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Message from
Dr. Dwayne Crombie
Managing Director,
Health Insurance,
Australia

The health system in Australia is large and complex. We believe that consumers should have better information to understand what they're covered for and how to use the system.

Let's get straight to the burning question: "Is health insurance worth the cost?"

You've no doubt heard this asked in recent months. That question of affordability. In truth if you have a "junk policy" (one that has hidden charges and offers no real value), then yes, your concerns could be warranted. But the benefits of having quality cover more than outweighs the cost: Your choice of doctor, significantly reduced waiting lists, the peace of mind knowing that if accidents happen you'll have the best possible help. As the debate rages on, at Bupa we're ensuring that concerns like these are addressed by finding and providing more and more value for our 4 million members. We also believe in arming our members with the knowledge to confidently navigate the healthcare system.

Improving affordability

Health costs in Australia are driven by an ageing population which increasingly needs more medical and surgical care, along with new and expensive medical and treatment options. About 85-90% of your premium pays directly for the ever-increasing cost of healthcare delivery, including payments to doctors, hospitals and other medical costs. When these costs go up, everyone has to pay more - including through health insurance premiums. Bupa has been working hard in recent years to keep health cover affordable, but in order to improve affordability, we need to look at how money is being used by healthcare providers. We need to focus on reducing ineffective, unnecessary or wasteful healthcare. Ideally we should invest more in preventative care and support as well.

Greater transparency of health costs

The health system in Australia is large and complex, which can lead to confusion and uncertainty for patients. We believe that consumers should have greater access to better information to understand what they're covered for, and the costs charged by doctors and hospitals that may be over-and-above their insurance.

Accessible health cover for everyone

Bupa does not support suggestions of charging higher insurance fees based on the demographic, lifestyle or health conditions of Australians. We fully support the principle of Community Rating, which ensures that everyone can access private health insurance for the same price, regardless of whether they're young or old, have a family history of health problems, or smoke.

More for members

Whilst we continue to argue for improvements to the health system, we are committed to delivering more for our members. In the past 12 months we've continued to deliver innovative new services, such as **mummatters**, our partnership with the 13SICK National Home Doctor Service, and our exclusive member benefits program, **Bupa Plus**. We also focused on growing our network of Members First providers, delivering healthcare with greater choice and certainty of costs for members.

In this month's edition of BluePrint, we give you a better understanding of health insurance and how you can make the most of your Bupa membership. At Bupa, we're here to help guide you towards more informed health and care decisions. If you have any questions, just give us a call, contact us via the web or drop into one of our stores.



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

The public system's waiting lists can be extremely lengthy. But if you have health insurance, waiting lists are significantly reduced and in some cases non-existent. Which potentially means faster attention. You will also get "locked in" dates meaning that you'll know exactly when your operation is.

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).

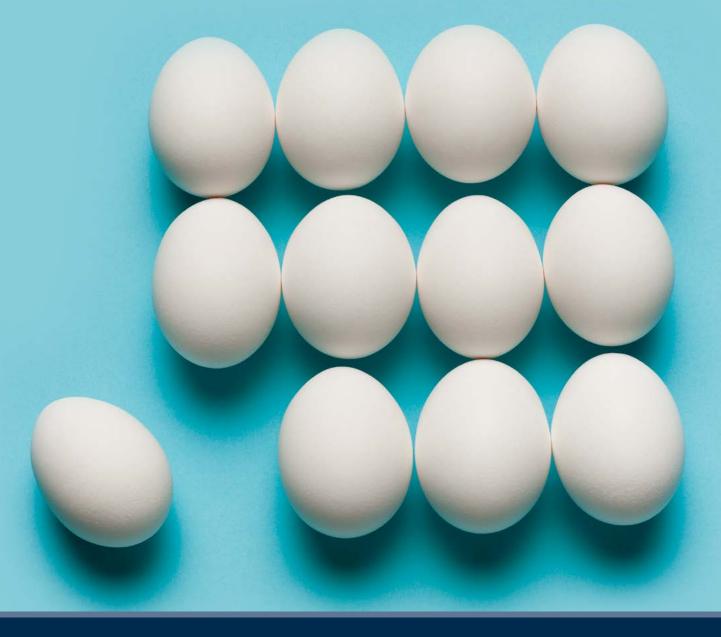
Having an appropriate level of health insurance frees you from that obligation.

