal
Exercise Physiology	Podiatry/Foot Orthotics
Remedial Massage	Occupational Therapy
Eye Therapy	Home nursing
Psychology, Counselling and Digital Mental Health	Travel and Accommodation

If you want to swap a service you haven't claimed for in that calendar year, you can make that change at any time. If you've already made a claim on the service you wish to change, you'll need to wait until 1 January of the next year; this is when your limits rest.

J75 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J75 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person during each benefit entitlement year are:

General Dental - \$500

Major Dental - \$500

Orthodontics - \$600. Lifetime Limit of \$1200 per person

J75 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

J75 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

J75 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$350

J75 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 50% of the cost of the balance of the prescription is payable. Benefit is limited to \$40 per script item in the first benefit entitlement year, and then benefit bonus applies. See section J75.4

Maximum benefits per person, per calendar year are: \$300

J75 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

Combined maximums for Podiatry and Orthotics

J75 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$250

Online-CBT from a Bupa recognised program for selected courses only.

J75 12 Alternative Therapies

See Natural Therapies J75.13

J75 13 Acupuncture

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$100

J75 14 Chinese Herbalism

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$100

J75 15 Massage

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$180

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine

J75 16 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

J75 17 Orthotics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

Combined maximums for Podiatry and Orthotics

J75 18 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

J75 19 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

J75 20 Naturopathy

Not applicable.

J75 21 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

Note: The *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

J75 22 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

J75 23 Hearing Aids

Not available on this product.

J75 24 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit is limited to \$22.00 per bowel cancer screening kit in the first benefit entitlement year, and then benefit bonus applies. See section J75.4. This is limited to one kit per person per calendar year.

Health Management Programs

Not available on this product.

J75 25 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped

ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J75 26 Accident Cover

Not available on this product.

J75 27 Accidental Death Funeral Expenses

Not available on this product.

J75 28 Other Special

Home Nursing

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Home Nursing includes the following coverage:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).
- Stomal Therapy
- Palliative Care Services – RN Care, Personal Care Assistance

Maximum benefits per person, per calendar year are: \$200

Local and Interstate Travelling Expenses

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$100

Overnight Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards Overnight Non-Hospital Accommodation expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Benefit of up to \$40 per night

Maximum benefit per combined patient and attendant per calendar year are: \$150

J76 SCHEDULE GENERAL TREATMENT TABLES

J76 1 Table Name or Group of Table Names

FLEXtras 6 Standard 50

J76 2 Eligibility

On Sale

J76 3 General Conditions

See section E1 General Conditions

A maximum of six services can be selected from the following:

General Dental	Major Dental
Orthodontics	Optical
Physiotherapy	Chiropractic/Osteopathy
Acupuncture	Non PBS Pharmaceuticals
Chinese Herbalism	Dietary
Speech Therapy	Ante and Post Natal
Exercise Physiology	Podiatry/Foot Orthotics
Remedial Massage	Occupational Therapy
Eye Therapy	Home nursing
Psychology, Counselling and Digital Mental Health	Travel and Accommodation

If you want to swap a service you haven't claimed for in that calendar year, you can make that change at any time. If you've already made a claim on the service you wish to change, you'll need to wait until 1 January of the next year; this is when your limits rest.

J76 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J76 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person during each benefit entitlement year are:

General Dental - \$500

Major Dental - \$500

Orthodontics - \$600. Lifetime Limit of \$1200 per person

J76 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

J76 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

J76 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$350

J76 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 50% of the cost of the balance of the prescription is payable. Benefit is limited to \$40 per script item in the first benefit entitlement year, and then benefit bonus applies. See section J76.4

Maximum benefits per person, per calendar year are: \$300

J76 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

Combined maximums for Podiatry and Orthotics

J76 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$250

Online-CBT from a Bupa recognised program for selected courses only.

J76 12 Alternative Therapies

See J76.13, J76.14 and J76.15

J76 13 Acupuncture

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$100

J76 14 Chinese Herbalism

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$100

J76 15 Massage

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$180

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine

J76 16 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

J76 17 Orthotics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

Combined maximums for Podiatry and Orthotics

J76 18 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

J76 19 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

J76 20 Naturopathy

Not applicable.

J76 21 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

Note: The *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

J76 22 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

J76 23 Hearing Aids

Not available on this product.

J76 24 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit is limited to \$22.00 per bowel cancer screening kit in the first benefit entitlement year, and then benefit bonus applies. See section J76.4. This is limited to one kit per person per calendar year.

Health Management Programs

Not available on this product.

J76 25 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J76 26 Accident Cover

Not available on this product.

J76 27 Accidental Death Funeral Expenses

Not available on this product.

J76 28 Other Special

Home Nursing

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Home Nursing includes the following coverage:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).
- Stomal Therapy
- Palliative Care Services – RN Care, Personal Care Assistance

Maximum benefits per person, per calendar year are: \$200

Local and Interstate Travelling Expenses

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$100

Overnight Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards Overnight Non-Hospital Accommodation expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Benefit of up to \$40 per night

Maximum benefit per combined patient and attendant per calendar year are: \$150

J77 SCHEDULE GENERAL TREATMENT TABLES

J77 1 Table Name or Group of Table Names

FLEXtras 4 Standard 60

J77 2 Eligibility

On Sale

J77 3 General Conditions

See section E1 General Conditions

A maximum of four services can be selected from the following:

General Dental	Major Dental
Orthodontics	Optical
Physiotherapy	Chiropractic/Osteopathy
Acupuncture	Non PBS Pharmaceuticals
Chinese Herbalism	Dietary
Speech Therapy	Ante and Post Natal
Exercise Physiology	Podiatry/Foot Orthotics
Remedial Massage	Occupational Therapy
Eye Therapy	Home nursing
Psychology, Counselling and Digital Mental Health	Travel and Accommodation

If you want to swap a service you haven't claimed for in that calendar year, you can make that change at any time. If you've already made a claim on the service you wish to change, you'll need to wait until 1 January of the next year; this is when your limits rest.

J77 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J77 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person during each benefit entitlement year are:

General Dental - \$500

Major Dental - \$500

Orthodontics - \$600. Lifetime Limit of \$1200 per person

J77 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

J77 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

J77 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$350

J77 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 60% of the cost of the balance of the prescription is payable. Benefit is limited to \$40 per script item in the first benefit entitlement year, and then benefit bonus applies. See section J77.4

Maximum benefits per person, per calendar year are: \$300

J77 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

Combined maximums for Podiatry and Orthotics

J77 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$250

Online-CBT from a Bupa recognised program for selected courses only.

J77 12 Alternative Therapies

See J77.13, J77.14 and J77.15

J77 13 Acupuncture

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$100

J77 14 Chinese Herbalism

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$100

J77 15 Massage

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$180

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine

J77 16 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

J77 17 Orthotics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

Combined maximums for Podiatry and Orthotics

J77 18 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

J77 19 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

J77 20 Naturopathy

Not applicable.

J77 21 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

Note: The *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

J77 22 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

J77 23 Hearing Aids

Not available on this product.

J77 24 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit is limited to \$22.00 per bowel cancer screening kit in the first benefit entitlement year, and then benefit bonus applies. See section J77.4. This is limited to one kit per person per calendar year.

Health Management Programs

Not available on this product.

J77 25 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J77 26 Accident Cover

Not available on this product.

J77 27 Accidental Death Funeral Expenses

Not available on this product.

J77 28 Other Special

Home Nursing

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Home Nursing includes the following coverage:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).
- Stomal Therapy
- Palliative Care Services – RN Care, Personal Care Assistance

Maximum benefits per person, per calendar year are: \$200

Local and Interstate Travelling Expenses

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$100

Overnight Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards Overnight Non-Hospital Accommodation expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Benefit of up to \$40 per night

Maximum benefit per combined patient and attendant per calendar year are: \$150

J78 SCHEDULE GENERAL TREATMENT TABLES

J78 1 Table Name or Group of Table Names

FLEXtras 6 Standard 60

J78 2 Eligibility

On Sale

J78 3 General Conditions

See section E1 General Conditions

A maximum of six services can be selected from the following:

General Dental	Major Dental
Orthodontics	Optical
Physiotherapy	Chiropractic/Osteopathy
Acupuncture	Non PBS Pharmaceuticals
Chinese Herbalism	Dietary
Speech Therapy	Ante and Post Natal
Exercise Physiology	Podiatry/Foot Orthotics
Remedial Massage	Occupational Therapy
Eye Therapy	Home nursing
Psychology, Counselling and Digital Mental Health	Travel and Accommodation

If you want to swap a service you haven't claimed for in that calendar year, you can make that change at any time. If you've already made a claim on the service you wish to change, you'll need to wait until 1 January of the next year; this is when your limits rest.

J78 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J78 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person during each benefit entitlement year are:

General Dental - \$500

Major Dental - \$500

Orthodontics - \$600. Lifetime Limit of \$1200 per person

J78 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

J78 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

J78 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$350

J78 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 60% of the cost of the balance of the prescription is payable. Benefit is limited to \$40 per script item in the first benefit entitlement year, and then benefit bonus applies. See section J78.4

Maximum benefits per person, per calendar year are: \$300

J78 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

Combined maximums for Podiatry and Orthotics

J78 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$250

Online-CBT from a Bupa recognised program for selected courses only.

J78 12 Alternative Therapies

See J78.13, J78.14 and J78.15

J78 13 Acupuncture

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$100

J78 14 Chinese Herbalism

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$100

J78 15 Massage

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$180

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine

J78 16 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

J78 17 Orthotics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

Combined maximums for Podiatry and Orthotics

J78 18 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

J78 19 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

J78 20 Naturopathy

Not applicable.

J78 21 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

Note: The *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

J78 22 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

J78 23 Hearing Aids

Not available on this product.

J78 24 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit is limited to \$22.00 per bowel cancer screening kit in the first benefit entitlement year, and then benefit bonus applies. See section J78.4. This is limited to one kit per person per calendar year.

Health Management Programs

Not available on this product.

J78 25 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J78 26 Accident Cover

Not available on this product.

J78 27 Accidental Death Funeral Expenses

Not available on this product.

J78 28 Other Special

Home Nursing

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Home Nursing includes the following coverage:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).
- Stomal Therapy
- Palliative Care Services – RN Care, Personal Care Assistance

Maximum benefits per person, per calendar year are: \$200

Local and Interstate Travelling Expenses

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*, and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$100

Overnight Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards Overnight Non-Hospital Accommodation expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*, and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Benefit of up to \$40 per night

Maximum benefit per combined patient and attendant per calendar year are: \$150

J79 SCHEDULE GENERAL TREATMENT TABLES

J79 1 Table Name or Group of Table Names

FLEXtras 4 Higher 50

J79 2 Eligibility

On Sale

J79 3 General Conditions

See section E1 General Conditions

A maximum of four services can be selected from the following:

General Dental	Major Dental
Orthodontics	Optical
Physiotherapy	Chiropractic/Osteopathy
Acupuncture	Non PBS Pharmaceuticals
Chinese Herbalism	Dietary
Speech Therapy	Ante and Post Natal
Exercise Physiology	Podiatry/Foot Orthotics
Remedial Massage	Occupational Therapy
Eye Therapy	Home nursing
Psychology, Counselling and Digital Mental Health	Travel and Accommodation

If you want to swap a service you haven't claimed for in that calendar year, you can make that change at any time. If you've already made a claim on the service you wish to change, you'll need to wait until 1 January of the next year; this is when your limits rest.

J79 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J79 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person during each benefit entitlement year are:

General Dental - \$750

Major Dental - \$750

Orthodontics - \$800. Lifetime Limit of \$1600 per person

J79 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$250

J79 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year: \$500

J79 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$500

J79 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 50% of the cost of the balance of the prescription is payable. Benefit is limited to \$40 per script item in the first benefit entitlement year, and then benefit bonus applies. See section J79.4

Maximum benefits per person, per calendar year are: \$400

J79 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for Podiatry and Orthotics

J79 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Online-CBT from a Bupa recognised program for selected courses only.

J79 12 Alternative Therapies

See J79.13, J79.14 and J79.15

J79 13 Acupuncture

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$150

J79 14 Chinese Herbalism

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$150

J79 15 Massage

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$225

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine

J79 16 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

J79 17 Orthotics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for Podiatry and Orthotics

J79 18 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

J79 19 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

J79 20 Naturopathy

Not applicable.

J79 21 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

Note: The *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

J79 22 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

J79 23 Hearing Aids

Not available on this product.

J79 24 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit is limited to \$22.00 per bowel cancer screening kit in the first benefit entitlement year, and then benefit bonus applies. See section J79.4. This is limited to one kit per person per calendar year.

Health Management Programs

Not available on this product.

J79 25 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J79 26 Accident Cover

Not available on this product.

J79 27 Accidental Death Funeral Expenses

Not available on this product.

J79 28 Other Special

Home Nursing

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Home Nursing includes the following coverage:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).
- Stomal Therapy
- Palliative Care Services – RN Care, Personal Care Assistance

Maximum benefits per person, per calendar year are: \$350

Local and Interstate Travelling Expenses

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$100

Overnight Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards Overnight Non-Hospital Accommodation expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Benefit of up to \$40 per night

Maximum benefit per combined patient and attendant per calendar year are: \$150

J80 SCHEDULE GENERAL TREATMENT TABLES

J80 1 Table Name or Group of Table Names

FLEXtras 4 Higher 50

J80 2 Eligibility

On Sale

J80 3 General Conditions

See section E1 General Conditions

A maximum of four services can be selected from the following:

General Dental	Major Dental
Orthodontics	Optical
Physiotherapy	Chiropractic/Osteopathy
Acupuncture	Non PBS Pharmaceuticals
Chinese Herbalism	Dietary
Speech Therapy	Ante and Post Natal
Exercise Physiology	Podiatry/Foot Orthotics
Remedial Massage	Occupational Therapy
Eye Therapy	Home nursing
Psychology, Counselling and Digital Mental Health	Travel and Accommodation

If you want to swap a service you haven't claimed for in that calendar year, you can make that change at any time. If you've already made a claim on the service you wish to change, you'll need to wait until 1 January of the next year; this is when your limits rest.

J80 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J80 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person during each benefit entitlement year are:

General Dental - \$750

Major Dental - \$750

Orthodontics - \$800. Lifetime Limit of \$1600 per person

J80 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$250

J80 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year: \$500

J80 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$500

J80 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 50% of the cost of the balance of the prescription is payable. Benefit is limited to \$40 per script item in the first benefit entitlement year, and then benefit bonus applies. See section J80.4

Maximum benefits per person, per calendar year are: \$400

J80 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for Podiatry and Orthotics

J80 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Online-CBT from a Bupa recognised program for selected courses only.

J80 12 Alternative Therapies

See J80.13, J80.14 and J80.15

J80 13 Acupuncture

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$150

J78 14 Chinese Herbalism

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$150

J80 15 Massage

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$225

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine

J80 16 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

J80 17 Orthotics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for Podiatry and Orthotics

J80 18 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

J80 19 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

J80 20 Naturopathy

Not applicable.

J80 21 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

Note: The *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

J80 22 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

J80 23 Hearing Aids

Not available on this product.

J80 24 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit is limited to \$22.00 per bowel cancer screening kit in the first benefit entitlement year, and then benefit bonus applies. See section J80.4. This is limited to one kit per person per calendar year.

Health Management Programs

Not available on this product.

J80 25 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J80 26 Accident Cover

Not available on this product.

J80 27 Accidental Death Funeral Expenses

Not available on this product.

