

BE LIVE BETTER

See inside
Health Insurance
for first timers



Take your free copy

Why do I need private health insurance?

With access to Medicare for Australians, many people are asking this very question. Although the reasons differ for many of us, here are some of the main benefits of getting health insurance and staying covered.

1. Avoid waiting lists

If you're needing surgery, the public system's waiting lists can be extremely lengthy. If you have health insurance however, you can be covered for treatment in the private system, where waiting lists are significantly reduced and in some cases non-existent. And that can mean getting attention sooner.

You can also have greater confidence that your procedure will occur on the date that you choose, barring unforeseen events.

2. Your choice of doctor

You're feeling nervous about an operation in the public system, and then when the day comes you discover you've never actually met the doctor operating on you. Having health insurance removes that uncertainty. It allows you to personally choose your doctor well in advance, and gives you peace of mind.

3. Cover beyond Medicare

It's not only in hospital when health insurance is beneficial. Do you go to the dentist? Do you get your back worked on by a physio? Dental, optical, physio, chiro and many more services like these are usually not covered by Medicare. Having Extras cover allows you to claim some, and sometimes all, of those fees back. It's cost effective and allows you to be proactive in managing smaller health issues before they become bigger problems.

4. Accidents happen

You're young and healthy, so don't need health cover, right? Unfortunately it doesn't always work out that way. No family history of serious illness? But you can't always know what's around the corner.

Something unexpected like needing to have your tonsils out, or a freak accident could land you on a public hospital waiting list for months – or a hefty fee in a private hospital if you're not insured. Having health insurance provides that

peace of mind knowing that if and when it becomes necessary to visit the hospital, you're covered for the best the system can provide.

5. Private hospital room

We believe that the word 'private' should actually mean private. That's why whether you choose a basic or top hospital cover with Bupa, you'll be covered for a private room in most private hospitals across Australia for the services included on your policy*. Plus, if you pre-book at a Member's First hospital you'll receive a private room or you'll get \$50 back per night[#].

6. You could pay less tax

Individuals who have a taxable income of \$90k or more (or a couple with a taxable income of \$180k or more) and have not purchased an appropriate level of private health insurance, need to pay an extra 1-1.5% of their income in tax each year. It's called the Medicare Levy Surcharge (MLS).

Having an appropriate level of health insurance frees you from that obligation.

If this applies to you, when you look at it like that why wouldn't you avoid the MLS and instead ensure that you will always receive a higher quality of care when you need it. You may wish to discuss with your tax adviser.

* Private room not covered for minimum benefit services or exclusions. At Member's First hospitals only, room availability and eligibility criteria apply. Contact us for details.

Subject to availability and eligibility. Private room must be booked and requested at least 24hrs before admission. For every night a private room is unavailable, you'll receive \$50 back per night from the hospital. Contact us for details. Applies to overnight admissions only. Excludes 'nursing home type patients', emergency care, same-day stays or where a private room is medically inappropriate.



Jargon busters

When you start to explore private health cover, you'll probably find a lot of words and phrases that may be unfamiliar or confusing. Most are actually just industry terms for things that are quite easy to understand. To help you find your way through all the terminology, we've put together this 'Jargon buster', so that you can make an informed choice.

'Ancillary'

Ancillary just means 'extras'. In health insurance terms, ancillary or extras cover refers to services such as dental, physiotherapy and optical cover. Top levels of extras cover may include services like acupuncture, massage, and podiatry. Ask about any extras when you enquire about your health cover.

'Excess'

An excess is a one-off payment you make each calendar year if you need to go to hospital. You need to pay this before you are admitted to hospital and before we will cover the rest of the hospital costs that your policy includes. Some policies have no excess at all. Talk to our staff for all the options available to you.

'Annual Limit'

Your Annual Limit is the total amount of benefits, or number of times you can claim over a calendar year. Annual Limits vary with the types of cover available, but generally the more cover you have, the higher your annual limit.

'Premium'

Simply means the amount you pay for your chosen cover. The more cover you need for your and your family, the more you pay in premiums. In most cases, you can choose whether to have your premium billed in weekly, monthly or annual payments.