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.

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What sets us apart?



When it comes to health insurance, we believe in 'more' - a little word that makes a big difference.

That's why we're always looking for ways to improve our cover and enhance our services. In fact, everything we do is about delivering more value for members, so their lives are not just happier and healthier, but also easier.

Here are just a few of the benefits our 4 million health insurance members are experiencing right now with Bupa.

More for members

We've been busy creating new ways to give our members more than just great health insurance.

We teamed up with the 13SICK National Home Doctor Service to provide complimentary 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 cost.

Visit bupa.com.au/afterhoursplus for details.

We've also recently launched mummatters. A tool which helps new mothers be aware of, and maintain, their emotional wellbeing. See page 23 for details.

To help provide value to our members even when they're well, we've introduced Bupa Plus - an exclusive range of health discounts, tools and more. See pages 24-25 for details.

Cover that's made for you

No one is exactly like you, so why should your health cover be like everyone else's? Our range of options helps let you choose the cover that's right for you or your family, and provides flexibility for when your needs change.

We also understand that your choice of health cover is often a balance between what you need and what you can afford. That's why we have cover to suit a range of budgets.

Fewer surprises at hospital

We believe you shouldn't be blindsided by the cost of hospital treatment. We have agreements with most private hospitals and day surgeries so we can give you more certainty about your hospital visit well before you arrive. At the majority of these hospitals, you'll be covered for hospital costs related to your stay*.

To help members eliminate or reduce out-of-pocket medical costs and doctor's fees associated with their hospital stay, we developed our Medical Gap Scheme. And we're continuing to support and improve it. Through the Gap Scheme in 2016, we paid over \$410 million in medical costs on behalf of our members.

Looking for more value?

There's no medical out of pocket costs at our Member's First day facilities*. Plus no hospital excess for kids under 25 on our family covers and a 'private room or \$50 back per night' offer at Members First hospitals+.

Greater value with our Members First ancillary network

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

Plus, depending on your choice of cover, you can get between 60% and 100% of the cost back (up to your yearly limits)#.

More reasons to choose Bupa

We think even a little support can make a big difference. So we offer a range of member support programs for health and wellbeing, each aimed at improving your health and bringing positive change to your life. Plus as a health insurance member, you'll receive discounts on travel, pet and home insurance.

Become a Bupa member today to experience how we're bringing that little word 'more' to life. Talk to us in store or call 134 135.

Disclaimers

- ^ Child dependants only. Excludes Budget Hospital Cover.
- + Subject to availability, eligibility criteria, and where medically appropriate. Private room must be requested and booked at least 24hrs before admission. For every night a private room is unavailable, you'll receive \$50 back per night from the hospital. Conditions apply, contact us for details.
- # For most items covering dental, physio, chiro, podiatry consultations and selected optical. Excludes orthodontics and hospital treatments. Fund and policy rules, and waiting periods apply.
- For services included on your policy. Any co-payment or excess related to your level of cover will still apply.



review and are largely due to a few key factors.



Increases to health insurance premiums

Premium increases are driven by several complex factors:



New and improved, but often expensive, medical technology and treatment options



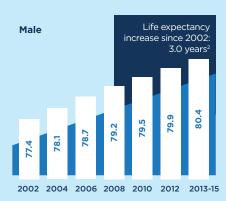
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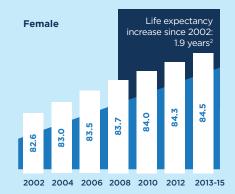


Australia's ageing population

Everyone deserves access to the best possible care. However, as world-class healthcare helps Australians live longer lives, an ageing population also puts additional pressure on our health system to deliver ongoing care.

In the last two decades, the number of people aged 85 years and over has more than doubled, compared with a total population growth of 32% in that same time. And that number is projected to double again by 2034¹.





Increasing costs of healthcare delivery

The cost of healthcare services are increasing dramatically across Australia, and that's why we're working with hospitals, doctors and our networks to make access to healthcare as affordable as possible for our members.

In 2016 we paid \$5.5 billion in claims³, up 6.0% from 2015.



New and improved, but often expensive, medical technology and treatment options

The availability of new medical technology and treatment options are giving customers access to faster and better treatment options. However, it's often costlier and that's why the amount we pay out in claims goes up each year, and at a significantly higher rate than the consumer price index (CPI).