J80 28 Other Special

Home Nursing

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Home Nursing includes the following coverage:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).
- Stomal Therapy
- Palliative Care Services – RN Care, Personal Care Assistance

Maximum benefits per person, per calendar year are: \$350

Local and Interstate Travelling Expenses

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$100

Overnight Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards Overnight Non-Hospital Accommodation expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Benefit of up to \$40 per night

Maximum benefit per combined patient and attendant per calendar year are: \$150

J81 SCHEDULE GENERAL TREATMENT TABLES

J81 1 Table Name or Group of Table Names

FLEXtras 6 Higher 50

J81 2 Eligibility

On Sale

J81 3 General Conditions

See section E1 General Conditions

A maximum of six services can be selected from the following:

General Dental	Major Dental
Orthodontics	Optical
Physiotherapy	Chiropractic/Osteopathy
Acupuncture	Non PBS Pharmaceuticals
Chinese Herbalism	Dietary
Speech Therapy	Ante and Post Natal
Exercise Physiology	Podiatry/Foot Orthotics
Remedial Massage	Occupational Therapy
Eye Therapy	Home nursing
Psychology, Counselling and Digital Mental Health	Travel and Accommodation

If you want to swap a service you haven't claimed for in that calendar year, you can make that change at any time. If you've already made a claim on the service you wish to change, you'll need to wait until 1 January of the next year; this is when your limits rest.

J81 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J81 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person during each benefit entitlement year are:

General Dental - \$750

Major Dental - \$750

Orthodontics - \$800. Lifetime Limit of \$1600 per person

J81 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$250

J81 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year: \$500

J81 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$500

J81 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 50% of the cost of the balance of the prescription is payable. Benefit is limited to \$40 per script item in the first benefit entitlement year, and then benefit bonus applies. See section J81.4

Maximum benefits per person, per calendar year are: \$400

J81 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for Podiatry and Orthotics

J81 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Online-CBT from a Bupa recognised program for selected courses only.

J81 12 Alternative Therapies

See J81.13, J81.14 and J81.15

J81 13 Acupuncture

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$150

J81 14 Chinese Herbalism

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$150

J81 15 Massage

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$225

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine

J81 16 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

J81 17 Orthotics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for Podiatry and Orthotics

J81 18 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

J81 19 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

J81 20 Naturopathy

Not applicable.

J81 21 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

Note: The *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

J81 22 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

J81 23 Hearing Aids

Not available on this product.

J81 24 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit is limited to \$22.00 per bowel cancer screening kit in the first benefit entitlement year, and then benefit bonus applies. See section J81.4. This is limited to one kit per person per calendar year.

Health Management Programs

Not available on this product.

J81 25 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J81 26 Accident Cover

Not available on this product.

J81 27 Accidental Death Funeral Expenses

Not available on this product.

J81 28 Other Special

Home Nursing

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Home Nursing includes the following coverage:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).
- Stomal Therapy
- Palliative Care Services – RN Care, Personal Care Assistance

Maximum benefits per person, per calendar year are: \$350

Local and Interstate Travelling Expenses

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*, and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$100

Overnight Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

J82 SCHEDULE GENERAL TREATMENT TABLES

J82 1 Table Name or Group of Table Names

FLEXtras 4 Higher 60

J82 2 Eligibility

On Sale

J82 3 General Conditions

See section E1 General Conditions

A maximum of four services can be selected from the following:

General Dental	Major Dental
Orthodontics	Optical
Physiotherapy	Chiropractic/Osteopathy
Acupuncture	Non PBS Pharmaceuticals
Chinese Herbalism	Dietary
Speech Therapy	Ante and Post Natal
Exercise Physiology	Podiatry/Foot Orthotics
Remedial Massage	Occupational Therapy
Eye Therapy	Home nursing
Psychology, Counselling and Digital Mental Health	Travel and Accommodation

If you want to swap a service you haven't claimed for in that calendar year, you can make that change at any time. If you've already made a claim on the service you wish to change, you'll need to wait until 1 January of the next year; this is when your limits rest.

J82 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J82 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person during each benefit entitlement year are:

General Dental - \$750

Major Dental - \$750

Orthodontics - \$800. Lifetime Limit of \$1600 per person

J82 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$250

J82 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year: \$500

J82 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$500

J82 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 60% of the cost of the balance of the prescription is payable. Benefit is limited to \$40 per script item in the first benefit entitlement year, and then benefit bonus applies. See section J82.4

Maximum benefits per person, per calendar year are: \$400

J82 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for Podiatry and Orthotics

J82 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Online-CBT from a Bupa recognised program for selected courses only.

J82 12 Alternative Therapies

See J82.13, J82.14 and J82.15

J82 13 Acupuncture

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$150

J82 14 Chinese Herbalism

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$150

J82 15 Massage

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$225

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine

J82 16 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

J82 17 Orthotics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for Podiatry and Orthotics

J82 18 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

J82 19 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

J82 20 Naturopathy

Not applicable.

J82 21 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

Note: The *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

J82 22 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

J82 23 Hearing Aids

Not available on this product.

J82 24 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit is limited to \$22.00 per bowel cancer screening kit in the first benefit entitlement year, and then benefit bonus applies. See section J82.4. This is limited to one kit per person per calendar year.

Health Management Programs

Not available on this product.

J82 25 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J82 26 Accident Cover

Not available on this product.

J82 27 Accidental Death Funeral Expenses

Not available on this product.

J82 28 Other Special

Home Nursing

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Home Nursing includes the following coverage:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).
- Stomal Therapy
- Palliative Care Services – RN Care, Personal Care Assistance

Maximum benefits per person, per calendar year are: \$350

Local and Interstate Travelling Expenses

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$100

Overnight Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

J83 SCHEDULE GENERAL TREATMENT TABLES

J83 1 Table Name or Group of Table Names

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J82 2 Eligibility

On Sale

J83 3 General Conditions

See section E1 General Conditions

A maximum of six services can be selected from the following:

General Dental	Major Dental
Orthodontics	Optical
Physiotherapy	Chiropractic/Osteopathy
Acupuncture	Non PBS Pharmaceuticals
Chinese Herbalism	Dietary
Speech Therapy	Ante and Post Natal
Exercise Physiology	Podiatry/Foot Orthotics
Remedial Massage	Occupational Therapy
Eye Therapy	Home nursing
Psychology, Counselling and Digital Mental Health	Travel and Accommodation

If you want to swap a service you haven't claimed for in that calendar year, you can make that change at any time. If you've already made a claim on the service you wish to change, you'll need to wait until 1 January of the next year; this is when your limits rest.

J83 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J83 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person during each benefit entitlement year are:

General Dental - \$750

Major Dental - \$750

Orthodontics - \$800. Lifetime Limit of \$1600 per person

J83 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$250

J83 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year: \$500

J83 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$500

J83 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 60% of the cost of the balance of the prescription is payable. Benefit is limited to \$40 per script item in the first benefit entitlement year, and then benefit bonus applies. See section J83.4

Maximum benefits per person, per calendar year are: \$400

J83 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for Podiatry and Orthotics

J83 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Online-CBT from a Bupa recognised program for selected courses only.

J83 12 Alternative Therapies

See J83.13, J83.14 and J83.15

J83 13 Acupuncture

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$150

J83 14 Chinese Herbalism

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$150

J83 15 Massage

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$225

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine

J83 16 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

J83 17 Orthotics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for Podiatry and Orthotics

J83 18 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

J83 19 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

J83 20 Naturopathy

Not applicable.

J83 21 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

Note: The *Company* will not pay benefits for services which have an MBS item number and are provided outside a hospital by a participating midwife.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

J83 22 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

J83 23 Hearing Aids

Not available on this product.

J83 24 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit is limited to \$22.00 per bowel cancer screening kit in the first benefit entitlement year, and then benefit bonus applies. See section J83.4. This is limited to one kit per person per calendar year.

Health Management Programs

Not available on this product.

J83 25 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J83 26 Accident Cover

Not available on this product.

J83 27 Accidental Death Funeral Expenses

Not available on this product.

J83 28 Other Special

Home Nursing

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Home Nursing includes the following coverage:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).
- Stomal Therapy
- Palliative Care Services – RN Care, Personal Care Assistance

Maximum benefits per person, per calendar year are: \$350

Local and Interstate Travelling Expenses

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*, and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$100

Overnight Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

J84 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J84 1 Table Name or Group of Table Names

1. Silver Plus Intermediate Hospital with \$250 Excess – Silver Plus
2. Silver Plus Intermediate Hospital with \$500 Excess – Silver Plus
3. Silver Plus Intermediate Hospital with \$750 Excess – Silver Plus

J84 2 Eligibility

On Sale

Product closed to new members and existing members changing cover.

J84 3 General Conditions

See section E1 General Conditions.

J84 4 Hospital Treatment Payments

See section E2 Hospital Treatment.

J84 5 Medical Services Payments while admitted

See section E2 Hospital Treatment.

J84 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment.

J84 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment.

J84 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment.

J84 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment.

J84 10 Co Payments

No co-payments apply on this product.

J84 11 Excesses

The following annual Excess options apply, capped at once per person, per calendar year to a maximum of twice per Policy: - \$250, \$500 or \$750

No excesses apply for any admissions to hospital of a Dependant covered under Mid Hospital policies with a \$250, \$500 or \$750 excess.

J84 12 Restricted Cover

39. Rehabilitation

No restricted cover applies

40. Hospital Psychiatric Services

Restricted cover applies

41. Palliative Care

No restricted cover applies

42. Brain and Nervous System

No restricted cover applies

43. Eye (not Cataracts)

No restricted cover applies

44. Ear, Nose and Throat

No restricted cover applies

45. Tonsils, Adenoids and Grommets

No restricted cover applies

46. Bone, Joint and Muscle

No restricted cover applies

47. Joint reconstructions

No restricted cover applies

48. Kidney and Bladder

No restricted cover applies

49. Male reproductive system

No restricted cover applies

50. Digestive system

No restricted cover applies

51. Hernia and Appendix

No restricted cover applies

52. Gastrointestinal endoscopy

No restricted cover applies

53. Gynaecology

No restricted cover applies

54. Miscarriage and termination of pregnancy

No restricted cover applies

- 55. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 56. Pain management**
No restricted cover applies
- 57. Skin**
No restricted cover applies
- 58. Breast surgery (medically necessary)**
No restricted cover applies
- 59. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 60. Heart and Vascular system**
No restricted cover applies
- 61. Lung and Chest**
No restricted cover applies
- 62. Blood**
No restricted cover applies
- 63. Back, Neck and Spine**
No restricted cover applies
- 64. Plastic and Reconstructive surgery (medically necessary)**
No restricted cover applies
- 65. Dental surgery**
No restricted cover applies
- 66. Podiatric surgery (provided by an accredited podiatric surgeon)**
No restricted cover applies
- 67. Implantation of hearing devices**
No restricted cover applies
- 68. Cataracts**
No restricted cover applies
- 69. Joint replacements**
No restricted cover applies
- 70. Dialysis for chronic kidney failure**
No restricted cover applies
- 71. Pregnancy and birth**
No restricted cover applies
- 72. Assisted reproductive services**
No restricted cover applies

73. Weight loss surgery
No restricted cover applies

74. Insulin pumps
No restricted cover applies

75. Pain management with device
No restricted cover applies

76. Sleep studies
No restricted cover applies

J84 13 Exclusions

39. Rehabilitation
Not excluded

40. Hospital Psychiatric Services
Not excluded

41. Palliative Care
Not excluded

42. Brain and Nervous System
Not excluded

43. Eye (not Cataracts)
Not excluded

44. Ear, Nose and Throat
Not excluded

45. Tonsils, Adenoids and Grommets
Not excluded

46. Bone, Joint and Muscle
Not excluded

47. Joint reconstructions
Not excluded

48. Kidney and Bladder
Not excluded

49. Male reproductive system
Not excluded

50. Digestive system
Not excluded

51. Hernia and Appendix
Not excluded

52. Gastrointestinal endoscopy

Not excluded

53. Gynaecology

Not excluded

54. Miscarriage and termination of pregnancy

Not excluded

55. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

Not excluded

56. Pain management

Not excluded

57. Skin

Not excluded

58. Breast surgery (medically necessary)

Not excluded

59. Diabetes management (excluding insulin pumps)

Not excluded

60. Heart and Vascular system

Not excluded

61. Lung and Chest

Not excluded

62. Blood

Not excluded

63. Back, Neck and Spine

Not excluded

64. Plastic and Reconstructive surgery (medically necessary)

Not excluded

65. Dental surgery

Not excluded

66. Podiatric surgery (provided by an accredited podiatric surgeon)

Not excluded

Note: Limited hospital accommodation and approved prostheses benefits only

67. Implantation of hearing devices

Not excluded

68. Cataracts

Excluded

69. Joint replacements

Excluded

70. Dialysis for chronic kidney failure

Excluded

71. Pregnancy and birth

Excluded

72. Assisted reproductive services

Excluded

73. Weight loss surgery

Excluded

74. Insulin pumps

Not excluded

75. Pain management with device

Not excluded

76. Sleep studies

Not excluded

J84 14 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J84 15 Other Special Hospital Treatment

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J84 16 Dental

J84 17 Optical

J84 18 Physiotherapy

J84 19 Chiropractic

J84 20 Non PBS Pharmaceuticals

J84 21 Podiatry

J84 22 Psychology and Counselling

J84 23 Alternative Therapies

J84 24 Natural Therapies

J84 25 Speech Therapy

J84 26 Orthotics

J84 27 Dietetics

J84 28 Occupational Therapy

J84 29 Naturopathy

J84 30 Acupuncture

J84 31 Other Therapies

J84 32 Non Surgically Implanted Prostheses and Appliances

J84 33 Hearing Aids

J84 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J84 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. This benefit is limited to one trip per calendar year for *policy holders* who contribute to a policy that covers only one person (a single cover) and two trips per calendar year for *policy holders* who contribute to any other policy cover. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J84 36 Accident Cover

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will provide payments to persons covered under this policy for the cost of accident related health care services, except for services that are covered by Medicare, incurred as a direct result of an Accident after joining where:

- (3) the costs are not paid or payable from any other source;

(4) the limits for the relevant benefits in the *Policy holder's* Level of Cover have been exhausted.

The costs of such services for the purpose of determining benefits shall be limited to the set Benefits as set out in the *Company's* Schedule of benefits for the respective type of services involved.

Maximum benefits of \$2000 per person up to a maximum of \$4000 per policy, per calendar year.

An additional limit of \$2000 per accident per person and a maximum of \$4000 per accident, per policy apply regardless of the year of claim

J84 37 Accidental Death Funeral Expenses

Not available on this product.

J84 38 Other Special General Treatment

Not available on this product.

J84 39 Hospital-Substitute Treatment

Not available on this product.

I85 SCHEDULE GENERAL TREATMENT TABLES

I85 1 Table Name or Group of Table Names

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I85 2 Eligibility

On Sale

I85 3 General Conditions

See section E1 General Conditions

I85 4 Loyalty Bonuses

I85 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

Major Dental - No cover

Orthodontics - No cover

I85 6 Optical

Not available on this product.

I85 7 Physiotherapy

Not available on this product.

I85 8 Chiropractic

Not available on this product.

I85 9 Non PBS Pharmaceuticals

Not available on this product.

I85 10 Podiatry

Not available on this product.

I85 11 Psychology and Counselling

Not available on this product.

I85 12 Alternative Therapies

Not available on this product.

I85 13 Natural Therapies

Not available on this product.

I85 14 Speech Therapy

Not available on this product.

I85 15 Orthotics

Not available on this product.

I85 16 Dietetics

Not available on this product.

I85 17 Occupational Therapy

Not available on this product.

I85 18 Naturopathy

Not applicable.

I85 19 Acupuncture

Not available on this product.

I85 20 Other Therapies

Not available on this product.

I85 21 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

I85 22 Hearing Aids

Not available on this product.

I85 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

185 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances.

185 25 Accident Cover

Not available on this product.

185 26 Accidental Death Funeral Expenses

Not available on this product.

185 27 Other Special

Not available on this product.