'Waiting Period'

To maintain fairness to all policy holders, a 'Waiting Period' is imposed on all new members to a health fund. This means that there are some treatments for which you can't claim immediately, so check to see what your waiting periods are before claiming.

'Gap'


A 'gap' is the amount you pay either for medical or hospital charges, over and above what you get back from Medicare or your private health insurer. For example, if your GP consultation costs \$65, and the rebate is only \$50, the Gap Fee you pay is \$15. Depending on your level of health cover, your fund may pay part, or all, of the gap.

'Members First'

Is our network of Extras service providers. We've built relationships with thousands of providers in our Members First network including dentists, physios, podiatry, chiros and optical providers nationwide. It means you'll have more choice, and in most cases, less to pay for your treatment.

We recommend that you know exactly what's in your health insurance, and what services are included, as inadequate cover can turn out to be very expensive should the worst happen. Our staff can help explain all the details of your policy, what you get and what you pay. So don't hesitate to contact us by phone, on the web, or in-store.

 Call us 134 135

 Visit bupa.com.au

 Visit your local Bupa Store



Q&A

on health insurance

Confused about private health insurance? Want to better understand your current policy? We've answered some of the top questions that we receive from new and existing customers.

Not all Health Cover is the same, and one size does not fit all. It's also important to realise that the **most** cover is not necessarily the **best** cover for you and your family. You don't want to pay for cover on treatments you don't need. But, you also don't want to think you have cover for unforeseen emergency care, only to discover that you don't, at the time when it matters most.

To help you make informed decisions about your health cover, here are some questions you can ask of any provider.

What does health insurance cover me for?

There are three main kinds of health cover: hospital cover, extras cover and ambulance cover. Hospital cover contributes towards the cost of treatment as a private patient in either a private or public hospital. This includes some of the doctor's fees and hospital accommodation costs.

Extras cover helps pay for some of the costs of everyday health services that may not be covered by Medicare, like dental, physio and optical. Ambulance cover can range from emergency only cover, to more comprehensive policies that cover you for non-emergency situations.

What doesn't health insurance cover me for?

Hospital cover can only cover 'inpatient' services – this means the treatment you receive while you're formally admitted to a hospital. Costs incurred as an 'outpatient', including GP or specialist visits and some tests and scans, can only be claimed through Medicare.

It's important to also be aware that not all doctor's fees and accommodation costs are automatically covered as part of hospital cover. This can depend on a number of factors, such as how much your chosen doctor charges over and above the Medicare Benefit Schedule (MBS) fee. We aim to help reduce or eliminate your out-of-pocket expenses wherever we can, via our Medical Gap Scheme. Before arranging your hospital visit, be sure to ask your doctor if they participate in this scheme.

How do I compare different cover options?

Everyone has different health cover needs. And every insurer has different products to meet those needs. To make it easier to find the right cover for you, visit bupa.com.au/nothingcompares for specific tips about comparing hospital covers, extras cover or combined packages, as well as other things to consider.

How can I make my health insurance cheaper?

One of the best ways to save money is to make sure your cover suits your current lifestyle and budget needs.

You can also choose hospital cover with an excess or co-payment option. The higher your hospital excess or co-payment, the lower your premium will be.

How do I spot a low quality health cover?

Many people have been led to believe they are buying an inexpensive health insurance which provides cover for a range of procedures, only to find out when they need to use their insurance that they are not covered and have actually bought what's commonly known as a 'junk policy'.

When trying to spot a junk policy, look out for premiums that are very cheap in comparison to other covers, and ones that only cover you in a private hospital for accidents.

Does private health cover automatically cover a private room in hospital?

Not necessarily. Some hospital policies only cover the full cost of a shared room. If privacy is important to you, make sure your policy covers you for a private room. For example, whether you choose a basic or top hospital cover with us, you'll be covered for a private room in most private hospitals across Australia for the services included on your policy*. Our arrangements with Members First hospitals also mean that if you don't receive a private room, you'll get \$50 back per night from the hospital*.