What Bupa is doing to help reduce costs for members?



Expansion of no gap for kids⁵



No gap for kids on podiatry consultations⁵



100% back on optical for kids⁵



New podiatry network for Bupa members



Medical gap expansion reducing out-of-pockets



New senior phone support program

Making the health system effective and affordable

We're working with the Government to reduce costs by correcting inefficiencies in the health system. Some costs, like prostheses, are set by the Australian Government. We've successfully lobbied with other insurers to have the price of some prosthetic items reduced. We have guaranteed to pass on these savings to all our members, which means that our premium increases in 2017 will be an average of \$15 less for every membership.

1. ABS. 3101.0 - Australian Demographic Statistics, Jun 2014 [Online] 2014 (Last accessed Feb 2016). Available from: www.abs.gov.au AIHW. Australia's welfare 2015. Australia's welfare series no. 12. Cat. no. AUS 189. 2015; p 85. 2. ABS. 3302.0.55.001 - Life Tables, States, Territories and Australia, 2013-2015 [Online] 2016 [Accessed Jan 2017] Available from: www.abs.gov.au 3. Bupa Australia. Benefits for claims provided to members in 2016. 4.Other Extras services covered by Bupa e.g. Dietetics, Occupational Therapy, Health Aids & Appliances etc. 5. At Members First providers for most dental, chiro, physio, optical and podiatry consultations. Excludes orthodontics, orthotics and hospital treatments. Fund and policy rules, waiting periods and yearly limits apply. Child dependants only. Available on our family packages, Ultimate Health Cover and selected extras when taken with hospital cover on a family membership.



Retting the most out of your healthcare

Know your options

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 hospital. This includes some of the doctor's fees and hospital accommodation costs. Extras cover (also known as ancillary 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.

Think about what you'll need

Comparing cover can be hard because no two products are the same. The best way to approach it is to focus on your needs. Start with a list. Think of the things you're likely to need in the near future. Is optical a priority? Are you planning on having a baby in the next 12-18 months? This can help you narrow down your search to a shortlist.

How to compare hospital cover

If you're using a comparison site to help compare, there are a couple of things to keep in mind. Firstly, not all health insurers are included on these sites so a better option for your needs might be found elsewhere. Secondly, these sites are geared towards price a comparison. Choosing based on price can be tempting, but it could end up costing you more down the track if you're not covered for the things you really need.

Make the most of your Bupa membership

Know your cover

The cheapest level of cover isn't always the most cost effective - that's why it pays to know what you're covered for. Get to know yours by logging into myBupa and selecting `View my cover' under `Quick links'.

Use our Members First network

This provides certainty about any gap you may need to pay (you can get between 60-100% back on most dental, physio, chiro and selected optical services depending on your level of cover and subject to relevant yearly limits).

Visit us online

The Bupa website is home to a wealth of free health information. As a member you also have access to Bupa Plus - a selection of exclusive offers and discounts on vitamins, gym memberships, entertainment, relaxation activities and more.

Did you know...

That most extras covers allow you to claim on dental checkups, physiotherapy treatments and can even contribute to the cost of your prescription glasses?

Mind the gap

A "gap" is a common private health insurance term which describes the amount you need to pay over and above what you get back from Medicare and your insurer. To find out how a gap may impact you, ask your doctor if they participate in your fund's Medical Gap Scheme.

Unexpected benefits

Our Bupa Plus program not only offers exclusive range of discounts on some amazing brands, movie tickets and holiday attractions, but it also runs surprise competitions and unique, money-can't-buy experiences (see page 24). Just another way we're delivering more value to our members.

Ask the experts

When you suspect a hospital visit may be in your own or your family's future, getting advice from your health insurer could save you time, money and worry. They can walk you through what to expect and help you understand the costs that may be involved.



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"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^.