J85 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J85 1 Table Name or Group of Table Names

1. Corporate Benefit Mid Hospital Silver Plus Nil Excess
2. Corporate Benefit Mid Hospital Silver Plus \$250 Excess
3. Corporate Benefit Mid Hospital Silver Plus \$500 Excess
4. Corporate Benefit Mid Hospital Silver Plus \$750 Excess

J85 2 Eligibility

On Sale

Available to Employees/Members of organisations which have the product included in their contracts with Bupa.

This product can be taken as a stand-alone table, or can be taken out in conjunction with a table in Schedules I46, I47, I48, I49, I50, I86, I87, I88, or I89.

J85 3 General Conditions

See section E1 General Conditions

J85 4 Hospital Treatment Payments

See section E2 Hospital Treatment

J85 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J85 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J85 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J85 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J85 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J85 10 Co Payments

No co-payments apply on this product.

J85 11 Excesses

Corporate Benefit Mid Hospital Silver Plus Nil Excess, Corporate Benefit Mid Hospital Silver Plus \$250 Excess, Corporate Benefit Mid Hospital Silver Plus \$500 Excess, Corporate Benefit Mid Hospital Silver Plus \$750 Excess

The following annual Excess options apply, capped at once per person per calendar year to a maximum of twice per policy per calendar year: - Nil, \$250, \$500 or \$750.

No excesses apply for any admissions to hospital of a Dependant covered under the policy.

J85 12 Restricted Cover

39. Rehabilitation

No restricted cover applies

40. Hospital Psychiatric Services

Restricted cover applies

41. Palliative Care

No restricted cover applies

42. Brain and Nervous System

No restricted cover applies

43. Eye (not Cataracts)

No restricted cover applies

44. Ear, Nose and Throat

No restricted cover applies

45. Tonsils, Adenoids and Grommets

No restricted cover applies

46. Bone, Joint and Muscle

No restricted cover applies

47. Joint reconstructions

No restricted cover applies

48. Kidney and Bladder

No restricted cover applies

49. Male reproductive system

No restricted cover applies

50. Digestive system

No restricted cover applies

51. Hernia and Appendix

No restricted cover applies

- 52. Gastrointestinal endoscopy**
No restricted cover applies
- 53. Gynaecology**
No restricted cover applies
- 54. Miscarriage and termination of pregnancy**
No restricted cover applies
- 55. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 56. Pain management**
No restricted cover applies
- 57. Skin**
No restricted cover applies
- 58. Breast surgery (medically necessary)**
No restricted cover applies
- 59. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 60. Heart and Vascular system**
No restricted cover applies
- 61. Lung and Chest**
No restricted cover applies
- 62. Blood**
No restricted cover applies
- 63. Back, Neck and Spine**
No restricted cover applies
- 64. Plastic and Reconstructive surgery (medically necessary)**
No restricted cover applies
- 65. Dental surgery**
No restricted cover applies
- 66. Podiatric surgery (provided by an accredited podiatric surgeon)**
No restricted cover applies
- 67. Implantation of hearing devices**
No restricted cover applies
- 68. Cataracts**
No restricted cover applies
- 69. Joint replacements**
No restricted cover applies
- 70. Dialysis for chronic kidney failure**

No restricted cover applies

71. Pregnancy and birth

No restricted cover applies

72. Assisted reproductive services

No restricted cover applies

73. Weight loss surgery

No restricted cover applies

74. Insulin pumps

No restricted cover applies

75. Pain management with device

No restricted cover applies

76. Sleep studies

No restricted cover applies

J85 13 Exclusions

39. Rehabilitation

Not excluded

40. Hospital Psychiatric Services

Not excluded

41. Palliative Care

Not excluded

42. Brain and Nervous System

Not excluded

43. Eye (not Cataracts)

Not excluded

44. Ear, Nose and Throat

Not excluded

45. Tonsils, Adenoids and Grommets

Not excluded

46. Bone, Joint and Muscle

Not excluded

47. Joint reconstructions

Not excluded

48. Kidney and Bladder

Not excluded

49. Male reproductive system

Not excluded

- 50. Digestive system**
Not excluded
- 51. Hernia and Appendix**
Not excluded
- 52. Gastrointestinal endoscopy**
Not excluded
- 53. Gynaecology**
Not excluded
- 54. Miscarriage and termination of pregnancy**
Not excluded
- 55. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
Not excluded
- 56. Pain management**
Not excluded
- 57. Skin**
Not excluded
- 58. Breast surgery (medically necessary)**
Not excluded
- 59. Diabetes management (excluding insulin pumps)**
Not excluded
- 60. Heart and Vascular system**
Not excluded
- 61. Lung and Chest**
Not excluded
- 62. Blood**
Not excluded
- 63. Back, Neck and Spine**
Not excluded
- 64. Plastic and Reconstructive surgery (medically necessary)**
Not excluded
- 65. Dental surgery**
Not excluded
- 66. Podiatric surgery (provided by an accredited podiatric surgeon)**
Not excluded
- 67. Implantation of hearing devices**
Not excluded

68. Cataracts

Excluded

69. Joint replacements

Excluded

70. Dialysis for chronic kidney failure

Excluded

71. Pregnancy and birth

Excluded

72. Assisted reproductive services

Excluded

73. Weight loss surgery

Excluded

74. Insulin pumps

Not excluded

75. Pain management with device

Not excluded

76. Sleep studies

Not excluded

J85 14 Loyalty Bonuses

J85 15 Other Special Hospital Treatment

Accident inclusion (feature)

For accidents sustained after joining, treatment which normally attracts a minimum benefit or excluded will be included. Applies to MBS services only.

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J85 16 Dental

J85 17 Optical

J85 18 Physiotherapy

J85 19 Chiropractic

J85 20 Non PBS Pharmaceuticals

J85 21 Podiatry

J85 22 Psychology and Counselling

J85 23 Alternative Therapies

J85 24 Natural Therapies

J85 25 Speech Therapy

J85 26 Orthotics

J85 27 Dietetics

J85 30 Occupational Therapy

J85 31 Naturopathy

J85 32 Acupuncture

J85 33 Other Therapies

J85 34 Non Surgically Implanted Prostheses and Appliances

J85 35 Hearing Aids

J85 36 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J85 37 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J85 38 Accident Cover

Not available on this product.

J85 39 Accidental Death Funeral Expenses

Not available on this product.

J85 40 Other Special General Treatment

Not available on this product.

J85 41 Hospital-Substitute Treatment

Not available on this product.

J86 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J86 1 Table Name or Group of Table Names

1. Corporate Benefit Select Hospital Silver Plus Nil Excess
2. Corporate Benefit Select Hospital Silver Plus \$250 Excess
3. Corporate Benefit Select Hospital Silver Plus \$500 Excess
4. Corporate Benefit Select Hospital Silver Plus \$750 Excess

J86 2 Eligibility

On Sale

Available to Employees/Members of organisations which have the product included in their contracts with Bupa.

This product can be taken as a stand-alone table, or can be taken out in conjunction with a table in Schedules I46, I47, I48, I49, I50, I86, I87, I88, or I89.

J86 3 General Conditions

See section E1 General Conditions

J86 4 Hospital Treatment Payments

See section E2 Hospital Treatment

J86 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J86 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J86 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J86 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J86 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J86 10 Co Payments

No co-payments apply on this product.

J86 11 Excesses

Corporate Benefit Select Hospital Silver Plus Nil Excess, Corporate Benefit Select Hospital Silver Plus \$250 Excess, Corporate Benefit Select Hospital Silver Plus \$500 Excess, Corporate Benefit Select Hospital Silver Plus \$750 Excess

The following annual Excess options apply, capped at once per person per calendar year to a maximum of twice per policy per calendar year: - Nil, \$250, \$500 or \$750.

No excesses apply for any admissions to hospital of a Dependant covered under the policy.

J86 12 Restricted Cover

39. Rehabilitation

No restricted cover applies

40. Hospital Psychiatric Services

No restricted cover applies

41. Palliative Care

No restricted cover applies

42. Brain and Nervous System

No restricted cover applies

43. Eye (not Cataracts)

No restricted cover applies

44. Ear, Nose and Throat

No restricted cover applies

45. Tonsils, Adenoids and Grommets

No restricted cover applies

46. Bone, Joint and Muscle

No restricted cover applies

47. Joint reconstructions

No restricted cover applies

48. Kidney and Bladder

No restricted cover applies

49. Male reproductive system

No restricted cover applies

50. Digestive system

No restricted cover applies

51. Hernia and Appendix

No restricted cover applies

- 52. Gastrointestinal endoscopy**
No restricted cover applies
- 53. Gynaecology**
No restricted cover applies
- 54. Miscarriage and termination of pregnancy**
No restricted cover applies
- 55. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 56. Pain management**
No restricted cover applies
- 57. Skin**
No restricted cover applies
- 58. Breast surgery (medically necessary)**
No restricted cover applies
- 59. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 60. Heart and Vascular system**
No restricted cover applies
- 61. Lung and Chest**
No restricted cover applies
- 62. Blood**
No restricted cover applies
- 63. Back, Neck and Spine**
No restricted cover applies
- 64. Plastic and Reconstructive surgery (medically necessary)**
No restricted cover applies
- 65. Dental surgery**
No restricted cover applies
- 66. Podiatric surgery (provided by an accredited podiatric surgeon)**
No restricted cover applies
- 67. Implantation of hearing devices**
No restricted cover applies
- 68. Cataracts**
No restricted cover applies
- 69. Joint replacements**
No restricted cover applies
- 70. Dialysis for chronic kidney failure**

No restricted cover applies

71. Pregnancy and birth

No restricted cover applies

72. Assisted reproductive services

No restricted cover applies

73. Weight loss surgery

No restricted cover applies

74. Insulin pumps

No restricted cover applies

75. Pain management with device

No restricted cover applies

76. Sleep studies

No restricted cover applies

J86 13 Exclusions

39. Rehabilitation

Not excluded

40. Hospital Psychiatric Services

Not excluded

41. Palliative Care

Not excluded

42. Brain and Nervous System

Not excluded

43. Eye (not Cataracts)

Not excluded

44. Ear, Nose and Throat

Not excluded

45. Tonsils, Adenoids and Grommets

Not excluded

46. Bone, Joint and Muscle

Not excluded

47. Joint reconstructions

Not excluded

48. Kidney and Bladder

Not excluded

49. Male reproductive system

Not excluded

- 50. Digestive system**
Not excluded
- 51. Hernia and Appendix**
Not excluded
- 52. Gastrointestinal endoscopy**
Not excluded
- 53. Gynaecology**
Not excluded
- 54. Miscarriage and termination of pregnancy**
Not excluded
- 55. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
Not excluded
- 56. Pain management**
Not excluded
- 57. Skin**
Not excluded
- 58. Breast surgery (medically necessary)**
Not excluded
- 59. Diabetes management (excluding insulin pumps)**
Not excluded
- 60. Heart and Vascular system**
Not excluded
- 61. Lung and Chest**
Not excluded
- 62. Blood**
Not excluded
- 63. Back, Neck and Spine**
Not excluded
- 64. Plastic and Reconstructive surgery (medically necessary)**
Not excluded
- 65. Dental surgery**
Not excluded
- 66. Podiatric surgery (provided by an accredited podiatric surgeon)**
Not excluded
- 67. Implantation of hearing devices**
Not excluded

68. Cataracts

Not excluded

69. Joint replacements

Not excluded

70. Dialysis for chronic kidney failure

Not excluded

71. Pregnancy and birth

Excluded

72. Assisted reproductive services

Excluded

73. Weight loss surgery

Excluded

74. Insulin pumps

Not excluded

75. Pain management with device

Not excluded

76. Sleep studies

Not excluded

J86 14 Loyalty Bonuses

J86 15 Other Special Hospital Treatment

Accident inclusion (feature)

For accidents sustained after joining, treatment which normally attracts a minimum benefit or excluded will be included. Applies to MBS services only.

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J86 16 Dental

J86 17 Optical

J86 18 Physiotherapy

J86 19 Chiropractic

J86 20 Non PBS Pharmaceuticals

J86 21 Podiatry

J86 22 Psychology and Counselling

J86 23 Alternative Therapies

J86 24 Natural Therapies

J86 25 Speech Therapy

J86 26 Orthotics

J86 27 Dietetics

J86 30 Occupational Therapy

J86 31 Naturopathy

J86 32 Acupuncture

J86 33 Other Therapies

J86 34 Non Surgically Implanted Prostheses and Appliances

J86 35 Hearing Aids

J86 36 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J86 37 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J86 38 Accident Cover

Not available on this product.

J86 39 Accidental Death Funeral Expenses

Not available on this product.

J86 40 Other Special General Treatment

Not available on this product.

J86 41 Hospital-Substitute Treatment

Not available on this product.

J87 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J87 1 Table Name or Group of Table Names

1. Corporate Benefit Hospital Gold Nil Excess
2. Corporate Benefit Hospital Gold \$250 Excess
3. Corporate Benefit Hospital Gold \$500 Excess
4. Corporate Benefit Hospital Gold \$750 Excess

J87 2 Eligibility

On Sale

Available to Employees/Members of organisations which have the product included in their contracts with Bupa.

This product can be taken as a stand-alone table, or can be taken out in conjunction with a table in Schedules I46, I47, I48, I49, I50, I86, I87, I88, or I89.

J87 3 General Conditions

See section E1 General Conditions

J87 4 Hospital Treatment Payments

See section E2 Hospital Treatment

J87 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J87 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J87 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J87 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J87 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J87 10 Co Payments

No co-payments apply on this product.

J87 11 Excesses

Corporate Benefit Hospital Gold Nil Excess, Corporate Benefit Hospital Gold \$250 Excess, Corporate Benefit Hospital Gold \$500 Excess, Corporate Benefit Hospital Gold \$750 Excess

The following annual Excess options apply, capped at once per person per calendar year to a maximum of twice per policy per calendar year: - Nil, \$250, \$500 or \$750.

No excesses apply for any admissions to hospital of a Dependant covered under the policy.