Do I have to re-serve waiting periods if I change health funds?

Not if you switch to an equivalent or lower level of cover, you've already served your waiting periods and the transfer is made within 60 days of cancelling your previous policy. However if your new Bupa health insurance cover has specific benefits that your old health fund didn't, you'll have to serve waiting periods on those benefits.

Switching is easier than you might think. We'll do the paperwork and, with your consent, contact your current health insurer and arrange for cancellation.

* Private room not covered for minimum benefit services or exclusions. At Bupa agreement hospitals only, room availability and eligibility criteria apply.

^ Conditions apply – contact us for details.

Tips for comparing health cover

Nothing is more important than your health, so getting the right health cover is equally important. Here's some advice to help you choose the right cover for you.

1. Compare like for like

Health insurance policies can contain a combination of these three things: hospital, extras and ambulance cover. When reviewing policies, make sure you compare the same level of cover for a fair and accurate assessment.

Understanding the 3 key components:

- **Hospital cover** contributes towards the treatment as a private patient in either a private or public hospital – including accommodation, operating theatre, intensive care and labour ward fees.
- **Extras** or ancillary cover helps towards the costs of everyday health services that may not be covered by Medicare like dental, physio and optical.
- **Ambulance** cover can range from emergency only cover to more comprehensive policies that cover you for non-emergency situations.

2. Compare hospital cover exclusions and inclusions

Exclusions and costs

When comparing hospital covers, it's important to look at the fine print. Are there any services your cover excludes? For those services that are included, are they fully covered? When comparing the price of hospital covers, check to see if the policy has an excess or co-payment. An excess or co-payment on your cover can lower the overall price of the premium, but you will have to pay something if you need to go to hospital.

Inclusions

When comparing the services that are covered, you may come across the terms 'minimum benefit' and 'restricted service'. These terms mean you'll only be partially covered for a service and will likely have large out-of-pocket expenses should you need to be admitted to a private hospital.

3. Understand extras

Before you start searching for health cover, make a list of all the 'extra' health services you're likely to need in the future. Do you use a physio or visit the dentist? Do you wear glasses?

Once you have a list of these services, compare the amount you'll get back for a particular treatment and the dollar limit of what you can claim each year (or in some cases, over a lifetime).

Most Extras covers cap the amount you can claim per year on each service like 'general dental', 'optical' or 'physio'. Other products will have a combined yearly limit that groups several services together and lets you claim up to that single set amount for all of those services. For example, if physio, osteo, chiro and natural therapies are all grouped together, it means that these services share an overall yearly limit. The more services that are bundled together, the more restricting it can be.

Handy tip: If there is more than one person covered under your policy, remember to check that the limit for each Extras cover is per person and not per membership.

4. Look for features beyond the policy

Find out whether your health insurer provides additional support to help keep you healthy every day, in addition to supporting you when you're sick or injured. For example, here at Bupa we offer Bupa Plus, an exclusive range of health discounts and tools to provide value to members even when they're well. We've also teamed up with the National Home Doctor Service to provide our members with access to After Hours Plus. So when you book a bulk-billed home visit, the doctor can prescribe common medications on the spot, at no extra cost. We also publish The Blue Room, an online magazine that inspires a happier and healthier life.

5. Be cautious of comparison websites

If you're going to use a comparison website, it's important to be aware that:

- Most comparators only cover a portion of the health insurers in the market.
- Comparators can sometimes make money through commissions or incentives.
- Price, while important, is only one feature to compare. It's just as important to choose the right type and level of cover. It could end up costing you more down the track if you find you're not covered for the items you need.

Handy tip: Short term joining offers and deals could distract you from considering the detail in a policy. You should make sure the cover you choose still meets your needs, lifestyle and budget.

We hope we've given you enough information to help you make educated comparisons when it comes to choosing your cover. If you need any more tips, help or advice, talk to us on **134 135**.



no junk

Buyers guide: How to spot 'quality' cover and avoid a 'junk policy'

"When planning for my operation, I found out my private health insurance didn't cover me at all. What am I paying for?" Unfortunately this is an all too common question asked by some people when using their health cover for the first time. And it's not hard to figure out why – understanding all of the complexities and jargon involved isn't easy. So we've put together this guide on how to spot a good quality cover that's right for you, and help you identify those low value options commonly referred to as 'junk policies'.