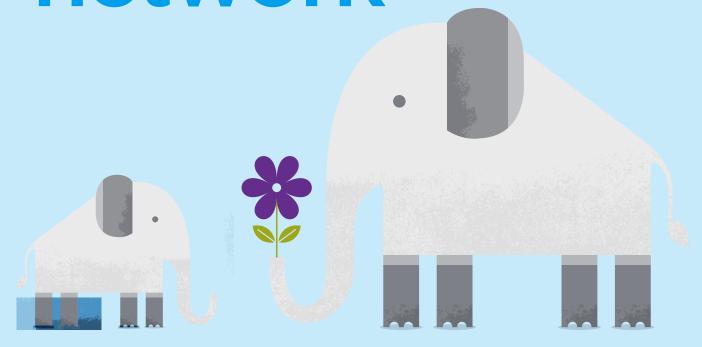
We hope we've given you enough information to help you choose quality health insurance. If you need any more information or advice, talk to us. Call 134 135.

- * 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.

Our Members First provider network



As a member of Bupa, you're one of over 4 million Australians who trust their health and care to us. You're at the centre of everything we do, and we've combined the knowledge and resources of trusted healthcare brands to create a nationwide network of health providers. Across Australia, you'll find Bupa Members First providers nearby to help you and your family live longer, healthier and happier lives.

IMPORTANT: Some services depend on your level of cover, yearly limits, waiting periods and fund and policy rules. The amount of refund you receive on some services may depend on the cover you take out. Members First benefits available at Members First providers. Set benefits apply at other providers. Call 134 135 for all the details.

Enjoy Real Benefits

You'll enjoy the certainty of knowing the cost of your treatment upfront, and how much you'll get back on most services for dental, physiotherapy, chiropractic and podiatry consultations.

Members First is also 'Gap Free' for your kids up to the age of 25 on most dental, physio, podiatry consultations and selected optical packages. It's available on a range of extras products when taken with hospital cover on a family membership.

Bupa Members First providers also offer you the convenience of immediate claims. Just swipe your Bupa card to make a claim and pay any 'gap' fees on the spot. It's that easy.

[#] Available on Family packages and selected extras when taken out with hospital cover on a family membership. For most items at our Members First dentists. Fund and policy rules, waiting periods and yearly limits apply. Excludes orthodontics and hospital treatments. Set benefits apply at other providers.

Members First Chiropractic and Physiotherapy

Help is at hand for back, neck and muscle pain. If you need physio or chiro treatment, look for one of our Members First providers. You'll be able to claim between 60% and 100% back on most services (up to your yearly limits).

Plus, with selected Extras cover, we also cover the cost of your kids' physiotherapy and (starting April 1st 2017) kids' chiropractic services until they turn 25.



Taking care of your teeth and gums is hugely important to your overall health at all stages in your life.

members

At any one of the providers in our huge Members First Dental network you'll get between 60% and 100% back on most general and major dental services.

And if you have selected Extras cover, we refund the full cost of your kids' dental until they turn 25. This means you'll pay no extra for your kids' checkups, teeth cleaning, fillings, X-rays and more.#



Members First Optical

Healthy eyesight is essential, but if you do need to wear specs, choosing the right look is equally important. Our great network of optical providers will help you look after your eyes, as well as offering the latest fashion frames.

Members First optical outlets offer higher benefits on selected levels of cover for your optical purchases. This means you will be able to claim more back on your treatment, plus you'll have access to the 'no gap' range of glasses and contact lenses.

Claiming Madde Classes Claiming Madde Classes Classes Claiming Madde Classes Clas Classes Classes Clas

It's good to have the security of knowing you have comprehensive health cover in the event of medical emergency or sudden illness. But there are also the less serious health matters that your policy covers, and for which you're entitled to claim. We like to think we've made claiming as easy as possible for our members.

Claiming usually applies when you have received a consultation or made a purchase that you have paid for upfront, and Bupa reimburses some or all of the costs, depending on the treatment and your level of cover.



On-the-spot health insurance claims

Electronic claiming is the fastest way to make your medical insurance claims. Around 20,000 dentists, physiotherapists, chiropractors, podiatrists, naturopaths, remedial massage therapists, acupuncturists, exercise physiologists and optical outlets around Australia provide this service. Immediately after your treatment, swipe your membership card and the claim will be processed automatically. There are no forms for you to complete and you'll only pay the balance of the account.



Claiming online

Start by registering with 'myBupa' online. It's designed to help you easily access your insurance cover information online, submit claims for selected Extras and make the most of your Bupa membership with health and lifestyle offers, medical information as well as tools to test how healthy you are.

myBupa is where you can make claims from services where 'On the Spot' claiming may not be available, and the place to claim for purchases for which you're covered by your policy, like buying a new pair of glasses.