J87 12 Restricted Cover

39. Rehabilitation

No restricted cover applies

40. Hospital Psychiatric Services

No restricted cover applies

41. Palliative Care

No restricted cover applies

42. Brain and Nervous System

No restricted cover applies

43. Eye (not Cataracts)

No restricted cover applies

44. Ear, Nose and Throat

No restricted cover applies

45. Tonsils, Adenoids and Grommets

No restricted cover applies

46. Bone, Joint and Muscle

No restricted cover applies

47. Joint reconstructions

No restricted cover applies

48. Kidney and Bladder

No restricted cover applies

49. Male reproductive system

No restricted cover applies

50. Digestive system

No restricted cover applies

51. Hernia and Appendix

No restricted cover applies

- 52. Gastrointestinal endoscopy**
No restricted cover applies
- 53. Gynaecology**
No restricted cover applies
- 54. Miscarriage and termination of pregnancy**
No restricted cover applies
- 55. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 56. Pain management**
No restricted cover applies
- 57. Skin**
No restricted cover applies
- 58. Breast surgery (medically necessary)**
No restricted cover applies
- 59. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 60. Heart and Vascular system**
No restricted cover applies
- 61. Lung and Chest**
No restricted cover applies
- 62. Blood**
No restricted cover applies
- 63. Back, Neck and Spine**
No restricted cover applies
- 64. Plastic and Reconstructive surgery (medically necessary)**
No restricted cover applies
- 65. Dental surgery**
No restricted cover applies
- 66. Podiatric surgery (provided by an accredited podiatric surgeon)**
No restricted cover applies
- 67. Implantation of hearing devices**
No restricted cover applies
- 68. Cataracts**
No restricted cover applies
- 69. Joint replacements**
No restricted cover applies
- 70. Dialysis for chronic kidney failure**

No restricted cover applies

71. Pregnancy and birth

No restricted cover applies

72. Assisted reproductive services

No restricted cover applies

73. Weight loss surgery

No restricted cover applies

74. Insulin pumps

No restricted cover applies

75. Pain management with device

No restricted cover applies

76. Sleep studies

No restricted cover applies

J87 13 Exclusions

39. Rehabilitation

Not excluded

40. Hospital Psychiatric Services

Not excluded

41. Palliative Care

Not excluded

42. Brain and Nervous System

Not excluded

43. Eye (not Cataracts)

Not excluded

44. Ear, Nose and Throat

Not excluded

45. Tonsils, Adenoids and Grommets

Not excluded

46. Bone, Joint and Muscle

Not excluded

47. Joint reconstructions

Not excluded

48. Kidney and Bladder

Not excluded

49. Male reproductive system

Not excluded

- 50. Digestive system**
Not excluded
- 51. Hernia and Appendix**
Not excluded
- 52. Gastrointestinal endoscopy**
Not excluded
- 53. Gynaecology**
Not excluded
- 54. Miscarriage and termination of pregnancy**
Not excluded
- 55. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
Not excluded
- 56. Pain management**
Not excluded
- 57. Skin**
Not excluded
- 58. Breast surgery (medically necessary)**
Not excluded
- 59. Diabetes management (excluding insulin pumps)**
Not excluded
- 60. Heart and Vascular system**
Not excluded
- 61. Lung and Chest**
Not excluded
- 62. Blood**
Not excluded
- 63. Back, Neck and Spine**
Not excluded
- 64. Plastic and Reconstructive surgery (medically necessary)**
Not excluded
- 65. Dental surgery**
Not excluded
- 66. Podiatric surgery (provided by an accredited podiatric surgeon)**
Not excluded
- 67. Implantation of hearing devices**
Not excluded

68. Cataracts

Not excluded

69. Joint replacements

Not excluded

70. Dialysis for chronic kidney failure

Not excluded

71. Pregnancy and birth

Not excluded

72. Assisted reproductive services

Not excluded

73. Weight loss surgery

Not excluded

74. Insulin pumps

Not excluded

75. Pain management with device

Not excluded

76. Sleep studies

Not excluded

J87 14 Loyalty Bonuses

J87 15 Other Special Hospital Treatment

Accident inclusion (feature)

For accidents sustained after joining, treatment which normally attracts a minimum benefit or excluded will be included. Applies to MBS services only.

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J87 16 Dental

J87 17 Optical

J87 18 Physiotherapy

J87 19 Chiropractic

J87 20 Non PBS Pharmaceuticals

J87 21 Podiatry

J87 22 Psychology and Counselling

J87 23 Alternative Therapies

J87 24 Natural Therapies

J87 25 Speech Therapy

J87 26 Orthotics

J87 27 Dietetics

J87 30 Occupational Therapy

J87 31 Naturopathy

J87 32 Acupuncture

J87 33 Other Therapies

J87 34 Non Surgically Implanted Prostheses and Appliances

J87 35 Hearing Aids

J87 36 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J87 37 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J87 38 Accident Cover

Not available on this product.

J87 39 Accidental Death Funeral Expenses

Not available on this product.

J87 40 Other Special General Treatment

Not available on this product.

J87 41 Hospital-Substitute Treatment

Not available on this product.

J88 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J88 1 Table Name or Group of Table Names

1. Corporate Hospital Cover Level 1 - Silver Plus
2. Corporate Hospital Cover Level 2 - Silver Plus
3. Corporate Hospital Cover Level 3 - Silver Plus
4. Corporate Hospital Cover Level 4 - Silver Plus

J88 2 Eligibility

On Sale

Available to Employees/Members of organisations which have the product included in their contracts with Bupa.

This product can be taken as a stand-alone table, or can be taken out in conjunction with a table in Schedules I20, I21, I23, I36 or I42.

J88 3 General Conditions

See section E1 General Conditions

J88 4 Hospital Treatment Payments

See section E2 Hospital Treatment

J88 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J88 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J88 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J88 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J88 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J88 10 Co Payments

No co-payments apply on this product.

J88 11 Excesses

Corporate Hospital Cover Level 1 - Silver Plus, Corporate Hospital Cover Level 2 - Silver Plus, Corporate Hospital Cover Level 3 - Silver Plus, Corporate Hospital Cover Level 4 - Silver Plus

The following annual Excess options apply, capped at once per person, per calendar year to a maximum of twice per policy per calendar year: - No Excess on Level 1, \$250 Excess on Level 2, \$500 Excess on Level 3, \$750 Excess on Level 4

No excesses apply for any admissions to hospital of a Dependant covered under the policy.

J88 12 Restricted Cover

77. Rehabilitation

No restricted cover applies

78. Hospital Psychiatric Services

Restricted cover applies

79. Palliative Care

No restricted cover applies

80. Brain and Nervous System

No restricted cover applies

81. Eye (not Cataracts)

No restricted cover applies

82. Ear, Nose and Throat

No restricted cover applies

83. Tonsils, Adenoids and Grommets

No restricted cover applies

84. Bone, Joint and Muscle

No restricted cover applies

85. Joint reconstructions

No restricted cover applies

86. Kidney and Bladder

No restricted cover applies

87. Male reproductive system

No restricted cover applies

88. Digestive system

No restricted cover applies

89. Hernia and Appendix

No restricted cover applies

- 90. Gastrointestinal endoscopy**
No restricted cover applies
- 91. Gynaecology**
No restricted cover applies
- 92. Miscarriage and termination of pregnancy**
No restricted cover applies
- 93. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 94. Pain management**
No restricted cover applies
- 95. Skin**
No restricted cover applies
- 96. Breast surgery (medically necessary)**
No restricted cover applies
- 97. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 98. Heart and Vascular system**
No restricted cover applies
- 99. Lung and Chest**
No restricted cover applies
- 100. Blood**
No restricted cover applies
- 101. Back, Neck and Spine**
No restricted cover applies
- 102. Plastic and Reconstructive surgery (medically necessary)**
No restricted cover applies
- 103. Dental surgery**
No restricted cover applies
- 104. Podiatric surgery (provided by an accredited podiatric surgeon)**
No restricted cover applies
- 105. Implantation of hearing devices**
No restricted cover applies
- 106. Cataracts**
No restricted cover applies
- 107. Joint replacements**
No restricted cover applies

108. Dialysis for chronic kidney failure
No restricted cover applies

109. Pregnancy and birth
No restricted cover applies

110. Assisted reproductive services
No restricted cover applies

111. Weight loss surgery
No restricted cover applies

112. Insulin pumps
No restricted cover applies

113. Pain management with device
No restricted cover applies

114. Sleep studies
No restricted cover applies

J88 13 Exclusions

77. Rehabilitation
Not excluded

78. Hospital Psychiatric Services
Not excluded

79. Palliative Care
Not excluded

80. Brain and Nervous System
Not excluded

81. Eye (not Cataracts)
Not excluded

82. Ear, Nose and Throat
Not excluded

83. Tonsils, Adenoids and Grommets
Not excluded

84. Bone, Joint and Muscle
Not excluded

85. Joint reconstructions
Not excluded

86. Kidney and Bladder
Not excluded

87. Male reproductive system

Not excluded

88. Digestive system

Not excluded

89. Hernia and Appendix

Not excluded

90. Gastrointestinal endoscopy

Not excluded

91. Gynaecology

Not excluded

92. Miscarriage and termination of pregnancy

Not excluded

93. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

Not excluded

94. Pain management

Not excluded

95. Skin

Not excluded

96. Breast surgery (medically necessary)

Not excluded

97. Diabetes management (excluding insulin pumps)

Not excluded

98. Heart and Vascular system

Not excluded

99. Lung and Chest

Not excluded

100. Blood

Not excluded

101. Back, Neck and Spine

Not excluded

102. Plastic and Reconstructive surgery (medically necessary)

Not excluded

103. Dental surgery

Not excluded

104. Podiatric surgery (provided by an accredited podiatric surgeon)

Not excluded

105. Implantation of hearing devices

Not excluded

106. Cataracts

Excluded

107. Joint replacements

Excluded

108. Dialysis for chronic kidney failure

Excluded

109. Pregnancy and birth

Excluded

110. Assisted reproductive services

Excluded

111. Weight loss surgery

Excluded

112. Insulin pumps

Not excluded

113. Pain management with device

Not excluded

114. Sleep studies

Not excluded

J88 14 Loyalty Bonuses

Health Subscriptions

After 2 months membership on this Table, a benefit of 50% of the cost of a subscription to the Arthritis Foundation, Asthma Foundation, Diabetes Australia or Parkinson's in Western Australia is payable.

J88 15 Other Special Hospital Treatment

Accident inclusion (feature)

For accidents sustained after joining, treatment which normally attracts a minimum benefit or excluded will be included. Applies to MBS services only.

Family In- Hospital Benefit

Benefits will be offered to a partner, immediate family member, carer/parent, next of kin who is required to stay at the hospital with the patient. The benefit is payable on the admitted person's policy.

Benefits payable are:

- Accommodation in hospital up to \$60 per night whilst a boarder in hospital
- Benefit up to \$30 per day towards the cost of any meals provided by the hospital or purchased from the hospital cafeteria for the non- admitted person staying with the patient in hospital

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J88 16 Dental

J88 17 Optical

J88 18 Physiotherapy

J88 19 Chiropractic

J88 20 Non PBS Pharmaceuticals

J88 21 Podiatry

J88 22 Psychology and Counselling

J88 23 Alternative Therapies

J88 24 Natural Therapies

J88 25 Speech Therapy

J88 26 Orthotics

J88 27 Dietetics

J88 30 Occupational Therapy

J88 31 Naturopathy

J88 32 Acupuncture

J88 33 Other Therapies

J88 34 Non Surgically Implanted Prostheses and Appliances

J88 35 Hearing Aids

J88 36 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J88 37 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances.

Also includes cover for non-emergency ambulance trips, capped up to \$5,000 per person each calendar year.

A one day waiting period applies for emergency ambulance, non-emergency ambulance and on-the-spot treatment.

J88 38 Accident Cover

Not available on this product.

J88 39 Accidental Death Funeral Expenses

Not available on this product.

J88 40 Other Special General Treatment

Not available on this product.

J88 41 Hospital-Substitute Treatment

Not available on this product.

J89 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J89 1 Table Name or Group of Table Names

1. Corporate Hospital Cover Advanced Level 1 - Silver Plus
2. Corporate Hospital Cover Advanced Level 2 - Silver Plus
3. Corporate Hospital Cover Advanced Level 3 - Silver Plus
4. Corporate Hospital Cover Advanced Level 4 - Silver Plus

J89 2 Eligibility

On Sale

Available to Employees/Members of organisations which have the product included in their contracts with Bupa.

This product can be taken as a stand-alone table, or can be taken out in conjunction with a table in Schedules I20, I21, I23, I36 or I42.

J89 3 General Conditions

See section E1 General Conditions

J89 4 Hospital Treatment Payments

See section E2 Hospital Treatment

J89 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J89 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J89 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J89 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J89 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J89 10 Co Payments

No co-payments apply on this product.

J89 11 Excesses

Corporate Hospital Cover Advanced Level 1 - Silver Plus, Corporate Hospital Cover Advanced Level 2 - Silver Plus, Corporate Hospital Cover Advanced Level 3 - Silver Plus, Corporate Hospital Cover Advanced Level 4 - Silver Plus

The following annual Excess options apply, capped at once per person, per calendar year to a maximum of twice per policy per calendar year: - No Excess on Level 1, \$250 Excess on Level 2, \$500 Excess on Level 3, \$750 Excess on Level 4.

No excesses apply for any admissions to hospital of a Dependant covered under the policy.

J89 12 Restricted Cover

77. Rehabilitation

No restricted cover applies

78. Hospital Psychiatric Services

No restricted cover applies

79. Palliative Care

No restricted cover applies

80. Brain and Nervous System

No restricted cover applies

81. Eye (not Cataracts)

No restricted cover applies

82. Ear, Nose and Throat

No restricted cover applies

83. Tonsils, Adenoids and Grommets

No restricted cover applies

84. Bone, Joint and Muscle

No restricted cover applies

85. Joint reconstructions

No restricted cover applies

86. Kidney and Bladder

No restricted cover applies

87. Male reproductive system

No restricted cover applies

88. Digestive system

No restricted cover applies

89. Hernia and Appendix

No restricted cover applies

- 90. Gastrointestinal endoscopy**
No restricted cover applies
- 91. Gynaecology**
No restricted cover applies
- 92. Miscarriage and termination of pregnancy**
No restricted cover applies
- 93. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
No restricted cover applies
- 94. Pain management**
No restricted cover applies
- 95. Skin**
No restricted cover applies
- 96. Breast surgery (medically necessary)**
No restricted cover applies
- 97. Diabetes management (excluding insulin pumps)**
No restricted cover applies
- 98. Heart and Vascular system**
No restricted cover applies
- 99. Lung and Chest**
No restricted cover applies
- 100. Blood**
No restricted cover applies
- 101. Back, Neck and Spine**
No restricted cover applies
- 102. Plastic and Reconstructive surgery (medically necessary)**
No restricted cover applies
- 103. Dental surgery**
No restricted cover applies
- 104. Podiatric surgery (provided by an accredited podiatric surgeon)**
No restricted cover applies
- 105. Implantation of hearing devices**
No restricted cover applies
- 106. Cataracts**
No restricted cover applies
- 107. Joint replacements**
No restricted cover applies

108. Dialysis for chronic kidney failure
No restricted cover applies

109. Pregnancy and birth
No restricted cover applies

110. Assisted reproductive services
No restricted cover applies

111. Weight loss surgery
No restricted cover applies

112. Insulin pumps
No restricted cover applies

113. Pain management with device
No restricted cover applies

114. Sleep studies
No restricted cover applies

J89 13 Exclusions

77. Rehabilitation
Not excluded

78. Hospital Psychiatric Services
Not excluded

79. Palliative Care
Not excluded

80. Brain and Nervous System
Not excluded

81. Eye (not Cataracts)
Not excluded

82. Ear, Nose and Throat
Not excluded

83. Tonsils, Adenoids and Grommets
Not excluded

84. Bone, Joint and Muscle
Not excluded

85. Joint reconstructions
Not excluded

86. Kidney and Bladder
Not excluded

87. Male reproductive system

Not excluded

88. Digestive system

Not excluded

89. Hernia and Appendix

Not excluded

90. Gastrointestinal endoscopy

Not excluded

91. Gynaecology

Not excluded

92. Miscarriage and termination of pregnancy

Not excluded

93. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

Not excluded

94. Pain management

Not excluded

95. Skin

Not excluded

96. Breast surgery (medically necessary)

Not excluded

97. Diabetes management (excluding insulin pumps)

Not excluded

98. Heart and Vascular system

Not excluded

99. Lung and Chest

Not excluded

100. Blood

Not excluded

101. Back, Neck and Spine

Not excluded

102. Plastic and Reconstructive surgery (medically necessary)

Not excluded

103. Dental surgery

Not excluded

104. Podiatric surgery (provided by an accredited podiatric surgeon)

Not excluded

105. Implantation of hearing devices

Not excluded

106. Cataracts

Not excluded

107. Joint replacements

Not excluded

108. Dialysis for chronic kidney failure

Not excluded

109. Pregnancy and birth

Excluded

110. Assisted reproductive services

Excluded

111. Weight loss surgery

Excluded

112. Insulin pumps

Not excluded

113. Pain management with device

Not excluded

114. Sleep studies

Not excluded

J89 14 Loyalty Bonuses

Health Subscriptions

After 2 months membership on this Table, a benefit of 50% of the cost of a subscription to the Arthritis Foundation, Asthma Foundation, Diabetes Australia or Parkinson's in Western Australia is payable.

J89 15 Other Special Hospital Treatment

Accident inclusion (feature)

For accidents sustained after joining, treatment which normally attracts a minimum benefit or excluded will be included. Applies to MBS services only.