1. Check what's not covered in a private hospital

A common misconception held by many first time purchasers is that having health cover means you'll be covered for all procedures in a private hospital. Unfortunately this is often not the case – what you are and aren't covered for varies greatly depending on the level of hospital cover (eg. basic, medium or top), how much you pay and each individual insurer. The only real way to understand what you won't be covered for in a private hospital is by paying close attention to the 'restricted' or 'excluded' services of each policy. Here are some of the common ones:

- Hip and knee investigations or replacements.
- Rehabilitation.
- Psychiatric services (eg. drug and alcohol rehabilitation, depression and anxiety).
- Pregnancy and childbirth.
- Assisted reproductive services (IVF).
- Heart-related investigations, treatment and surgery.
- Cancer treatment and surgery.
- Clinically necessary cosmetic and reconstructive surgery.
- Cataract and eye lens procedures.

A less obvious exclusion to look out for is the 'other hospital services' item. This often appears as 'all other inpatient treatments receiving a Medicare benefit' or similar, and groups together thousands of treatments that are recognised by Medicare. If this is an exclusion on your policy, be aware that you'll only be covered for the limited number of included services listed.

Another thing to check for are the words 'restricted', 'excluded' or 'minimum benefit'. If you spot these, it means you won't be fully covered in a private hospital for those procedures and will likely face large out-of-pocket expenses.

2. How to identify a 'junk policy'

Some policies on the market have been labelled as 'junk policies' because they provide low value cover limited to things like accidents. While they might be a tempting option if you're looking to avoid paying the Lifetime Health Cover loading, even some of the most common procedures won't be covered.

To identify a low value policy, be sure to scrutinise options that seem too cheap, have a long list of exclusions, or alternatively have a very short list of inclusions like accident only cover.

3. Is a private room covered?

One key reason for taking out health insurance is the desire to be in a private room should you need to go to hospital. If that's important to you, make sure your chosen policy covers you for a private room rather than a shared one. For example, whether you choose a basic or top hospital cover with us, you'll be covered for a private room in most private hospitals across Australia*. Our arrangements with Members First hospitals also mean that if you don't receive a private room, you'll get \$50 back per night from the hospital^.

We hope we've given you enough information to help you choose quality health insurance. If you need any more information or advice, talk to us. Call 134 135.

* Private room covered at Bupa agreement hospitals, room availability and eligibility criteria apply.

^ Private room subject to availability and eligibility. Must be booked and requested at least 24hrs before admission. For every night a private room is unavailable, you'll receive \$50 back per night from the hospital. Contact us for details.

For Bupa
members

Bupa Plus

There are plenty of great reasons to choose Bupa as your health and care provider. Not only do you get top quality cover, you also get extra lifestyle benefits that make life even better.

When you visit bupaplus.com.au, you'll find 8 sections with offers relating to Health and Fitness, Nutrition, Travel and more. Here are just a few of the offers available. Bupa Plus offers are subject to terms and conditions, visit the website for all the details.

Fitness

- Receive a 20% discount on Speedo products when you purchase online
- 20% off all full priced New Balance products when purchased online
- 15% off the RRP of Trek bikes and Bontrager accessories at participating dealers

Nutrition

- Get 30% off selected Blackmores products purchased online.
- Up to 70% off Australian Naturalcare products
- Receive 33% off selected Weight Watchers 3 month plans
- Access to apps and calculation tools for nutrition management

Heart Health

- Receive 20% off the RRP on a range of Garmin products when purchased online
- 15% off an Active Plus 12 month membership fee from Goodlife Health Clubs
- 15% off the monthly membership fee from EFM Health Clubs

Travel health

- Up to 15% off your Bupa Travel Insurance
- Receive up to 10% off Best Flexible Rates at Rydges Hotels and Resorts when you book online

Wellness

- 25% off all full priced online purchases and free shipping for orders over \$150 from In Essence Aromatherapy

Health and Wellbeing

- 20% off the RRP on the range of sunglasses displayed at any Bupa Optical store
- 20% off the RRP on the range of sunglasses displayed at any National Pharmacies Optical store
- Up to 25% off the box office price from Event or Hoyts Cinemas when you purchase movie vouchers online
- Access to apps and calculation tools for all kinds of health management

These are only some of the great offers available to you as a Bupa Member. To get the details of these and many more, go to bupaplus.com.au and get the most out of your membership and your life!