Where you've paid the provider in full for the service, you can now claim for selected Extras online like dental, optical, physiotherapy and chiropractic. It's a quick and convenient way for you to claim from home or at work and in many instances you'll receive payment into your bank account within five business days. Of course claiming is subject to the standard conditions of your cover including waiting periods and limits.



Just go to the 'Claim Online' section in your myBupa account and follow the steps.



Claiming by post

If you'd prefer not to use the internet, you can still claim by regular mail. Fill out a Bupa claim form, attach your invoice and receipt and post to:

Bupa Reply Paid 990 Adelaide SA 5001

and we'll make the payment by Electronic Funds Transfer into your bank account. If you haven't provided your EFT details on the claim form, then a cheque will be sent directly to your postal address.

Where there is an unpaid amount the cheque will be made out to you but you may still need to settle any outstanding amount with your provider.



How to make a claim for your hospital expenses

Use one of Bupa's Network Hospitals and you might not even see a bill. The bill will be sent directly to us by the hospital so we can take care of the finances. If you do receive a bill from the hospital, just send it to us with a claim form from your local Bupa centre or download one from mybupa.com.au



How to make a claim for medical expenses

How you claim your medical expenses that are incurred whilst you are a patient in hospital (for example, your specialist/doctors' fee) depends on whether your doctor uses Bupa's Gap Cover Scheme. If they do, they'll bill us directly. We'll take care of the fees.

If your doctor doesn't use Bupa's Gap Cover Scheme, they may send you a bill for their services. You can then take it to Medicare and then Bupa for payment.

If you take your claim to a Medicare office, Medicare will pay 75% of the Medicare Benefits Schedule Fee. You then need to take your claim to a Bupa centre where the remaining 25% of the Medicare Benefits Schedule Fee is then paid*.

So there you have it. Not only do you get a great range of insurance and treatment options from your Bupa membership, but also a variety of ways to claim your entitlements.

Disclaimers

* If you have any out-of-pocket costs, your doctor should have informed you of these costs before your admission. In most cases with Bupa's Gap Cover Scheme there is no gap. Just check with your doctor first.



Preparing for a stay in hospital

A hospital visit for you or a member of your family can be quite an anxious time. Apart from the apprehension of the procedure itself, there can be worry around the care you'll receive during your stay, and the possible financial burden you may carry afterwards. Here are a few steps you can take to help you make the right decision, and give you a little peace of mind.

Choose whether to go public or private

If you have private hospital cover with Bupa, the choice is yours. You might make your decision based on location, familiarity, cost, or a range of other factors.

Privacy might be important to you. At Bupa, we believe that the word 'private' should actually mean private. That's why 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*. Plus if you pre-book at a Members First hospital you'll receive a private room or you'll get \$50 back per night*.

Private hospitals do vary in cost and experience. If cost is important to you, make sure they have an agreement with Bupa.

To find a hospital visit bupa.com.au/find-a-provider or call us on 134 135.

You're covered for hospital costs if you're admitted to hospital as an 'inpatient'.

Depending on your level of cover, we might also pay some of the costs for a partner, immediate family member, carer or next of kin to stay in hospital with you.

- **Medical costs**: The fees charged by a surgeon, anaesthetist, or other medical specialist when they are treating you in hospital.

We make arrangements directly with specialists, separate to our arrangements with hospitals. This means your specialists will bill separately, and in addition to, what the hospital bills for your stay.

The government sets a fee for the cost of the medical service. Medicare and Bupa both pay a portion of this. However, your specialist may choose to charge more than the set fee. This means you would have a

'gap' to pay yourself. The Bupa Medical Gap Scheme is designed to eliminate or minimise the amount you will have to pay in cases like this, so it's important to ask whether your specialist will use the Scheme for your admission.

 Other costs: Depending on your treatment, this can include prostheses, pharmacy, and ambulance costs.
 Depending on your level of cover, we might cover some or all of these costs.

Choosing a specialist

If you have private health cover, you have more choice as to which specialist treats you. As with your hospital, your decision may be based on cost, reputation, location or how comfortable you feel with them.

You are entitled to be fully informed about your specialist and any associated costs before you start your treatment.