Family In- Hospital Benefit

Benefits will be offered to a partner, immediate family member, carer/parent, next of kin who is required to stay at the hospital with the patient. The benefit is payable on the admitted person's policy.

Benefits payable are:

- Accommodation in hospital up to \$60 per night whilst a boarder in hospital
- Benefit up to \$30 per day towards the cost of any meals provided by the hospital or purchased from the hospital cafeteria for the non- admitted person staying with the patient in hospital

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J89 16 Dental

J89 17 Optical

J89 18 Physiotherapy

J89 19 Chiropractic

J89 20 Non PBS Pharmaceuticals

J89 21 Podiatry

J89 22 Psychology and Counselling

J89 23 Alternative Therapies

J89 24 Natural Therapies

J89 25 Speech Therapy

J89 26 Orthotics

J89 27 Dietetics

J89 30 Occupational Therapy

J89 31 Naturopathy

J89 32 Acupuncture

J89 33 Other Therapies

J89 34 Non Surgically Implanted Prostheses and Appliances

J89 35 Hearing Aids

J89 36 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J89 37 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances.

Also includes cover for non-emergency ambulance trips, capped up to \$5,000 per person each calendar year.

A one day waiting period applies for emergency ambulance, non-emergency ambulance and on-the-spot treatment.

J89 38 Accident Cover

Not available on this product.

J89 39 Accidental Death Funeral Expenses

Not available on this product.

J89 40 Other Special General Treatment

Not available on this product.

J89 41 Hospital-Substitute Treatment

Not available on this product.

I86 SCHEDULE GENERAL TREATMENT TABLES

I86 1 Table Name or Group of Table Names

Corporate Benefit 60

I86 2 Eligibility

On Sale

Available to Employees/Members of organisations which have the product included in their contracts with Bupa.

This product is subject to the provision that it can only be taken out in conjunction with a table in Schedule J34, J62, J63, J64, J85, J86, J87, J88 or J89.

I86 3 General Conditions

See section E1 General Conditions

I86 4 Loyalty Bonuses

I86 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental and Major Dental – \$800

Orthodontics – Not covered

Combined maximums for General Dental and Major Dental

I86 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

I86 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$350

I86 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$350

186 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 60% of the cost of the balance of the prescription is payable.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for Non PBS Pharmaceuticals, Podiatry and Orthotics, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

186 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for Non PBS Pharmaceuticals, Podiatry and Orthotics, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

186 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

Combined maximums for Non PBS Pharmaceuticals, Podiatry and Orthotics, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

I86 12 Alternative Therapies

See Natural Therapies I86.13

I86 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture and Chinese herbalism,

Maximum benefits per person, per calendar year are: \$200

Remedial Massage:

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

Combined maximums for Natural Therapies, Remedial Massage and Exercise Physiology

I86 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for Non PBS Pharmaceuticals, Podiatry and Orthotics, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

I86 15 Orthotics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for Non PBS Pharmaceuticals, Podiatry and Orthotics, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

I86 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for Non PBS Pharmaceuticals, Podiatry and Orthotics, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

186 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for Non PBS Pharmaceuticals, Podiatry and Orthotics, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

186 18 Naturopathy

Not applicable.

186 19 Acupuncture

See Natural Therapies 186.13

186 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for Non PBS Pharmaceuticals, Podiatry and Orthotics, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

Combined maximums for Natural Therapies, Remedial Massage and Exercise Physiology

186 21 Non Surgically Implanted Prostheses and Appliances

Not available on this product

186 22 Hearing Aids

Not available on this product

186 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

During the first benefit entitlement year the benefit is 100% of the cost, up to a maximum of \$100 per person, per calendar year.

186 24 Ambulance Transportation

Not available on this product

186 25 Accident Cover

Not available on this product.

186 26 Accidental Death Funeral Expenses

Not available on this product.

186 27 Other Special

I87 SCHEDULE GENERAL TREATMENT TABLES

I87 1 Table Name or Group of Table Names

Corporate Benefit 60 Flex

I87 2 Eligibility

On Sale

Available to Employees/Members of organisations which have the product included in their contracts with Bupa.

This product is subject to the provision that it can only be taken out in conjunction with a table in Schedule J34, J62, J63, J64, J85, J86, J87, J88 or J89.

I87 3 General Conditions

See section E1 General Conditions

I87 4 Loyalty Bonuses

I87 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental and Major Dental – \$1,000

Orthodontics – Not covered

Combined maximums for General Dental, Major Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Podiatry and Orthotics, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

I87 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

I87 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$1,000

Combined maximums for General Dental, Major Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Podiatry and Orthotics, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

187 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$1,000

Combined maximums for General Dental, Major Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Podiatry and Orthotics, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

187 9 Non PBS Pharmaceuticals

Not covered

187 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$1,000

Combined maximums for General Dental, Major Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Podiatry and Orthotics, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

187 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$1,000

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

Combined maximums for General Dental, Major Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Podiatry and Orthotics, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

I87 12 Alternative Therapies

See Natural Therapies I87.13

I87 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture and Chinese herbalism,

Maximum benefits per person, per calendar year are: \$1,000

Combined maximums for General Dental, Major Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Podiatry and Orthotics, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

Remedial Massage:

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$1,000

Within this maximum, Remedial Massage benefits are limited to \$200 per person, per calendar year.

I87 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$1,000

Combined maximums for General Dental, Major Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Podiatry and Orthotics, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

I87 15 Orthotics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$1,000

Within this maximum, Orthotics benefits are limited to \$400 per person, per calendar year.

Combined maximums for General Dental, Major Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Podiatry and Orthotics, Remedial Massage, Natural Therapies,

Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

I87 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$1,000

Combined maximums for General Dental, Major Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Podiatry and Orthotics, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

I87 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$1,000

Combined maximums for General Dental, Major Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Podiatry and Orthotics, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

I87 18 Naturopathy

Not applicable.

I87 19 Acupuncture

See Natural Therapies I87.13

I87 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$1,000

Combined maximums for General Dental, Major Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Podiatry and Orthotics, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

Ante Natal and Post Natal

Not covered

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$1,000

Combined maximums for General Dental, Major Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Podiatry and Orthotics, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

187 21 Non Surgically Implanted Prostheses and Appliances

Not available on this product

187 22 Hearing Aids

Not available on this product

187 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

Not available on this product

187 24 Ambulance Transportation

Not available on this product

187 25 Accident Cover

Not available on this product.

187 26 Accidental Death Funeral Expenses

Not available on this product.

187 27 Other Special

I88 SCHEDULE GENERAL TREATMENT TABLES

I88 1 Table Name or Group of Table Names

Corporate Benefit 70

I88 2 Eligibility

On Sale

Available to Employees/Members of organisations which have the product included in their contracts with Bupa.

This product is subject to the provision that it can only be taken out in conjunction with a table in Schedule J34, J62, J63, J64, J85, J86, J87, J88 or J89.

I88 3 General Conditions

See section E1 General Conditions

I88 4 Loyalty Bonuses

I88 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental – \$700

Major Dental and Orthodontics – \$800

Combined maximums for Major Dental and Orthodontics

I88 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$250

I88 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for Physiotherapy, Ante natal and Post natal

188 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$350

188 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 60% of the cost of the balance of the prescription is payable.

Maximum benefits per person, per calendar year are: \$400

Combined maximums for Non PBS Pharmaceuticals, Podiatry and Orthotics, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

188 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Combined maximums for Non PBS Pharmaceuticals, Podiatry and Orthotics, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

188 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

Combined maximums for Non PBS Pharmaceuticals, Podiatry and Orthotics, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

I88 12 Alternative Therapies

See Natural Therapies I88.13

I88 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture and Chinese herbalism,

Maximum benefits per person, per calendar year are: \$300

Remedial Massage:

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for Natural Therapies, Remedial Massage and Exercise Physiology

I88 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Combined maximums for Non PBS Pharmaceuticals, Podiatry and Orthotics, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

I88 15 Orthotics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Combined maximums for Non PBS Pharmaceuticals, Podiatry and Orthotics, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

I88 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Combined maximums for Non PBS Pharmaceuticals, Podiatry and Orthotics, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

188 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Combined maximums for Non PBS Pharmaceuticals, Podiatry and Orthotics, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

188 18 Naturopathy

Not applicable.

188 19 Acupuncture

See Natural Therapies 188.13

188 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Combined maximums for Non PBS Pharmaceuticals, Podiatry and Orthotics, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for Physiotherapy, Ante natal and Post natal

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for Natural Therapies, Remedial Massage and Exercise Physiology

188 21 Non Surgically Implanted Prostheses and Appliances

Benefits for non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one appliance per person, per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device per person, per 2 calendar years.

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device per policy, per 3 calendar years.

Blood Pressure Monitors

Limited to one device per policy, per calendar year.

Hire, Repair and Maintenance of a Health Appliance

Limited to \$100 per person, per calendar year.

Defined Appliances

Defined appliances include (but are not limited to): compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

A combined maximum benefit of \$400 per person, per calendar year applies

Maximum benefits per person, per calendar year for all Non Surgically Implanted Prostheses and Appliances are: \$400

188 22 Hearing Aids

Limited to one supply of hearing aids up to yearly maximum of \$400 per person, per 3 calendar years.

A combined maximum benefit of \$400 per person, per calendar year applies for all health aids and appliances.

188 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

During the first benefit entitlement year the benefit is 100% of the cost, up to a maximum of \$100 per person, per calendar year.

188 24 Ambulance Transportation

Not available on this product.

188 25 Accident Cover

Not available on this product.

188 26 Accidental Death Funeral Expenses

Not available on this product.

188 27 Other Special

Home Nursing

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Home Nursing includes the following coverage:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).
- Stomal Therapy
- Palliative Care Services – RN Care, Personal Care Assistance

Maximum benefits per person, per calendar year are: \$350

Local and Interstate Travelling Expenses

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$100

Overnight Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards Overnight Non-Hospital Accommodation expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Benefit of up to \$40 per night

Maximum benefit per combined patient and attendant per calendar year are: \$150

I89 SCHEDULE GENERAL TREATMENT TABLES

I89 1 Table Name or Group of Table Names

Corporate Benefit 80

I89 2 Eligibility

On Sale

Available to Employees/Members of organisations which have the product included in their contracts with Bupa.

This product is subject to the provision that it can only be taken out in conjunction with a table in Schedule J34, J62, J63, J64, J85, J86, J87, J88 or J89.

I89 3 General Conditions

See section E1 General Conditions

I89 4 Loyalty Bonuses

I89 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental – \$1,000

Major Dental and Orthodontic - \$1,200

Combined maximums for Major Dental and Orthodontics

I89 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

I89 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$600

Combined maximums for Physiotherapy, Ante natal and Post natal

189 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$600

189 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 80% of the cost of the balance of the prescription is payable.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for Non PBS Pharmaceuticals, Podiatry and Orthotics, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

189 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for Non PBS Pharmaceuticals, Podiatry and Orthotics, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

189 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

Combined maximums for Non PBS Pharmaceuticals, Podiatry and Orthotics, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

I89 12 Alternative Therapies

See Natural Therapies I89.13

I89 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture and Chinese herbalism.

Maximum benefits per person, per calendar year are: \$300

Remedial Massage:

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for Natural Therapies, Remedial Massage and Exercise Physiology

I89 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for Non PBS Pharmaceuticals, Podiatry and Orthotics, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

I89 15 Orthotics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for Non PBS Pharmaceuticals, Podiatry and Orthotics, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

I89 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for Non PBS Pharmaceuticals, Podiatry and Orthotics, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

189 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for Non PBS Pharmaceuticals, Podiatry and Orthotics, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

189 18 Naturopathy

Not applicable.

189 19 Acupuncture

See Natural Therapies 189.13

189 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined maximums for Non PBS Pharmaceuticals, Podiatry and Orthotics, Mental Health including Digital Mental Health, Dietary, Speech Therapy, Eye Therapy and Occupational Therapy

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$600

Combined maximums for Physiotherapy, and Ante natal and Post natal

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Combined maximums for Natural Therapies, Remedial Massage and Exercise Physiology

189 21 Non Surgically Implanted Prostheses and Appliances

Benefits for non Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one appliance per 2 calendar years.

Blood Glucose Monitors/INR (International Normalised Ratio) Devices

Limited to one appliance per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device per 2 calendar years.

Surgical (Compression) Stockings

Benefits are limited to 4 pairs per person, per calendar year

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device per policy per 3 calendar years.

Blood Pressure Monitors

Limited to one device per calendar year.

Defined Appliances

Defined appliances include (but are not limited to): orthotics, compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

Hire, Repair and Maintenance of a Health Appliance

Limited to \$100 per person, per calendar year.

Maximum benefits per person, per calendar year for all Non Surgically Implanted Prostheses and Appliances are: \$500.

189 22 Hearing Aids

Limited to one supply of hearing aids up to yearly maximum of \$500 per person, per 3 calendar years.

A combined maximum benefit of \$500 per person, per calendar year applies for all health aids and appliances.

189 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

During the first benefit entitlement year the benefit is 100% of the cost, up to a maximum of \$150 per person, per calendar year.

189 24 Ambulance Transportation

Not available on this product.

189 25 Accident Cover

Not available on this product.

189 26 Accidental Death Funeral Expenses

Not available on this product.

189 27 Other Special

Home Nursing

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Home Nursing includes the following coverage:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).
- Stomal Therapy
- Palliative Care Services – RN Care, Personal Care Assistance

Maximum benefits per person, per calendar year are: \$350

Local and Interstate Travelling Expenses

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$100

Overnight Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards Overnight Non-Hospital Accommodation expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Benefit of up to \$40 per night

Maximum benefit per combined patient and attendant per calendar year are: \$150

J90 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J90 1 Table Name or Group of Table Names

1. Silver Plus Assured Hospital with Nil excess
2. Silver Plus Assured Hospital with \$250 excess
3. Silver Plus Assured Hospital with \$500 excess
4. Silver Plus Assured Hospital with \$750 excess

J90 2 Eligibility

On Sale – Silver Plus Assured Hospital nil Excess, Silver Plus Assured Hospital \$250 Excess, Silver Plus Assured Hospital \$500 Excess and Silver Plus Assured Hospital \$750 Excess

J90 3 General Conditions

See section E1 General Conditions

J90 4 Hospital Treatment Payments

See section E2 Hospital Treatment

J90 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J90 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J90 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J90 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J90 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J90 10 Co Payments

No co-payments apply on this product.

J90 11 Excesses

Silver Plus Assured Hospital Nil Excess, Silver Plus Assured Hospital \$250 Excess, Silver Plus Assured Hospital \$500 Excess, and Silver Plus Assured Hospital \$750 Excess

The following annual Excess options apply, capped at once per person per calendar year to a maximum of twice per policy per calendar year: - Nil, \$250, \$500 or \$750.

No excesses apply for any admissions to hospital of a Dependant covered under the policy.