Members' Stories

Emily's story: Surviving a four storey fall in Peru

Emily Wornes was having the time of her life exploring South America when one wrong step resulted in a terrible accident. It instantly turned her world upside-down.

At the end of an incredible two and a half month South American adventure, Emily and a girlfriend stopped at a hostel in the surfing town of Huanchaco, Peru. That afternoon, while on the rooftop terrace, Emily unknowingly walked across a skylight which shattered beneath her feet.

"It was like walking on the grass and some of the grass just sucked you in," says Emily. "I remember putting my arms out trying to grab anything around me and then realising everything around me was going down too. I don't remember anything after that."

Emily fell 15 metres (four stories) onto the ground floor of the hostel and was seriously injured. Her L3 vertebra was shattered along with her pelvis, sacrum, both her ankles, her right elbow, arm and every toe on one foot.

"I honestly should be dead. It's crazy."

Fortunately Emily had made the decision to purchase Bupa Travel Insurance, and back in Australia the claims team were working around the clock to organise treatment and negotiate payment with the Peruvian hospital. They were also frantically trying to find flights for Emily's parents over the busy Christmas period, so that they could be at her bedside.

Emily's injuries were so severe it wasn't safe to move her, and the long-haul flight to Australia was out of the question. Her parents had to make the difficult decision to have Emily's spine operated on in Peru, before she was moved to a hospital in America.

"There was a chance if they didn't operate on me then and there (in Peru) that I might not be able to walk," says Emily. "Because it was Peru, we had in the back of our minds that it wouldn't be the best medical care, but thankfully the surgeon did a really good job of stabilising my back."

By the time Emily emerged from surgery, her parents were at her bedside.

"When I saw the doctors and paramedics from America I was so relieved, I remember mum and I looking at each other thinking 'it's going to be okay now'," she says.

With travel options limited, room on a commercial aircraft was arranged through her Bupa Travel Insurance, with some seats taken out to accommodate a bed by the window and a curtain for privacy. With her mother, and a doctor at her side, Emily made her way back to Australia.

"I had in my head that I wanted to walk with at least a walker by my birthday and I've managed to do that," she says. "Taking those first steps was great, but having said that it's been hard work to get to that but I feel worse if I sit down and do nothing."

Determined to travel again, the 24-year-old has persevered through painful rehabilitation, crediting the many acts of kindness she experienced for her positive attitude.

"Travel was what made me want to hold on and get better, get moving," says Emily. "The people I met on the way, the places I saw, there was no way I was accepting lying on my back and missing out on that."

Emily would encourage all young people to travel the world, but she warns travel insurance is a must. Her claim, including medical treatment, an air ambulance, travel and accommodation for her parents and her repatriation home to Australia wound up costing more than \$1.2 million.

"I nearly wasn't going to spend my last dollars on travel insurance but now I look back and think thank God I did."

"Bupa Travel Insurance really took care of my family and I, not just throughout the accident but after, with rehab and accommodation close by for my parents," she says. "I'd travel again after such an accident, with peace of mind, ensuring I'd be looked after thanks to the above and beyond efforts of Bupa Travel Insurance."



Getting health
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first time?

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*For singles under the age of 65 earning \$90,000 p.a. Or less. Based on Active saver. Assumes no LHC loading. Includes the Base Tier Rebate. Co-payments apply. Membership payments made on a fortnightly, monthly 6-monthly or yearly intervals. Bupa HI Pty Ltd ABN 81 000 057 590.