All in all, there are many things to consider and many questions to ask when planning a period in hospital. Remember, you can always get advice from us, either by phone, a branch visit or on the web. We can fully explain your cover, tell you what to typically expect from your stay, and prepare you to get the best information you can from your prospective hospital and medical practitioner. Your local Bupa store is always a great place to start.

- * Private room not covered for minimum benefit services or exclusions. At Bupa Members First hospitals only, room availability and eligibility criteria apply.
- # 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. Applies to overnight admissions only. Excludes 'nursing home type patients', emergency care, same-day stays or where a private room is medically inappropriate. Contact us for details.



Think we just offer health insurance?

Think again

At Bupa, we do more than just health insurance. We provide a whole range of services from health clinics to aged care homes, all aimed at changing lives for the better.

From Bunbury to Ballarat, from Mosman to Modbury, we're committed to everyone within your community. That's why we have Optical and Health Insurance stores, as well as dedicated Dental clinics, Medical clinics and Care homes.

We're for making the health of all Australians our priority. We're for enabling and providing communities with the tools to live longer, healthier, happier lives.

We're for health and care.





Think we just offer health insurance?

Think again









Bupa Optical stores

We're passionate about great eye health, that's why our network of 35+ optical stores is growing quickly nationwide.

To find out more, visit • bupaoptical.com.au









Bupa Health Insurance

Everyone deserves quality health insurance, and we make sure our members keep getting more and more value.

To find out more, call 134 135 or visit bupa.com.au





Bupa Dental clinics

We believe that everyone should have access to high quality dental care. We have more than 140 Bupa owned Members First dental clinics who will partner with you to improve and maintain your oral health.

To find out more, visit \(\structure{0} \) bupa.com.au/dental



Don't miss out on a thing with your loved ones. We'll test you for potential hearing issues and help maximise your hearing.

To find out more, visit Nearing.bupa.com.au







Brainy App

Protecting your brain function

BrainyApp was developed by Alzheimer's Australia and Bupa Health Foundation to raise community awareness of the risk factors for Alzheimer's disease and other types of dementia and on how to live a brain healthy lifestyle.

There are around 270,000 Australians living with dementia, with this number increasing to around 580,000 within the next 20 years. Scientific evidence tells us that certain lifestyle



and health behaviours, particularly around mid life (from around age 40 to 60), are associated with reduced risk of developing dementia in late life.

So look after your brain health to help reduce your risk of dementia. It's never too early or too late to start, as brain function can be improved and protected at any age.

Visit: 🕟 brainyapp.com.au

Choosing a care home

Choosing the right person-centred care

Making the decision to move into residential aged care and choosing the right care home is a stressful process for most families.

Looking beyond the size of rooms and interior decor, it can be difficult for people to identify the signposts of good quality care.



There is a lot to consider, and we understand it can seem overwhelming. That's why we've put together some practical advice to help guide you through the process.

Visit: **\ \ \ bupaagedcare.com.au**

mummatters

Emotional support during pregnancy and beyond

Ask any mum and they'll likely tell you that pregnancy and the years after a baby's arrival can be amazing—and often connected with a whole range of emotions.

Being aware of, and regularly maintaining, your emotional wellbeing is important for yourself and your baby. mummatters



can help you prioritise time for you and get a better sense of how you're going. And, if more support is ever needed, mummatters can help you find it.

Start your journey today.

Visit: Number of the visit of t

FoodSwitch

Helping you make healthy choices

You're at your local supermarket. The many brand choices of packaged food can be overwhelming, and these products are often surprisingly high in salt, added sugar, saturated fat and kilojoules.

So how can you decide what to put in your basket and make healthier choices for you and your family?



The free FoodSwitch app, developed by Bupa and The George Institute, can help you find out what is in the food you're eating and suggest simple, healthier switches for you and your family.

Visit: Vi





Care that comes to you

Your child is sick and your first thought is to take them to your local GP. But panic sets in when you realise it's a public holiday! Family illness can strike at the most inconvenient of times – weekends, public holidays and overnight. It's moments like these that you can access after-hours care.

Return of the house call

Dr Doulakis MBBS FRACGP, a doctor with 13SICK National Home Doctor Service, says that he sees his patients in their own homes. That way, if your child is sick at night and it's not an emergency, you don't have to leave your home.