J90 12 Restricted Cover

1. Rehabilitation

No restricted cover applies

2. Hospital Psychiatric Services

Restricted cover applies

3. Palliative Care

No restricted cover applies

4. Brain and Nervous System

No restricted cover applies

5. Eye (not Cataracts)

No restricted cover applies

6. Ear, Nose and Throat

No restricted cover applies

7. Tonsils, Adenoids and Grommets

No restricted cover applies

8. Bone, Joint and Muscle

No restricted cover applies

9. Joint reconstructions

No restricted cover applies

10. Kidney and Bladder

No restricted cover applies

11. Male reproductive system

No restricted cover applies

12. Digestive system

No restricted cover applies

13. Hernia and Appendix

No restricted cover applies

14. Gastrointestinal endoscopy

No restricted cover applies

15. Gynaecology

No restricted cover applies

16. Miscarriage and termination of pregnancy

No restricted cover applies

17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

No restricted cover applies

18. Pain management

No restricted cover applies

19. Skin

No restricted cover applies

20. Breast surgery (medically necessary)

No restricted cover applies

21. Diabetes management (excluding insulin pumps)

No restricted cover applies

22. Heart and Vascular system

No restricted cover applies

23. Lung and Chest

No restricted cover applies

24. Blood

No restricted cover applies

25. Back, Neck and Spine

No restricted cover applies

26. Plastic and Reconstructive surgery (medically necessary)

No restricted cover applies

27. Dental surgery

No restricted cover applies

28. Podiatric surgery (provided by an accredited podiatric surgeon)

No restricted cover applies

29. Implantation of hearing devices

No restricted cover applies

30. Cataracts

No restricted cover applies

31. Joint replacements

No restricted cover applies

32. Dialysis for chronic kidney failure

No restricted cover applies

33. Pregnancy and birth

No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J90 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Not excluded

5. Eye (not Cataracts)

Not excluded

6. Ear, Nose and Throat

Not excluded

7. Tonsils, Adenoids and Grommets

Not excluded

8. Bone, Joint and Muscle

Not excluded

9. Joint reconstructions

Not excluded

10. Kidney and Bladder

Not excluded

11. Male reproductive system

Not excluded

12. Digestive system

Not excluded

- 13. Hernia and Appendix**
Not excluded
- 14. Gastrointestinal endoscopy**
Not excluded
- 15. Gynaecology**
Not excluded
- 16. Miscarriage and termination of pregnancy**
Not excluded
- 17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer**
Not excluded
- 18. Pain management**
Not excluded
- 19. Skin**
Not excluded
- 20. Breast surgery (medically necessary)**
Not excluded
- 21. Diabetes management (excluding insulin pumps)**
Not excluded
- 22. Heart and Vascular system**
Not excluded
- 23. Lung and Chest**
Not excluded
- 24. Blood**
Not excluded
- 25. Back, Neck and Spine**
Not excluded
- 26. Plastic and Reconstructive surgery (medically necessary)**
Not excluded
- 27. Dental surgery**
Not excluded
- 28. Podiatric surgery (provided by an accredited podiatric surgeon)**
Not excluded
Note: Limited hospital accommodation and approved prostheses benefits only
- 29. Implantation of hearing devices**
Not excluded
- 30. Cataracts**
Not excluded

31. Joint replacements

Not excluded

32. Dialysis for chronic kidney failure

Not excluded

33. Pregnancy and birth

Excluded

34. Assisted reproductive services

Excluded

35. Weight loss surgery

Excluded

36. Insulin pumps

Not excluded

37. Pain management with device

Not excluded

38. Sleep studies

Not excluded

J90 14 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J90 15 Other Special Hospital Treatment

Accident inclusion (feature)

For accidents sustained after joining, treatment which normally attracts a minimum benefit or excluded will be included. Applies to MBS services only.

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J90 16 Dental

J90 17 Optical

J90 18 Physiotherapy

J90 19 Chiropractic

J90 20 Non PBS Pharmaceuticals

J90 21 Podiatry

J90 22 Psychology and Counselling

J90 23 Alternative Therapies

J90 24 Natural Therapies

J90 25 Speech Therapy

J90 26 Orthotics

J90 27 Dietetics

J90 28 Occupational Therapy

J90 29 Naturopathy

J90 30 Acupuncture

J90 31 Other Therapies

J90 32 Non Surgically Implanted Prostheses and Appliances

J90 33 Hearing Aids

J90 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J90 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances.

J90 36 Accident Cover

Not available on this product.

J90 37 Accidental Death Funeral Expenses

Not available on this product.

J90 38 Other Special General Treatment

Not available on this product.

J90 39 Hospital-Substitute Treatment

Not available on this product.

I91 SCHEDULE GENERAL TREATMENT TABLES

I91 1 Table Name or Group of Table Names

Freedom 60 Boost Extras

I91 2 Eligibility

On Sale

I91 3 General Conditions

See section E1 General Conditions

I91 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature

I91 5 Dental

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

General Dental –

Maximum benefits per person, per calendar year are: \$650

Maximum benefits per policy, per calendar year are: \$1300

Major Dental –

Maximum benefits per person, per calendar year are: \$650

Maximum benefits per policy, per calendar year are: \$1300

Orthodontics - No cover

I91 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$250

Maximum benefits per policy, per calendar year are: \$500

I91 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Maximum benefits per policy, per calendar year are: \$1000

Combined maximums for - Physiotherapy and Chiropractic/Osteopathy.

I91 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$500

Maximum benefits per policy, per calendar year are: \$1000

Combined maximums for - Physiotherapy and Chiropractic/Osteopathy.

I91 9 Non PBS Pharmaceuticals

Not available on this product.

I91 10 Podiatry

Not available on this product.

I91 11 Psychology and Counselling

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

Online-CBT from a Bupa recognised program for selected courses only. Combined maximums for Psychology, Counselling and Digital Mental Health

I91 12 Alternative Therapies

See Natural Therapies I91.13

I91 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Massage, Acupuncture and Chinese herbalism.

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

Maximum benefits per person, per calendar year are: \$200

Maximum benefits per policy, per calendar year are: \$400

Combined maximums for Natural Therapies, Exercise Physiology.

I91 14 Speech Therapy

Not available on this product.

I91 15 Orthotics

Not available on this product.

I91 16 Dietetics

Not available on this product.

I91 17 Occupational Therapy

Not available on this product.

I91 18 Naturopathy

Not applicable.

I91 19 Acupuncture

See Natural Therapies J91.13

I91 20 Other Therapies

Exercise Physiology Benefits for services are payable as set out in the Company's Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

Maximum benefits per policy, per calendar year are: \$400

Combined maximums for Natural Therapies and Exercise Physiology.

I91 21 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

I91 22 Hearing Aids

Not available on this product.

I91 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

I91 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

I91 25 Accident Cover

Not available on this product.

I91 26 Accidental Death Funeral Expenses

Not available on this product.

I91 27 Other Special

Not available on this product.

J91 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J91 1 Table Name or Group of Table Names

1. Corporate Gold Comprehensive Hospital \$500 Excess
2. Corporate Gold Comprehensive Hospital \$750 Excess

J91 2 Eligibility

On Sale

Available to Employees/Members of organisations which have the product included in their contracts with Bupa.

This product can be taken as a stand-alone table, or can be taken out in conjunction with a table in Schedules I46, I47, I48, I49 or I50

J91 3 General Conditions

See section E1 General Conditions

J91 4 Hospital Treatment Payments

See section E2 Hospital Treatment

J91 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J91 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J91 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J91 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J91 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J91 10 Co Payments

No co-payments apply on this product.

J91 11 Excesses

Corporate Gold Comprehensive Hospital \$500 Excess and Corporate Gold Comprehensive Hospital \$750 Excess

The following annual Excess options apply, capped at once per person per calendar year to a maximum of twice per policy per calendar year: \$500 or \$750.

No excesses apply for any admissions to hospital of a Dependant covered under the policy.

J91 12 Restricted Cover

1. Rehabilitation

No restricted cover applies

2. Hospital Psychiatric Services

Restricted cover applies

3. Palliative Care

No restricted cover applies

4. Brain and Nervous System

No restricted cover applies

5. Eye (not Cataracts)

No restricted cover applies

6. Ear, Nose and Throat

No restricted cover applies

7. Tonsils, Adenoids and Grommets

No restricted cover applies

8. Bone, Joint and Muscle

No restricted cover applies

9. Joint reconstructions

No restricted cover applies

10. Kidney and Bladder

No restricted cover applies

11. Male reproductive system

No restricted cover applies

12. Digestive system

No restricted cover applies

13. Hernia and Appendix

No restricted cover applies

14. Gastrointestinal endoscopy

No restricted cover applies

15. Gynaecology

No restricted cover applies

16. Miscarriage and termination of pregnancy

No restricted cover applies

17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

No restricted cover applies

18. Pain management

No restricted cover applies

19. Skin

No restricted cover applies

20. Breast surgery (medically necessary)

No restricted cover applies

21. Diabetes management (excluding insulin pumps)

No restricted cover applies

22. Heart and Vascular system

No restricted cover applies

23. Lung and Chest

No restricted cover applies

24. Blood

No restricted cover applies

25. Back, Neck and Spine

No restricted cover applies

26. Plastic and Reconstructive surgery (medically necessary)

No restricted cover applies

27. Dental surgery

No restricted cover applies

28. Podiatric surgery (provided by an accredited podiatric surgeon)

No restricted cover applies

29. Implantation of hearing devices

No restricted cover applies

30. Cataracts

No restricted cover applies

31. Joint replacements

No restricted cover applies

32. Dialysis for chronic kidney failure

No restricted cover applies

33. Pregnancy and birth

No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J91 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Not excluded

5. Eye (not Cataracts)

Not excluded

6. Ear, Nose and Throat

Not excluded

7. Tonsils, Adenoids and Grommets

Not excluded

8. Bone, Joint and Muscle

Not excluded

9. Joint reconstructions

Not excluded

10. Kidney and Bladder

Not excluded

11. Male reproductive system

Not excluded

12. Digestive system

Not excluded

13. Hernia and Appendix

Not excluded

14. Gastrointestinal endoscopy

Not excluded

15. Gynaecology

Not excluded

16. Miscarriage and termination of pregnancy

Not excluded

17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

Not excluded

18. Pain management

Not excluded

19. Skin

Not excluded

20. Breast surgery (medically necessary)

Not excluded

21. Diabetes management (excluding insulin pumps)

Not excluded

22. Heart and Vascular system

Not excluded

23. Lung and Chest

Not excluded

24. Blood

Not excluded

25. Back, Neck and Spine

Not excluded

26. Plastic and Reconstructive surgery (medically necessary)

Not excluded

27. Dental surgery

Not excluded

28. Podiatric surgery (provided by an accredited podiatric surgeon)

Not excluded

29. Implantation of hearing devices

Not excluded

30. Cataracts

Not excluded

31. Joint replacements

Not excluded

32. Dialysis for chronic kidney failure

Not excluded

33. Pregnancy and birth

Not excluded

34. Assisted reproductive services

Not excluded

35. Weight loss surgery

Not excluded

36. Insulin pumps

Not excluded

37. Pain management with device

Not excluded

38. Sleep studies

Not excluded

J91 14 Loyalty Bonuses

J91 15 Other Special Hospital Treatment

Accident inclusion (feature)

For accidents sustained after joining, treatment which normally attracts a minimum benefit or excluded will be included. Applies to MBS services only.

Accidents Happen Refund: When requiring hospital treatment as the result of an accident, Bupa will refund you the hospital excess you paid for the admission. For Bupa's accident definition and explanation, please see the Important Information Guide.

Family In- Hospital Benefit

Benefits will be offered to a partner, immediate family member, carer/parent, next of kin who is required to stay at the hospital with the patient. The benefit is payable on the admitted person's policy.

Benefits payable are:

- Accommodation in hospital up to \$60 per night whilst a boarder in hospital
- Benefit up to \$30 per day towards the cost of any meals provided by the hospital or purchased from the hospital cafeteria for the non- admitted person staying with the patient in hospital

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J91 16 Dental***J91 17 Optical******J91 18 Physiotherapy******J91 19 Chiropractic******J91 20 Non PBS Pharmaceuticals******J91 21 Podiatry******J91 22 Psychology and Counselling******J91 23 Alternative Therapies******J91 24 Natural Therapies******J91 25 Speech Therapy******J91 26 Orthotics******J91 27 Dietetics******J91 30 Occupational Therapy******J91 31 Naturopathy******J91 32 Acupuncture******J91 33 Other Therapies******J91 34 Non Surgically Implanted Prostheses and Appliances******J91 35 Hearing Aids******J91 36 Prevention Health Management*****Bowel Cancer Screening Kits**

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J91 37 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances.

Also includes cover for non-emergency ambulance trips, capped up to \$5,000 per person each calendar year.

A one day waiting period applies for emergency ambulance, non-emergency ambulance and on-the-spot treatment.

J91 38 Accident Cover

Not available on this product.

J91 39 Accidental Death Funeral Expenses

Not available on this product.

J91 40 Other Special General Treatment

Not available on this product.

J91 41 Hospital-Substitute Treatment

Not available on this product.

J92 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J92 1 Table Name or Group of Table Names

1. Gold Comprehensive Hospital \$500 Excess
2. Gold Comprehensive Hospital \$750 Excess

J92 2 Eligibility

On Sale – Gold Comprehensive Hospital \$500 Excess and Gold Comprehensive Hospital \$750 Excess

J92 3 General Conditions

See section E1 General Conditions

J92 4 Hospital Treatment Payments

See section E2 Hospital Treatment

J92 5 Medical Services Payments while admitted

See section E2 Hospital Treatment

J92 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment

J92 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment

J92 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment

J92 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment

J92 10 Co Payments

No co-payments apply on this product.

J92 11 Excesses

Gold Comprehensive Hospital \$500 Excess, and Gold Comprehensive Hospital \$750 Excess

The following annual Excess options apply, capped at once per person per calendar year to a maximum of twice per policy per calendar year: - \$500 or \$750.

No excesses apply for any admissions to hospital of a Dependant covered under the policy.

J92 12 Restricted Cover

1. Rehabilitation

No restricted cover applies

2. Hospital Psychiatric Services

No restricted cover applies

3. Palliative Care

No restricted cover applies

4. Brain and Nervous System

No restricted cover applies

5. Eye (not Cataracts)

No restricted cover applies

6. Ear, Nose and Throat

No restricted cover applies

7. Tonsils, Adenoids and Grommets

No restricted cover applies

8. Bone, Joint and Muscle

No restricted cover applies

9. Joint reconstructions

No restricted cover applies

10. Kidney and Bladder

No restricted cover applies

11. Male reproductive system

No restricted cover applies

12. Digestive system

No restricted cover applies

13. Hernia and Appendix

No restricted cover applies

14. Gastrointestinal endoscopy

No restricted cover applies

15. Gynaecology

No restricted cover applies

16. Miscarriage and termination of pregnancy

No restricted cover applies

17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

No restricted cover applies

18. Pain management

No restricted cover applies

19. Skin

No restricted cover applies

20. Breast surgery (medically necessary)

No restricted cover applies

21. Diabetes management (excluding insulin pumps)

No restricted cover applies

22. Heart and Vascular system

No restricted cover applies

23. Lung and Chest

No restricted cover applies

24. Blood

No restricted cover applies

25. Back, Neck and Spine

No restricted cover applies

26. Plastic and Reconstructive surgery (medically necessary)

No restricted cover applies

27. Dental surgery

No restricted cover applies

28. Podiatric surgery (provided by an accredited podiatric surgeon)

No restricted cover applies

29. Implantation of hearing devices

No restricted cover applies

30. Cataracts

No restricted cover applies

31. Joint replacements

No restricted cover applies

32. Dialysis for chronic kidney failure

No restricted cover applies

33. Pregnancy and birth

No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J92 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Not excluded

5. Eye (not Cataracts)

Not excluded

6. Ear, Nose and Throat

Not excluded

7. Tonsils, Adenoids and Grommets

Not excluded

8. Bone, Joint and Muscle

Not excluded

9. Joint reconstructions

Not excluded

10. Kidney and Bladder

Not excluded

11. Male reproductive system

Not excluded

12. Digestive system

Not excluded

13. Hernia and Appendix

Not excluded

14. Gastrointestinal endoscopy

Not excluded

15. Gynaecology

Not excluded

16. Miscarriage and termination of pregnancy

Not excluded

17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

Not excluded

18. Pain management

Not excluded

19. Skin

Not excluded

20. Breast surgery (medically necessary)

Not excluded

21. Diabetes management (excluding insulin pumps)

Not excluded

22. Heart and Vascular system

Not excluded

23. Lung and Chest

Not excluded

24. Blood

Not excluded

25. Back, Neck and Spine

Not excluded

26. Plastic and Reconstructive surgery (medically necessary)

Not excluded

27. Dental surgery

Not excluded

28. Podiatric surgery (provided by an accredited podiatric surgeon)

Not excluded

Note: Limited hospital accommodation and approved prostheses benefits only

29. Implantation of hearing devices

Not excluded

30. Cataracts

Not excluded

31. Joint replacements

Not excluded

32. Dialysis for chronic kidney failure

Not excluded

33. Pregnancy and birth

Not excluded

34. Assisted reproductive services

Not excluded

35. Weight loss surgery

Not excluded

36. Insulin pumps

Not excluded

37. Pain management with device

Not excluded

38. Sleep studies

Not excluded

J92 14 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J92 15 Other Special Hospital Treatment

Family In-Hospital Benefit

Benefits will be offered to a partner, immediate family member, carer/parent, next of kin who is required to stay at the hospital with the patient. The benefit is payable on the admitted person's policy.