For Theona Ebbutt, the first time she'd used a service like this was for an infected finger. "It was a Saturday night, and it was really hurting. Also, the Monday was a public holiday so I potentially had to put up with it for three days."

"I didn't really want to [use the service] because I felt like I would be taking up time that some really sick person might need, but then people said that's the point of the home doctor: to keep people out of the emergency wards when they don't need to be there."

Get better, sooner

Your GP is the best person to manage your family's health. But if you need a doctor after hours and your usual GP is closed, it's good to know that After Hours Plus from 13SICK National Home Doctor Service is available.

It's Australia's largest network of doctors who make bulk billed, after-hours home visits. They bulk bill patients with a Medicare or Gold DVA card, so there are no out-of-pocket costs.

And you don't have to worry about your usual GP being out of the loop because your visiting doctor updates them with a report within 24 hours of seeing you.

Accessing the service



Call 13SICK (13 74 25)

From 4pm weekdays (Mon-Fri), 10am Saturday and all day Sunday and public holidays.



Book online **N**



Visit homedoctor.com.au and use the suburb locator to check whether the service is available in your area.



Download the National Home Doctor 🕟 **Service Booking App**





Register your details and make a booking.









The path to parenthood can be different for everyone, with modern medicine helping many people who might not otherwise have the opportunity to fulfil their desire for children.

Camille and Tenielle look so at ease as mothers. They work well as a team and it's clear that they both relish their role as parents. Their path to motherhood was a little different to many others though; after all, they're a two-mum family. But there are so many different roads to becoming a parent nowadays, aren't there?

Both women knew that they wanted children from an early age and have always had pregnancy coverage as part of their Bupa health insurance, with the knowledge that they would require assistance when the time came.

Camille recalls, "As hard as we tried, we couldn't fall pregnant on our own, and decided that IVF was the right path for us". They were both working full time when they began their IVF journey and it took a lot of planning to be able to coordinate everything. Whilst modern medicine gives couples the opportunity to fall pregnant who may not otherwise be able to do so naturally, there are quite stringent regulations around the IVF procedures, and they faced some hurdles as a same-sex couple.

However, being a young, healthy woman worked to Tenielle's advantage and within two weeks, they had confirmation that they were about to become mums! They tried to contain their pure joy, only telling a couple of people and keeping this secret to themselves to enjoy for a while. They felt it was almost too good to be true. Falling pregnant on their first try was a wonderful outcome.

After a healthy and uneventful pregnancy, they welcomed Finley nine months later and it was the best day of their lives. They were now a family of three and more in love with their new son than they could have imagined. Now, eighteenmonths old, Finley calls Tenielle 'Mummy', and Camille 'Mumma', but they both answer any of his adorable toddler requests.

There are certain things that have been difficult for them to deal with, such as the seven month wait for his birth certificate stating they were both Finley's mother, or some disapproving social media comments, but the women take questions at the park and supermarket about their family unit as a learning opportunity. Tenielle recalls one nurse asking "Who is the mum?". "We both are" responded Tenielle. The nurse still didn't understand: "But who does he live with?".

The couple are now used to this line of questioning and go back-to-basics: "well, you know how there's a mum and dad and they live together? When there are two mums, they also live together". This seems to shut the conversation down.

Despite some of the negativity they've faced elsewhere, Camille says that when they spoke to Bupa during pregnancy and after Finley was born to add him to their policy they faced none of this confusion and they were really happy with how things were handled.

More recently, they had a scare when Finley was unexpectedly seriously ill. In the words of Camille:

"The main reason we have Bupa health insurance is for the times when we don't think we'll need it. Pregnancy was something we wanted coverage for, but when Finley was taken to hospital late last year after turning blue, we were thankful we had the option of private treatment."

After waiting six and a half hours in a public hospital emergency department, Tenielle drove Finley to a nearby private hospital where they were assured he would be seen promptly. Upon arriving he was triaged and put in a bed straight away. The relief was immediate in the knowledge that he was being taken care of.

Baby number two is already a twinkle in their eye, and someday soon they look forward to giving Finley a brother or sister... or if Camille has her way, perhaps two!

By Kim Abbate

"The main reason we have health insurance is for the times when we don't think we'll need it."

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A few things to consider

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