Benefits payable are:

- Accommodation in hospital up to \$60 per night whilst a boarder in hospital
- Benefit up to \$30 per day towards the cost of any meals provided by the hospital or purchased from the hospital cafeteria for the non- admitted person staying with the patient in hospital.

Accident inclusion (feature)

For accidents sustained after joining, treatment which normally attracts a minimum benefit or excluded will be included. Applies to MBS services only.

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J92 16 Dental

J92 17 Optical

J92 18 Physiotherapy

J92 19 Chiropractic

J92 20 Non PBS Pharmaceuticals

J92 21 Podiatry

J92 22 Psychology and Counselling

J92 23 Alternative Therapies

J92 24 Natural Therapies

J92 25 Speech Therapy

J92 26 Orthotics

J92 27 Dietetics

J92 28 Occupational Therapy

J92 29 Naturopathy

J92 30 Acupuncture

J92 31 Other Therapies

J92 32 Non Surgically Implanted Prostheses and Appliances

J92 33 Hearing Aids

J92 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J92 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J92 36 Accident Cover

Not available on this product.

J92 37 Accidental Death Funeral Expenses

Not available on this product.

J92 38 Other Special General Treatment

Not available on this product.

J92 39 Hospital-Substitute Treatment

Not available on this product.

I93 SCHEDULE GENERAL TREATMENT TABLES

I93 1 Table Name or Group of Table Names

Core Extras

I93 2 Eligibility

On Sale

I93 3 General Conditions

See section E1 General Conditions

I93 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

I93 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental – \$650

Major Dental - \$650

Orthodontics – No cover

I93 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

Maximum benefits per policy, per calendar year are: \$400

I93 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$450

Combined maximums for – Physiotherapy and Chiropractic/Osteopathy.

I93 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$450

Combined maximums for – Physiotherapy and Chiropractic/Osteopathy.

I93 9 Non PBS Pharmaceuticals

Not available on this product.

I93 10 Podiatry

Not available on this product.

I93 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

Within this maximum, Online-CBT benefits are limited to \$100 per person, per calendar year.

Online-CBT from a Bupa recognised program for selected courses only.

I93 12 Alternative Therapies

See Natural Therapies I93.13.

I93 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture, Chinese herbalism, and Massage.

Massage includes - remedial massage, [myotherapy](#), and [Traditional Chinese Medicine remedial massage](#).

Maximum benefits per person, per calendar year are: \$200

Maximum benefits per policy, per calendar year are: \$400

Combined maximums for – Natural Therapies and Exercise Physiology

I93 14 Speech Therapy

Not available on this product.

I93 15 Orthotics

Not available on this product.

193 16 Dietetics

Not available on this product.

193 17 Occupational Therapy

Not available on this product.

193 18 Naturopathy

Not applicable.

193 19 Acupuncture

See Acupuncture 93.13

193 20 Other Therapies

Eye Therapy

Not available on this product.

Ante Natal and Post Natal

Not available on this product.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

Maximum benefits per policy, per calendar year are: \$400

Combined maximums for – Natural Therapy and Exercise Physiology.

193 21 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

193 22 Hearing Aids

Not available on this product.

193 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit is limited to \$22.00 per bowel cancer screening kit in the first benefit entitlement year, and then benefit bonus applies. See section I26.4. This is limited to one kit per person per calendar year.

Health Management Programs

Not available on this product.

I93 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

I93 25 Accident Cover

Not available on this product.

I93 26 Accidental Death Funeral Expenses

Not available on this product.

I93 27 Other Special

Home Nursing

Not available on this product.

I94 SCHEDULE GENERAL TREATMENT TABLES

I94 1 Table Name or Group of Table Names

Wellness Extras

I94 2 Eligibility

On Sale

I94 3 General Conditions

See section E1 General Conditions

I94 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

I94 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

Preventative Dental – No maximum benefits apply, however service limits apply.

General Dental – \$750

Major Dental - \$750

Orthodontics – \$600. Lifetime limit of \$1200 per person

I94 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$250

I94 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$800

Combined maximums for – Physiotherapy and Chiropractic/Osteopathy.

I94 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$800

Combined maximums for – Physiotherapy and Chiropractic/Osteopathy.

I94 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 60% of the cost of the balance of the prescription is payable. Benefit is limited to \$40 per script item in the first benefit entitlement year, and then benefit bonus applies. See section J70.4

Maximum benefits per person, per calendar year are: \$300

I94 10 Podiatry

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

Combined maximums for Podiatry and Orthotics

I94 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$150

Online-CBT from a Bupa recognised program for selected courses only.

I94 12 Alternative Therapies

See Natural Therapies I94.13.

I94 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture, Chinese herbalism, and Massage.

Massage includes - remedial massage, [myotherapy](#), and [Traditional Chinese Medicine remedial massage](#).

Maximum benefits per person, per calendar year are: \$400

Maximum benefits per policy, per calendar year are: \$800

Within this maximum, Massage benefits are limited to \$200 per person and \$400 per policy per calendar year.

Combined maximums for – Natural Therapies and Exercise Physiology

I94 14 Speech Therapy

Not available on this product.

I94 15 Orthotics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

Combined maximums for Podiatry and Orthotics

I94 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$300

I94 17 Occupational Therapy

Not available on this product.

I94 18 Naturopathy

Not applicable.

I94 19 Acupuncture

See Natural Therapies I93.13.

I94 20 Other Therapies

Eye Therapy

Not available on this product.

Ante Natal and Post Natal

Not available on this product.

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$400

Maximum benefits per policy, per calendar year are: \$800

Combined maximums for – Natural Therapy and Exercise Physiology.

194 21 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

194 22 Hearing Aids

Not available on this product.

194 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit is limited to \$22.00 per bowel cancer screening kit in the first benefit entitlement year, and then benefit bonus applies. See section J70.4. This is limited to one kit per person per calendar year.

Health Management Programs

Not available on this product.

194 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

194 25 Accident Cover

Not available on this product.

194 26 Accidental Death Funeral Expenses

Not available on this product.

194 27 Other Special

Home Nursing

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Home Nursing includes the following coverage:

- General Care Services: Catheter Care, Continence Care, Medication Administration (injections, rectal or vaginal suppositories for the frail, enemas, dosette education), and wound management (post surgery, ulcer dressings, wound drainage).
- Stomal Therapy
- Palliative Care Services – RN Care, Personal Care Assistance

Maximum benefits per person, per calendar year are: \$100

Local and Interstate Travelling Expenses

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards local and interstate travelling expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Maximum benefits per combined patient and attendant per calendar year are: \$100

Overnight Non-Hospital Accommodation

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The *Company* will pay a benefit towards Overnight Non-Hospital Accommodation expenses for a person covered under this Policy and an attendant subject to the following conditions:

- (1) The person must be referred by a *Medical Practitioner*; and
- (2) The travel must be for essential medical treatment not available locally or that the referring *Medical Practitioner* could not provide.

Benefit of up to \$40 per night

Maximum benefit per combined patient and attendant per calendar year are: \$150

J95 SCHEDULE COMBINED HOSPITAL TREATMENT and GENERAL TREATMENT TABLES

J95 1 Table Name or Group of Table Names

Bupa Employee Bronze Plus Hospital Nil Excess

J95 2 Eligibility

On Sale

Available to Employees/Members of organisations which have the product included in their contracts with Bupa.

J95 3 General Conditions

See section E1 General Conditions.

J95 4 Hospital Treatment Payments

See section E2 Hospital Treatment.

J95 5 Medical Services Payments while admitted

See section E2 Hospital Treatment.

J95 6 Pharmaceutical Benefits Scheme PBS Pharmaceuticals

See section E2.6 Hospital Treatment.

J95 7 Non PBS Pharmaceuticals

See section E2.7 Hospital Treatment.

J95 8 Surgically Implanted Prostheses

See section E2.8 Hospital Treatment.

J95 9 Nursing Home Type Patients

See sections E2.10 and E2.11 Hospital Treatment.

J95 10 Co Payments

No co-payments apply on this product.

J95 11 Excesses

The following annual Excess options apply, capped at once per person, per calendar year to a maximum of twice per Policy: - \$250, \$500 & \$750.

No excesses apply for any admissions to hospital of a Dependant covered under the policy.

J95 12 Restricted Cover

1. Rehabilitation

Restricted cover applies

2. Hospital Psychiatric Services

Restricted cover applies

3. Palliative Care

Restricted cover applies

4. Brain and Nervous System

No restricted cover applies

5. Eye (not Cataracts)

No restricted cover applies

6. Ear, Nose and Throat

No restricted cover applies

7. Tonsils, Adenoids and Grommets

No restricted cover applies

8. Bone, Joint and Muscle

No restricted cover applies

9. Joint reconstructions

No restricted cover applies

10. Kidney and Bladder

No restricted cover applies

11. Male reproductive system

No restricted cover applies

12. Digestive system

No restricted cover applies

13. Hernia and Appendix

No restricted cover applies

14. Gastrointestinal endoscopy

No restricted cover applies

15. Gynaecology

No restricted cover applies

16. Miscarriage and termination of pregnancy

No restricted cover applies

17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

No restricted cover applies

18. Pain management

No restricted cover applies

19. Skin

No restricted cover applies

20. Breast surgery (medically necessary)

No restricted cover applies

21. Diabetes management (excluding insulin pumps)

No restricted cover applies

22. Heart and Vascular system

No restricted cover applies

23. Lung and Chest

No restricted cover applies

24. Blood

No restricted cover applies

25. Back, Neck and Spine

No restricted cover applies

26. Plastic and Reconstructive surgery (medically necessary)

No restricted cover applies

27. Dental surgery

No restricted cover applies

28. Podiatric surgery (provided by an accredited podiatric surgeon)

No restricted cover applies

29. Implantation of hearing devices

No restricted cover applies

30. Cataracts

No restricted cover applies

31. Joint replacements

No restricted cover applies

32. Dialysis for chronic kidney failure

No restricted cover applies

33. Pregnancy and birth

No restricted cover applies

34. Assisted reproductive services

No restricted cover applies

35. Weight loss surgery

No restricted cover applies

36. Insulin pumps

No restricted cover applies

37. Pain management with device

No restricted cover applies

38. Sleep studies

No restricted cover applies

J95 13 Exclusions

1. Rehabilitation

Not excluded

2. Hospital Psychiatric Services

Not excluded

3. Palliative Care

Not excluded

4. Brain and Nervous System

Not excluded

5. Eye (not Cataracts)

Not excluded

6. Ear, Nose and Throat

Not excluded

7. Tonsils, Adenoids and Grommets

Not excluded

8. Bone, Joint and Muscle

Not excluded

9. Joint reconstructions

Not excluded

10. Kidney and Bladder

Not excluded

11. Male reproductive system

Not excluded

12. Digestive system

Not excluded

13. Hernia and Appendix

Not excluded

14. Gastrointestinal endoscopy

Not excluded

15. Gynaecology

Not excluded

16. Miscarriage and termination of pregnancy

Not excluded

17. Chemotherapy, Radiotherapy and Immunotherapy for Cancer

Not excluded

18. Pain management

Not excluded

19. Skin

Not excluded

20. Breast surgery (medically necessary)

Not excluded

21. Diabetes management (excluding insulin pumps)

Not excluded

22. Heart and Vascular system

Excluded

23. Lung and Chest

Not excluded

24. Blood

Not excluded

25. Back, Neck and Spine

Excluded

26. Plastic and Reconstructive surgery (medically necessary)

Excluded

27. Dental surgery

Not excluded

28. Podiatric surgery (provided by an accredited podiatric surgeon)

Not excluded

Note: Limited hospital accommodation and approved prostheses benefits only

29. Implantation of hearing devices

Excluded

30. Cataracts

Excluded

31. Joint replacements

Excluded

32. Dialysis for chronic kidney failure

Excluded

33. Pregnancy and birth

Excluded

34. Assisted reproductive services

Excluded

35. Weight loss surgery

Excluded

36. Insulin pumps

Excluded

37. Pain management with device

Excluded

38. Sleep studies

Not excluded

J95 14 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

J95 15 Other Special Hospital Treatment

Accident inclusion (feature)

For accidents sustained after joining, treatment which normally attracts a minimum benefit or excluded will be included. Applies to MBS services only.

Travel and Accommodation

Travel and Accommodation helps cover the cost of travel and accommodation for essential medical and/or hospital treatment, where the total return distance is 200 kilometres or more from where the policy holder resides.

Up to \$100 per person, per trip for travel expenses and \$50 per night up to \$150 per person, per trip for accommodation. 2 month waiting period and eligibility criteria apply.

J58 16 Dental

J58 17 Optical

J58 18 Physiotherapy

J58 19 Chiropractic

J58 20 Non PBS Pharmaceuticals

J58 21 Podiatry

J58 22 Psychology and Counselling

J58 23 Alternative Therapies

J58 24 Natural Therapies

J58 25 Speech Therapy

J58 26 Orthotics

J58 27 Dietetics

J58 28 Occupational Therapy

J58 29 Naturopathy

J58 30 Acupuncture

J58 31 Other Therapies

J58 32 Non Surgically Implanted Prostheses and Appliances

J58 33 Hearing Aids

J58 34 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

J95 35 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

J95 36 Accident Cover

Not available on this product.

J95 37 Accidental Death Funeral Expenses

Not available on this product.

J95 38 Other Special General Treatment

Not available on this product.

J95 39 Hospital-Substitute Treatment

Not available on this product.

I96 SCHEDULE GENERAL TREATMENT TABLES

I96 1 Table Name or Group of Table Names

Bupa Employee Extras

I96 2 Eligibility

On Sale

Available to Employees/Members of organisations which have the product included in their contracts with Bupa.

I96 3 General Conditions

See section E1 General Conditions

I96 4 Loyalty Bonuses

This product does not have a Loyalty Bonus feature.

I96 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental – \$600

Major Dental - \$600

Orthodontics – No cover

I96 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

Maximum benefits per policy, per calendar year are: \$400

I96 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$600

Combined maximums for – Physiotherapy and Chiropractic/Osteopathy.

I96 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$600

Combined maximums for – Physiotherapy and Chiropractic/Osteopathy.

I96 9 Non PBS Pharmaceuticals

Not available on this product.

I96 10 Podiatry

Not available on this product.

I96 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$100

Benefits are payable for Digital Mental Health only.

Online-CBT from a Bupa recognised program for selected courses only.

I96 12 Alternative Therapies

Not available on this product.

I96 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Massage

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine remedial massage.

Maximum benefits per person, per calendar year are: \$150

Maximum benefits per policy, per calendar year are: \$300

The following Natural Therapies are covered: Massage

Maximum benefits per person, per calendar year are: \$150

Maximum benefits per policy, per calendar year are: \$300

Massage includes - remedial massage, myotherapy, and Traditional Chinese Medicine

196 14 Speech Therapy

Not available on this product.

196 15 Orthotics

Not available on this product.

196 16 Dietetics

Not available on this product.

196 17 Occupational Therapy

Not available on this product.

196 18 Naturopathy

Not applicable.

196 19 Acupuncture

Not available on this product.

196 20 Other Therapies

Eye Therapy

Not available on this product.

Ante Natal and Post Natal

Not available on this product.

Exercise Physiology

Not available on this product.

196 21 Non Surgically Implanted Prostheses and Appliances

Not available on this product.

196 22 Hearing Aids

Not available on this product.

196 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit is limited to \$22.00 per bowel cancer screening kit in the first benefit entitlement year, and then benefit bonus applies. See section I26.4. This is limited to one kit per person per calendar year.

Health Management Programs

Not available on this product.

I96 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

I96 25 Accident Cover

Not available on this product.

I96 26 Accidental Death Funeral Expenses

Not available on this product.

I96 27 Other Special

Home Nursing

Not available on this product.

I97 SCHEDULE GENERAL TREATMENT TABLES

I97 1 Table Name or Group of Table Names

Corporate Choice 50

I97 2 Eligibility

On Sale

Available to Employees/Members of organisations which have the product included in their contracts with Bupa.

I97 3 General Conditions

See section E1 General Conditions

197 4 Loyalty Bonuses

197 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental – \$500

Major Dental no cover

Orthodontics - no cover

Combined Flexible limits for General Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, , Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

197 6 Optical

Not available on this product.

197 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined Flexible limits for General Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

197 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$500

Combined Flexible limits for General Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

I97 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 50% of the cost of the balance of the prescription is payable.

Maximum benefits per person, per calendar year are: \$500

Combined Flexible limits for General Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

I97 10 Podiatry

Not available on this product.

I97 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Benefits are payable for Digital Mental Health only.

Online-CBT from a Bupa recognised program for selected courses only.

Combined Flexible limits for General Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

I97 12 Alternative Therapies

See Natural Therapies I48.13

I97 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture and Chinese herbalism,

Maximum benefits per person, per calendar year are: \$500

Remedial Massage:

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined Flexible limits for General Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

I97 14 Speech Therapy

Not available on the cover

I97 15 Orthotics

Not available on the cover

I97 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined Flexible limits for General Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

I97 17 Occupational Therapy

Not available on the cover

I97 18 Naturopathy

Not applicable.

I97 19 Acupuncture

See Natural Therapies I48.13

I97 20 Other Therapies

Eye Therapy

Not available on the cover

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined Flexible limits for General Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$500

Combined Flexible limits for General Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

197 21 Non Surgically Implanted Prostheses and Appliances

Not available on this product

197 22 Hearing Aids

Not available on this product

197 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 50% of the cost person per calendar year upto yearly limit.

197 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

197 25 Accident Cover

Not available on this product.

197 26 Accidental Death Funeral Expenses

Not available on this product.

197 27 Other Special

198 SCHEDULE GENERAL TREATMENT TABLES

198 1 Table Name or Group of Table Names

Corporate Choice 50 Boost

198 2 Eligibility

On Sale
Available to Employees/Members of organisations which have the product included in their contracts with Bupa.

198 3 General Conditions

See section E1 General Conditions

198 4 Loyalty Bonuses

198 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental – \$600

Major Dental no cover

Orthodontics - no cover

Combined Flexible limits for General Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

198 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$150

198 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$600

Combined Flexible limits for General Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

198 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$600

Combined Flexible limits for General Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

I98 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 50% of the cost of the balance of the prescription is payable.

Maximum benefits per person, per calendar year are: \$600

Combined Flexible limits for General Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

I98 10 Podiatry

Not available on this product.

I98 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$600

Benefits are payable for Digital Mental Health only.

Online-CBT from a Bupa recognised program for selected courses only.

Combined Flexible limits for General Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

I98 12 Alternative Therapies

See Natural Therapies I48.13

I98 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture and Chinese herbalism,

Maximum benefits per person, per calendar year are: \$600

Remedial Massage:

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$600

Combined Flexible limits for General Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

I98 14 Speech Therapy

Not available on the cover

I98 15 Orthotics

Not available on the cover

I98 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$600

I98 17 Occupational Therapy

Not available on the cover

I98 18 Naturopathy

Not applicable.

I98 19 Acupuncture

See Natural Therapies I48.13

I98 20 Other Therapies

Eye Therapy

Not available on the cover

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$600

Combined Flexible limits for General Dental, Physiotherapy, Exercise Physiology,

Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$600

Combined Flexible limits for General Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

198 21 Non Surgically Implanted Prostheses and Appliances

Not available on this product

198 22 Hearing Aids

Not available on this product

198 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 50% of the cost per person per calendar year up to yearly limit.

198 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

198 25 Accident Cover

Not available on this product.

198 26 Accidental Death Funeral Expenses

Not available on this product.

198 27 Other Special

199 SCHEDULE GENERAL TREATMENT TABLES

199 1 Table Name or Group of Table Names

Corporate Choice 60

199 2 Eligibility

On Sale

Available to Employees/Members of organisations which have the product included in their contracts with Bupa.

199 3 General Conditions

See section E1 General Conditions

199 4 Loyalty Bonuses

199 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

General Dental – \$650

Major Dental -no cover

Orthodontics - no cover

Combined Flexible limits for General Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal,Non-PBS Pharmaceutical

199 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

199 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$650

Combined Flexible limits for General Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal,Non-PBS Pharmaceutical

199 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$650

Combined Flexible limits for General Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

I99 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 60% of the cost of the balance of the prescription is payable.

Maximum benefits per person, per calendar year are: \$650

Combined Flexible limits for General Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

I99 10 Podiatry

Not available on this product.

I99 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$650

Benefits are payable for Digital Mental Health only.

Online-CBT from a Bupa recognised program for selected courses only.

Combined Flexible limits for General Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

I99 12 Alternative Therapies

See Natural Therapies I48.13

I99 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture and Chinese herbalism,

Maximum benefits per person, per calendar year are: \$650

Remedial Massage:

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$650

Combined Flexible limits for General Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

199 14 Speech Therapy

Not available on the cover

199 15 Orthotics

Not available on the cover

199 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$650

Combined Flexible limits for General Dental, Major Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, , Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

199 17 Occupational Therapy

Not available on the cover

199 18 Naturopathy

Not applicable.

199 19 Acupuncture

See Natural Therapies 148.13

199 20 Other Therapies

Eye Therapy

Not available on the cover

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$650

Combined Flexible limits for General Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$650

Combined Flexible limits for General Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

199 21 Non Surgically Implanted Prostheses and Appliances

Not available on this product

199 22 Hearing Aids

Not available on this product

199 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 60% of the cost per person per calendar year up to yearly limit.

199 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

199 25 Accident Cover

Not available on this product.

199 26 Accidental Death Funeral Expenses

Not available on this product.

199 27 Other Special

I100 SCHEDULE GENERAL TREATMENT TABLES

I100 1 Table Name or Group of Table Names

Corporate Choice 60 Boost

I100 2 Eligibility

On Sale
Available to Employees/Members of organisations which have the product included in their contracts with Bupa.

I100 3 General Conditions

See section E1 General Conditions

I100 4 Loyalty Bonuses

I100 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

Preventative Dental – No maximum benefits apply; however service limits apply.

General Dental and Major Dental – \$800
Orthodontics - no cover

Combined Flexible limits for General Dental, Major Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

I100 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$200

I100 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$800

Combined Flexible limits for General Dental, Major Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

I100 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$800

Combined Flexible limits for General Dental, Major Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

I100 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 60% of the cost of the balance of the prescription is payable.

Maximum benefits per person, per calendar year are: \$800

Combined Flexible limits for General Dental, Major Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

I100 10 Podiatry

Not available on this product.

I100 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$800

Benefits are payable for Digital Mental Health only.

Online-CBT from a Bupa recognised program for selected courses only.

Combined Flexible limits for General Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including

Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS
Pharmaceutical

I100 12 Alternative Therapies

See Natural Therapies I48.13

I100 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture and Chinese herbalism,

Maximum benefits per person, per calendar year are: \$800

Remedial Massage:

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$800

Combined Flexible limits for General Dental, Major Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

I100 14 Speech Therapy

Not available on the cover

I100 15 Orthotics

Not available on the cover

I100 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$800

Combined Flexible limits for General Dental, Major Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

I100 17 Occupational Therapy

Not covered on this product

I100 18 Naturopathy

Not applicable.

I100 19 Acupuncture

See Natural Therapies I48.13

I100 20 Other Therapies

Eye Therapy

Not available on the cover

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$800

Combined Flexible limits for General Dental, Major Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$800

Combined Flexible limits for General Dental, Major Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

I100 21 Non Surgically Implanted Prostheses and Appliances

Not available on this product

I100 22 Hearing Aids

Not available on this product

I100 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 60% of the cost per person per calendar year up to yearly limit.

I100 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

I100 25 Accident Cover

Not available on this product.

I100 26 Accidental Death Funeral Expenses

Not available on this product.

I100 27 Other Special

I101 SCHEDULE GENERAL TREATMENT TABLES

I101 1 Table Name or Group of Table Names

Corporate Choice 70

I101 2 Eligibility

On Sale

Available to Employees/Members of organisations which have the product included in their contracts with Bupa.

I101 3 General Conditions

See section E1 General Conditions

I101 4 Loyalty Bonuses

I101 5 Dental

Benefits for Dental services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are:

Preventative Dental – No maximum benefits apply, however service limits apply.

General Dental ,Major Dental and Orthodontics – \$1000

Orthodontic :Lifetime limit of \$2000 per person

Combined Flexible limits for General Dental, Major Dental, Orthodontic, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post-Natal, Non-PBS Pharmaceutical, Podiatry, Orthotics ,Speech Therapy, Eye Therapy and Occupational Therapy, Health aids and appliances and Hearing aids.

I101 6 Optical

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$250

I101 7 Physiotherapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$1000

Combined Flexible limits for General Dental, Major Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Podiatry and Orthotics, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical, Podiatry and Orthotics Speech Therapy, Eye Therapy and Occupational Therapy, Health aids and appliances and Hearing aids.

I101 8 Chiropractic

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Includes Osteopathy services.

Maximum benefits per person, per calendar year are: \$1000

Combined Flexible limits for General Dental, Major Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Podiatry and Orthotics, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical, Podiatry and Orthotics Speech Therapy, Eye Therapy and Occupational Therapy, Health aids and appliances and Hearing aids.

I101 9 Non PBS Pharmaceuticals

Benefits for Ancillary Pharmaceutical Items are payable in accordance with the rules set out in Section E3 General Treatment.

After payment by the *policy holder* of an amount equal to the highest prescribed PBS prescription fee, a benefit of 70% of the cost of the balance of the prescription is payable.

Maximum benefits per person, per calendar year are: \$1000

Combined Flexible limits for General Dental, Major Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Podiatry and Orthotics, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical, Podiatry and Orthotics Speech Therapy, Eye Therapy and Occupational Therapy, Health aids and appliances and Hearing aids.

I101 10 Podiatry

Not available on this product.

I101 11 Psychology, Counselling and Digital Mental Health

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$1000

Benefits are payable for Digital Mental Health only.

Online-CBT from a Bupa recognised program for selected courses only.

Combined Flexible limits for General Dental, Major Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Podiatry and Orthotics, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical, Podiatry and Orthotics Speech Therapy, Eye Therapy and Occupational Therapy, Health aids and appliances and Hearing aids.

I101 12 Alternative Therapies

See Natural Therapies I48.13

I101 13 Natural Therapies

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

The following Natural Therapies are covered: Acupuncture and Chinese herbalism

Maximum benefits per person, per calendar year are: \$1000

Remedial Massage:

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$1000

Combined Flexible limits for General Dental, Major Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Podiatry and Orthotics, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical, Podiatry and Orthotics Speech Therapy, Eye Therapy and Occupational Therapy, Health aids and appliances and Hearing aids.

I101 14 Speech Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$1,000

Combined Flexible limits for General Dental, Major Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Podiatry and Orthotics, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical, Podiatry and Orthotics Speech Therapy, Eye

Therapy and Occupational Therapy, Health aids and appliances and Hearing aids.

I101 15 Orthotics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$1,000

Within this maximum, Orthotics benefits are limited to \$400 per person, per calendar year.

Combined Flexible limits for General Dental, Major Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Podiatry and Orthotics, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical, Podiatry and Orthotics Speech Therapy, Eye Therapy and Occupational Therapy, Health aids and appliances and Hearing aids.

I101 16 Dietetics

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$1000

Combined Flexible limits for General Dental, Major Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

I101 17 Occupational Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$1,000

Combined Flexible limits for General Dental, Major Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Podiatry and Orthotics, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical, Podiatry and Orthotics Speech Therapy, Eye Therapy and Occupational Therapy, Health aids and appliances and Hearing aids.

I101 18 Naturopathy

Not applicable.

I101 19 Acupuncture

See Natural Therapies I48.13

I101 20 Other Therapies

Eye Therapy

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$1,000

Combined Flexible limits for General Dental, Major Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Podiatry and Orthotics, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical, Podiatry and Orthotics Speech Therapy, Eye Therapy and Occupational Therapy, Health aids and appliances and Hearing aids.

Ante Natal and Post Natal

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$800

Combined Flexible limits for General Dental, Major Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

Exercise Physiology

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Maximum benefits per person, per calendar year are: \$800

Combined Flexible limits for General Dental, Major Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical

I101 21 Non Surgically Implanted Prostheses and Appliances

Benefits for non-Surgically Implanted Prostheses and Appliances are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Asthma Pumps

Limited to one appliance per person, per 2 calendar years.

Blood Glucose Monitors/INR (International Normalized Ratio) Devices

Limited to one appliance per person, per calendar year.

Continuous or Bilevel Positive Airway Pressure Devices (CPAP/BPAP devices)

Limited to one device per person, per 2 calendar years.

Surgical (Compression) Stockings

Limited to 4 pairs per person, per calendar year

TENS Machine (Transcutaneous Electronic Nerve Stimulator)

Limited to one device per policy, per 3 calendar years.

Blood Pressure Monitors

Limited to one device per policy per, per calendar year.

Hearing Aids

Limited to one supply of hearing aids per person, per 3 calendar years.

Defined Appliances

Defined appliances include (but are not limited to): compression garments, callipers, artificial limbs, mammary prostheses following mastectomy, orthopaedic footwear, wigs for patients suffering from a medical condition causing hair loss, artificial eye, ear or nose, splints and braces.

Hire, Repair and Maintenance of a Health Appliance

Limited to \$100 per person, per calendar year.

Maximum benefits per person, during each benefit entitlement year are:\$1000

Combined Flexible limits for General Dental, Major Dental, Physiotherapy, Exercise Physiology, Chiropractic, Osteopathy, Podiatry and Orthotics, Remedial Massage, Natural Therapies, Mental Health including Digital Mental Health, Dietary, Health Management, Ante/Post- Natal, Non-PBS Pharmaceutical, Podiatry and Orthotics Speech Therapy, Eye Therapy and Occupational Therapy, Health aids and appliances and Hearing aids.

I101 22 Hearing Aids

See Non-Surgically Implanted Prostheses and Appliances I23.21

I101 23 Prevention Health Management

Bowel Cancer Screening Kits

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

A benefit of \$22.00 per bowel cancer screening kit limited to one kit per person per calendar year.

Health Management Programs

The *Company* will provide benefits towards selected *Company* approved health related services and health management programs that are designed to prevent or relieve a specific health condition or conditions.

Benefits for services are payable as set out in the *Company's* Schedule of benefits and in accordance with the Rules set out in Section E3 General Treatment.

Benefit of 70% of the cost per person per calendar year up to yearly limit.

I101 24 Ambulance Transportation

For *policy holders* who do not belong to an ambulance subscription scheme, the *Company* will pay a benefit of 100% of the cost of emergency ambulance transport by a fully equipped ambulance where the service is provided by a Bupa recognised ambulance service, including on-the-spot emergency attendances. A one day waiting period applies for emergency ambulance and on-the-spot treatment.

I101 25 Accident Cover

Not available on this product.

I101 26 Accidental Death Funeral Expenses

Not available on this product.

I101 27 Other Special

